

Clinical Policy: Fondaparinux (Arixtra)

Reference Number: CP.PHAR.226

Effective Date: 05/16

Last Review Date: 05/17

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

The intent of the criteria is to ensure that patients follow selection elements established by Centene® clinical policy for fondaparinux (Arixtra®).

Policy/Criteria

It is the policy of health plans affiliated with Centene Corporation® that fondaparinux is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Venous Thrombosis (must meet all):

1. Request is for treatment in the outpatient setting;
2. Member has a contraindication to or has failed a trial of enoxaparin;
3. Any of the following indications:
 - a. Prevention/prophylaxis of venous thrombosis:
 - i. Surgery:
 - a) Total hip or knee replacement surgery;
 - b) Hip fracture surgery ;
 - c) Other major orthopedic surgery including spinal surgery;
 - d) General and abdominal-pelvic surgery;
 - ii. Critical illness;
 - iii. Restricted mobility:
 - a) In medical patients who are at risk for thromboembolic complications due to severely restricted mobility during acute illness;
 - iv. Unstable angina and non-Q-wave myocardial infarction;
 - v. Cancer;
 - b. Treatment of venous thrombosis:
 - i. Deep vein thrombosis (DVT) or pulmonary embolism (PE);
 - ii. Superficial vein thrombus;
 - iii. Splanchnic (gastric, small/large intestine [mesentery venous thrombosis], pancreatic, hepatic [portal], splenic) vein thrombosis.

Approval duration: 3 months

B. Anticoagulation in Pregnancy: Ante- and Postpartum (must meet all):

1. Request is for treatment in the outpatient setting;
2. Member has a history of a severe allergy to heparin (e.g. HIT);
3. Member is pregnant or < 6 months postpartum;
4. Any of the following indications:
 - a. Acute venous thrombosis during current pregnancy;

- b. Prior venous thrombosis;
- c. Receiving long-term therapy with a vitamin K antagonist (e.g., warfarin);
- d. Prosthetic heart valve;
- e. Inherited thrombophilia;
- f. Antiphospholipid antibody syndrome;
- g. Development of severe ovarian hyperstimulation syndrome post assisted reproduction;
- h. Cesarean section - current pregnancy request is for the postpartum period.

Approval duration:

Antepartum: to estimated delivery date (EDD)

Postpartum: to 6 months postpartum (3 month approvals)

C. Other diagnoses/indications: Refer to CP.PHAR.57 - Global Biopharm Policy.

II. Continued Approval

A. Venous Thrombosis (must meet all):

- 1. Currently receiving medication via Centene benefit or member has previously met all initial approval criteria, and documentation supports positive response to therapy;
- 2. Continued use is limited to one of the following:
 - a. Venous thrombosis prophylaxis or treatment in the presence of cancer;
 - b. Any other indication in section I.A where bridging to warfarin is inappropriate or member has a contraindication to warfarin and extended (indefinite duration) anticoagulation therapy is required.

Approval duration: 6 months

B. Other diagnoses/indications (1 or 2):

- 1. Currently, receiving medication via Centene benefit and documentation supports positive response to therapy.

Approval duration: Duration of request or 6 months (whichever is less); or

- 2. Refer to CP.PHAR.57 - Global Biopharm Policy.

Background

Description/Mechanism of Action:

Arixtra (fondaparinux sodium) Injection is a sterile solution containing fondaparinux sodium. It is a synthetic and specific inhibitor of activated Factor X (Xa). The antithrombotic activity of fondaparinux sodium is the result of antithrombin III (ATIII)-mediated selective inhibition of Factor Xa. By selectively binding to ATIII, fondaparinux sodium potentiates (about 300 times) the innate neutralization of Factor Xa by ATIII. Neutralization of Factor Xa interrupts the blood coagulation cascade and thus inhibits thrombin formation and thrombus development. Fondaparinux sodium does not inactivate thrombin (activated Factor II) and has no known effect on platelet function. At the recommended dose, fondaparinux sodium does not affect fibrinolytic activity or bleeding time.

