MEDICAL MUTUAL®

Drug Policy

Policy:	Eliquis (apixaban)	Annual Review Date: 03/20/2024 Last Revised Date: 03/20/2024

OVERVIEW

Eliquis are oral factor Xa inhibitor anticoagulants indicated for reduction in the risk of stroke and systemic embolism in patients with nonvalvular atrial fibrillation, for prophylaxis of deep vein thrombosis (DVT), which may lead to pulmonary embolism (PE), in patients who have undergone hip or knee replacement surgery, for treatment of DVT and PE, and for the reduction in the risk of recurrent DVT and PE following initial therapy.

POLICY STATEMENT

This policy involves the use of Eliquis. Prior authorization is recommended for pharmacy benefit coverage of Eliquis. Approval is recommended for those who meet the conditions of coverage in the **Criteria and Initial/Extended Approval** for the diagnosis provided. **Conditions Not Recommended for Approval** are listed following the recommended authorization criteria. Requests for uses not listed in this policy will be reviewed for evidence of efficacy and for medical necessity on a case-by-case basis.

All approvals for initial therapy are provided for the initial approval duration noted below; if reauthorization is allowed, a response to therapy is required for continuation of therapy unless otherwise noted below.

Automation: When available, the following ICD-10 codes and corresponding approval durations will be used for automation to allow approval of the requested medication:

1. I48.*; I82*; I27.82; 1 year
2. Z96.6*; 60 days

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Eliquis is recommended in those who meet the following criteria:

1. **Atrial Fibrillation, Nonvalvular (or Atrial Flutter)**
   Criteria. *Approve for 1 year if the patient is ≥ 18 years of age.*

2. **Deep Vein Thrombosis (DVT) in Patients Undergoing Hip or Knee Replacement Surgery, Prophylaxis**
   Criteria. *Approve for 60 days if the patient is ≥ 18 years of age.*

3. **Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE), Treatment**
Criteria. *Approve for 1 year if the patient is ≥ 18 years of age.*

4. **Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE) to Reduce the Risk of Recurrence**
Criteria. *Approve for 1 year if the patient is ≥ 18 years of age.*

Initial Approval/ Extended Approval.
indication specific, see above.

OTHER USES WITH SUPPORTIVE EVIDENCE

5. **Treatment or Prevention of Other Thromboembolic-Related Conditions (e.g., superficial vein thrombosis, splanchnic vein thrombosis, hepatic vein thrombosis, prophylaxis of venous thromboembolism [VTE] in high-risk patients)**
Criteria. *Approve for 6 months if the patient meets ONE of the following criteria (A or B):*
   A. Patient is ≥ 18 years of age; AND
   B. Patient meets one of the following (i or ii):
      i. The patient has tried warfarin, fondaparinux injection, or a low molecular weight heparin (LMWH) product (e.g., enoxaparin injection, Fragmin [dalteparin injection]); OR
      Note: A patient who has tried Xarelto (rivaroxaban tablets and oral suspension), Pradaxa (dabigatran capsules), or Savaysa (edoxaban tablets) is not required to try warfarin, fondaparinux, or a low molecular weight heparin product.
      ii. The patient has been started on Eliquis for the treatment of an acute thromboembolic condition.

Initial Approval/ Extended Approval.
indication specific, see above.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Eliquis have not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval).

1. **Venous Thromboembolism in an Acutely Ill Medical Patient, Prophylaxis.** (Note: This includes post-discharge thromboprophylaxis for a patient hospitalized with coronavirus disease 19 [COVID-19]). Eliquis has been compared with enoxaparin for post-discharge prophylaxis in acutely ill medical patients; however, superiority vs. enoxaparin was not achieved, and bleeding was increased with Eliquis.[10] Xarelto and Bevyxxa are labeled for prophylaxis of venous thromboembolism in acutely ill medical patients and are supported in clinical practice guidelines, including guidelines which address prophylaxis of venous thromboembolism in COVID-19 patients.[7-9]

2. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the drug provided or services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

REFERENCES

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