Non-formulary apixaban (ELIQUIIS) will be covered on the prescription drug benefit when ALL of the following criteria are met:

**Prevention of thrombosis (blood clot) in patients with non-valvular atrial fibrillation (a heart rhythm disorder)**

1. Documented diagnosis of atrial fibrillation on Problem List
   AND
2. \textit{CHA}_2\textit{DS}_2\textit{VASc} score \geq 2 or \textit{CHADS}_2 score \geq 1 (these scores predict the risk of stroke in patients with atrial fibrillation)
   AND
3. At least one of the following criteria documented in the medical record:
   - Undergoing cardioversion (a medical procedure that converts an irregular heart rhythm to a normal one using electricity or drugs)
   - Intolerance or contraindication to warfarin
   - History of intracranial hemorrhage (bleeding in the brain) on warfarin
   - Challenges in getting timely blood draws due to difficulty getting to the lab or getting blood draws
   - Failed to maintain therapeutic INR level (blood clotting time) or time in therapeutic range (TTR) less than 50% despite history of good adherence to warfarin dosing (patient’s TTR may be obtained from Kaiser’s Anticoagulation Management Program)
   AND
4. Intolerance or contraindication to dabigatran and rivaroxaban or have a condition where dabigatran and rivaroxaban are not preferred, such as history of gastrointestinal (GI) bleed

**Treatment of ACUTE venous thromboembolism (VTE: a blood clot in the vein)**

1. Documented diagnosis of venous thromboembolism (DVT: deep vein thrombosis or PE: pulmonary embolism) on Problem List
   AND
2. Intolerance or contraindication to rivaroxaban
   AND
3. At least one of the following criteria documented in the medical record:
   - Intolerance or contraindication to warfarin
   - History of intracranial hemorrhage (bleeding in the brain) on warfarin
   - Challenges in getting timely blood draws due to difficulty getting to the lab or getting blood draws
   - Failed to maintain therapeutic INR level (blood clotting time) or time in therapeutic range (TTR) less than 50% despite history of good adherence to warfarin dosing (patient’s TTR may be obtained from Kaiser’s Anticoagulation Management Program)

**Prevention of recurrent venous thromboembolism (VTE: a blood clot in the vein)**

1. Documented diagnosis of venous thromboembolism (DVT: deep vein thrombosis or PE: pulmonary embolism) on Problem List
   AND
2. Intolerance or contraindication to dabigatran
3. Intolerance or contraindication to rivaroxaban

AND

4. At least one of the following criteria documented in the medical record:
   • Intolerance or contraindication to warfarin
   • History of intracranial hemorrhage (bleeding in the brain) on warfarin
   • Challenges in getting timely blood draws due to difficulty getting to the lab or getting blood draws
   • Failed to maintain therapeutic INR level (blood clotting time) or time in therapeutic range (TTR) less than 50% despite history of good adherence to warfarin dosing (patient’s TTR may be obtained from Kaiser’s Anticoagulation Management Program)

Prevention of venous thromboembolism (VTE) post-hip or knee replacement surgery

1. Deep vein thrombosis (DVT) prevention in patients undergoing knee arthroplasty (up to 12 days) or hip arthroplasty (up to 35 days)

AND

2. Intolerance or contraindication to rivaroxaban

Prevention of venous thromboembolism (VTE) in patients with active cancer

1. Trial and failure, contraindication, or intolerance (including injection site reactions) to low molecular weight heparin (LMWH).

OR

2. Fear of needles that prevents the patient from being able to self-administer or having care giver administer LMWH.