CLINICAL POLICY

Fondaparinux

Formulations:

Solution, Subcutaneous, as sodium:

- Generic: 2.5 mg/0.5 mL (0.5 mL); 5 mg/0.4 mL (0.4 mL); 7.5 mg/0.6 mL (0.6 mL); 10 mg/0.8 mL (0.8 mL)

Solution, Subcutaneous, as sodium [preservative free]:

- Arixtra: 2.5 mg/0.5 mL (0.5 mL); 5 mg/0.4 mL (0.4 mL); 7.5 mg/0.6 mL (0.6 mL); 10 mg/0.8 mL (0.8 mL)
- Generic: 2.5 mg/0.5 mL (0.5 mL); 5 mg/0.4 mL (0.4 mL); 7.5 mg/0.6 mL (0.6 mL); 10 mg/0.8 mL (0.8 mL)

FDA Approved Indications:

Fondaparinux (Arixtra) is a synthetic factor Xa inhibitor/solution for subcutaneous injection indicated for:

- Prophylaxis of DVT, which may lead to PE in patients undergoing:
 - Hip fracture surgery, including extended prophylaxis;
 - Hip replacement surgery;
 - Knee replacement surgery;
 - Abdominal surgery who are at risk for thromboembolic complications;
- Treatment of acute DVT when administered in conjunction with warfarin sodium.
- Treatment of acute PE when administered in conjunction with warfarin sodium when initial therapy is administered in the hospital.

Appendices

Appendix A: Abbreviation Key

DVT: deep vein thrombosis

HIT: heparin-induced thrombocytopenia

PE: pulmonary embolism

VTE: venous thromboembolism (typically refers to DVT or PE)

Coding Implications

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
J1652	Injection, fondaparinux sodium, 0.5 mg

Reviews, Revisions, and Approvals	Date	Approval Date
Arixtra information is split from CP.PHAR.04.LMWH policy. Added bridge to or contraindication to warfarin for DVT and PE. Added continuation criteria for VTE in presence of cancer.	04/16	05/16

Reviews, Revisions, and Approvals	Date	Approval Date
<p>Section I.A. Criteria are edited to follow CHEST 2012 and 2016 guidelines (which for the most part include NCCN and ACOG guidelines) in addition to labeled indications. Major additions include 1) prophylaxis: major orthopedic, general surgery; critical illness; restricted mobility due to acute illness; 2) treatment: SVT, splanchnic thrombosis without cancer. HIT is added to bypass enoxaparin preferencing. Warfarin bridging criteria are moved to renewal criteria. Safety information is removed; safety information is limited to black box warnings and contraindications that instruct a test be conducted to rule out a condition before starting therapy. Dosing is not added given the extent of off-label use in the policy.</p> <p>Section I.B. Pregnancy criteria are added for cases of HIT.</p> <p>Section II. Criteria are edited to follow CHEST 2016 guidelines. Major additions include 1) any other indication in section I.A., where bridging to warfarin is inappropriate or member has a contraindication to warfarin and extended (indefinite) anticoagulation therapy is required.</p>	04/17	05/17

References

1. Arixtra Prescribing Information. Rockford, IL: Mylan Institutional, LLC. October, 2015. Available at: <https://dailymed.nlm.nih.gov>. Accessed April 17, 2017.
2. Fondaparinux. In: National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at nccn.org. Accessed April 18, 2017.
3. Fondaparinux: Drug information. In: UpToDate (Lexicomp), Waltham, MA: Walters Kluwer Health; 2017. Available at uptodate.com. Accessed April 18, 2017.
4. Fondaparinux: In: Clinical Pharmacology. Tampa, FL: Gold Standard; 2017. Available at www.clinicalpharmacology.com. Accessed April 18, 2017.
5. Kearon C, Akl EA, Ornelas J, et al. Antithrombotic therapy for VTE disease: CHEST guideline and expert panel report. *Chest*. 2016; 149(2): 315-352.
6. Bates SM, Greer IA, Middeldorp S, et al. VTE, thrombophilia, antithrombotic therapy, and pregnancy: Antithrombotic therapy and prevention of thrombosis, 9th ed: American College of Chest Physicians evidence-based clinical practice guidelines. *Chest*. 2012; 141(2 Suppl): e691S-736S.
7. Beauer KA, Lip GYH. Overview of the causes of venous thrombosis. In: UpToDate, Waltham, MA: Walters Kluwer Health; 2017. Available at uptodate.com. Accessed April 24, 2017.
8. Thromboembolism in pregnancy. Practice Bulletin No. 123. American College of Obstetrics and Gynecologists. *Obstet Gynecol*. 2011; 118: 718-729.
9. Cancer-associated venous thromboembolic disease. In: National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at nccn.org. Accessed April 18, 2017.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program

approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

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Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence.

Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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