

Original Effective Date: 1/1/2020 Current Effective Date: 04/2022 Last P&T Approval/Version: 04/27/2022

Next Review Due By: 10/2024 Policy Number: C18476-A

Eliquis (apixaban) - IL Medicaid Only

PRODUCTS AFFECTED

Eliquis (apixaban)

COVERAGE POLICY

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any. This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.

Documentation Requirements:

Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive

DIAGNOSIS:

Indicated to reduce the risk of stroke and systemic embolism in patients with nonvalvular atrial fibrillation; Indicated for the prophylaxis of deep vein thrombosis (DVT), which may lead to pulmonary embolism (PE), in patients who have undergone hip or knee replacement surgery.

Indicated for the treatment of DVT; Indicated for the treatment of PE; Indicated to reduce the risk of recurrent DVT and PE following initial therapy

COMPENDIAL APPROVED OFF-LABELED USES:

Cancer-associated venous thromboembolism prophylaxis

REQUIRED MEDICAL INFORMATION:

This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information along with state and federal requirements, benefit being administered and formulary preferencing. Coverage will be determined on a case-by case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review

A. FOR ALL INDICATIONS

1. Documentation that member has ONE of the following labeled indications for Eliquis

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Drug and Biologic Coverage Criteria

(apixaban)

- i. Nonvalvular atrial fibrillation
- ii. Treatment of Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE)
- iii. Member had a recent hip replacement (within previous 35 days) or is scheduled for a hip replacement surgery and requires DVT prophylaxis
- iv. Member had a recent knee replacement (within previous 12 days) or is scheduled for a knee replacement surgery and requires DVT prophylaxis
- v. Prophylaxis therapy to reduce the risk of recurrent DVT or PE following initial therapy

OR

2. Documentation patient has cancer other than basal-cell or squamous cell skin cancer that is active or had been diagnosed within the previous 2 years and requires treatment or prophylaxis of thromboembolism

CONTINUATION OF THERAPY:

- A. FOR ALL INDICATIONS
 - Documentation showing member continues to meet labeled indications or has medical necessity for prophylaxis due to cancer diagnosis AND
 - 2. Dose requested is appropriate for members diagnosis

DURATION OF APPROVAL:

Initial authorization:

Prophylaxis for Hip Replacement: 35 days Prophylaxis for Knee Replacement: 12 days

Prophylaxis to reduce risk of recurrence after treatment of acute DVT and/or PE: 12 months

Atrial Fibrillation: 12 months DVT or PE treatment: 6 months

Cancer-associated venous thromboembolism prophylaxis: 3 months

Continuation of Therapy (for the following indications only): Prophylaxis to reduce risk of recurrence after treatment of acute DVT and/or PE, Atrial Fibrilation, Cancer-associated venous thromboembolism prophylaxis, DVT or PE treatment: 12 months

PRESCRIBER REQUIREMENTS:

None

AGE RESTRICTIONS:

18 years of age and older

QUANTITY:

Treatment of DVT or PE: 10 mg PO twice daily for 7 days, followed by 5 mg PO twice daily for at least 6 months Atrial Fibrillation: 5 mg twice daily

DVT and PE prophylaxis: 2.5 mg twice daily x 6 months

DVT and PE prophylaxis following hip replacement: 2.5 mg twice daily for 35 days DVT and/or PE prophylaxis following knee surgery: 2.5 mg twice daily for 12 days Cancer-Associated venous thromboembolism prophylaxis: 2.5 mg twice daily

The recommendation is that oral and injectable medications in this policy will be for pharmacy benefit coverage and patient self-administered.

