

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Apixaban (Eliquis)

**Notes:**

- Quantity limits: Yes

**INDICATION: Prevention of thrombosis in patients with non-valvular atrial fibrillation**

Initiation/Conversion criteria: Non-formulary **apixaban (Eliquis)** will be covered on the prescription drug benefit when the following criteria are met:

- Documented diagnosis of non-valvular atrial fibrillation on Problem List - **AND** -
- CHA<sub>2</sub>DS<sub>2</sub>-VASc score of 1 or greater in men and 2 or greater in women (This score predicts the risk of stroke in patients with atrial fibrillation) - **AND** -
  - Intolerance or contraindication to dabigatran - **AND** -
  - Intolerance or contraindication to rivaroxaban- **OR** -
  - History of gastrointestinal bleeding on direct oral anticoagulant (DOAC) therapy - **OR** -
  - History of gastrointestinal bleeding (not on DOAC) but deemed to have high risk of re-bleeding per specialty consultation - **OR** -
  - Estimated creatinine clearance is less than 30 mL/min - **OR** -
  - Undergoing cardioversion (a medical procedure that changes an irregular heart rhythm to a normal one using electricity or drugs)

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **apixaban (Eliquis)** will be covered on the prescription drug benefit when the following criteria are met:

- Documented diagnosis of non-valvular atrial fibrillation on Problem List - **AND** -
- CHA<sub>2</sub>DS<sub>2</sub>-VASc score of 1 or greater in men and 2 or greater in women (This score predicts the risk of stroke in patients with atrial fibrillation) \*\* - **AND** -
  - Intolerance or contraindication to dabigatran - **AND** -
  - Intolerance or contraindication to rivaroxaban- **OR** -
  - History of gastrointestinal bleeding on DOAC therapy - **OR** -
  - History of gastrointestinal bleeding (not on DOAC) but deemed to have high risk of re-bleeding per specialty consultation - **OR** -
  - Estimated creatinine clearance is less than 30 mL/min - **OR** -
  - Undergoing cardioversion (a medical procedure that changes an irregular heart rhythm to a normal one using electricity or drugs)

Note: \*\* FAST can provide temporary approval until records are available for new members to re-review

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Apixaban (Eliquis)

#### **INDICATION: Treatment of acute venous thromboembolism (a blood clot in the vein)**

Initiation/Conversion/New Member criteria: Non-formulary **apixaban (Eliquis)** will be covered on the prescription drug benefit when the following criteria are met:

- Documented diagnosis of venous thromboembolism (DVT: deep vein thrombosis or PE: pulmonary embolism) on Problem List- **AND** -
- Intolerance or contraindication to dabigatran\* and rivaroxaban- **OR** –
- Patient has increased bleeding risk (ex: history of gastrointestinal bleeding on DOAC therapy, history of gastrointestinal bleeding (not on DOAC) but deemed to have high risk of rebleeding per specialty consultation, age greater than or equal to 80 years old)

Note: \*Dabigatran VTE therapy includes enoxaparin to dabigatran or rivaroxaban to dabigatran

#### **INDICATION: Indefinite anticoagulation for reduction of venous thromboembolism recurrence**

Initiation/Conversion/New Member criteria: Non-formulary **apixaban (Eliquis)** will be covered on the prescription drug benefit when the following criteria are met:

- Documented diagnosis of venous thromboembolism (DVT: deep vein thrombosis or PE: pulmonary embolism) on Problem List- **AND** -
- Intolerance or contraindication to dabigatran and rivaroxaban<sup>^</sup> - **OR** –
- Patient has increased bleeding risk (ex: history of gastrointestinal bleeding on DOAC therapy, history of gastrointestinal bleeding (not on DOAC) but deemed to have high risk of rebleeding per specialty consultation, age greater than or equal to 80 years old)

Note: <sup>^</sup>For patients on reduced dose DOAC, intolerance/contraindication to dabigatran is not required

#### **INDICATION: Prophylaxis (prevention) of venous thromboembolism post-hip or knee replacement surgery**

Initiation/Conversion/New Member criteria: Non-formulary **apixaban (Eliquis)** will be covered on the prescription drug benefit when the following criteria are met:

- Deep vein thrombosis (DVT) prevention in patients undergoing knee arthroplasty (up to 12 days) or hip arthroplasty (up to 35 days) - **AND** -
- Intolerance or contraindication to rivaroxaban