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 -
  - CHA2DS2-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 (i.e. unable to swallow whole pills, history of gastrointestinal bleed with risk of recurrent bleeding, drug-drug interactions, or BMI greater than 40 or body weight greater than 120 kg)
    - AND -
      - Intolerance or contraindication to rivaroxaban
  - OR -
    - History of gastrointestinal bleeding
  - OR -
    - Undergoing cardioversion (a medical procedure that changes an irregular heart rhythm to a normal one using electricity or drugs)
  - OR -
    - Prescribed by or in consultation with hematology/oncology

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 -
  - CHA2DS2-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 (i.e. unable to swallow whole pills, history of gastrointestinal bleed with risk of recurrent bleeding, drug-drug interactions, or BMI greater than 40 or body weight greater than 120 kg)
    - AND -
      - Intolerance or contraindication to rivaroxaban
  - OR -
    - History of gastrointestinal bleeding
  - OR -
    - Undergoing cardioversion (a medical procedure that changes an irregular heart rhythm to a normal one using electricity or drugs)
  - OR -
    - Prescribed by or in consultation with hematology/oncology

Note: ** FAST can provide temporary approval until records are available for new members to re-review
INDICATION: Treatment of acute DVT or PE (DVT: deep vein thrombosis or PE: pulmonary embolism)

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 rivaroxaban
- OR -
- History of gastrointestinal bleeding
- OR -
- Age greater than or equal to 80 years old
- OR -
- Prescribed by or in consultation with hematology/oncology

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
- OR -
- History of gastrointestinal bleeding
- OR -
- Age greater than or equal to 80 years old
- OR -
- Prescribed by or in consultation with hematology/oncology
INDICATION: Prophylaxis (prevention) of venous thromboembolism (VTE: a blood clot in the vein) 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