DRUG INFORMATION

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Drug and Biologic Coverage Criteria

ROUTE OF ADMINISTRATION:

Oral

DRUG CLASS:

Direct Factor Xa Inhibitors Oral

FDA-APPROVED USES:

Indicated to reduce the risk of stroke and systemic embolism in patients with nonvalvular atrial fibrillation; Indicated for the prophylaxis of deep vein thrombosis (DVT), which may lead to pulmonary embolism (PE), in patients who have undergone hip or knee replacement surgery.; Indicated for the treatment of DVT; Indicated for the treatment of PE; Indicated to reduce the risk of recurrent DVT and PE following initial therapy

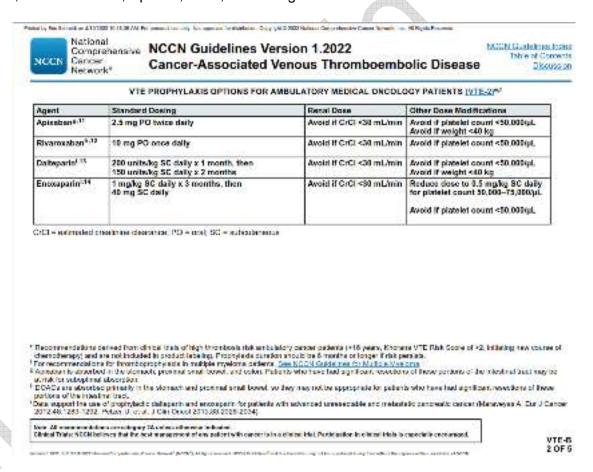
COMPENDIAL APPROVED OFF-LABELED USES:

Cancer-associated venous thromboembolism prophylaxis

APPENDIX

APPENDIX:

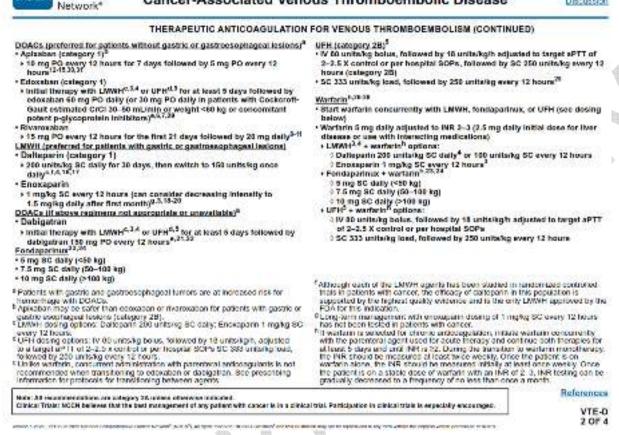
Reference: NCCN Clinical Practice Guidelines in Oncology, Cancer-Associated Venous Thromboembolis Disease, Version 1.2022, April 15, 2022, NCCN.org



National Comprehensive Cancer

Comprehensive NCCN Guidelines Version 1.2022 Cancer-Associated Venous Thromboembolic Disease

NCCN Guidelines Index Jable of Contents Discussion



BACKGROUND AND OTHER CONSIDERATIONS

BACKGROUND:

None

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:

All other uses of Eliquis (apixaban) are considered experimental/investigational and therefore, will follow Molina's Off- Label policy. Contraindications to Eliquis (apixaban) include: Active pathological bleeding and Severe hypersensitivity reaction to Eliquis (apixaban).

OTHER SPECIAL CONSIDERATIONS:

Eliquis is not recommended for use with prosthetic heart valves. There is an increased risk of thrombosis in patients with riple Positive Antiphospholipid Syndrome, therefore, ELIQUIS use not recommended. Additionally, use of Eliquis is not recommended during pregnancy or lactation. Eliquis is not recommended with severe hepatic impairment.

CODING/BILLING INFORMATION

AVAILABLE DOSAGE FORMS:

Eliquis DVT/PE Starter Pack TBPK 5MG Eliquis TABS 2.5MG Eliquis TABS 5MG

REFERENCES

- 1. ELIQUIS® (apixaban) Package Insert. Bristol-Myers Squibb Company, Princeton, NJ, and Pfizer Inc, New York, NY. 09/2021
- 2. NCCN Clinical Practice Guidelines in Oncology, Cancer-Associated Venous Thromboembolism Disease, Version 1.2022, April 15, 2022, NCCN.org
- 3. Illinois HFS Drugs with Stipulated PA Language per Contract for MCOs 10.01.2023, revised.

SUMMARY OF REVIEW/REVISIONS		DATE
ANNUAL REVIEW COMPLETED- No	Q2/2022	
coverage criteria changes with this annual		
review.		
ANNUAL REVIEW COMPLETED- No	10/2023	
coverage criteria changes with this		
annual review.		