PRIOR AUTHORIZATION POLICY

POLICY: Anticoagulants – Eliquis Prior Authorization Policy
- Eliquis® (apixaban tablets – Bristol-Myers Squibb/Pfizer)

REVIEW DATE: 01/24/2024

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Eliquis, a Factor Xa inhibitor, is indicated for the following uses:[1]
- **Non-valvular atrial fibrillation**, to reduce the risk of stroke and systemic embolism.
- **Prophylaxis of deep vein thrombosis (DVT)**, which may lead to pulmonary embolism (PE), in patients who have undergone hip or knee replacement surgery.
- **Treatment of DVT and PE**, as well as **reduction in the risk of recurrence of DVT and PE** following initial therapy.

Safety and effectiveness of Eliquis in pediatric patients have not been established.[1]

Guidelines

Guidelines are available which support the use of direct oral anticoagulants (DOACs) in their commonly used clinical settings, such as DVT/PE[2-5] and atrial fibrillation[6,7]. In patients who are eligible for a DOAC, these are generally preferred over vitamin K antagonists (e.g., warfarin). It is noted that in the randomized trials in atrial fibrillation, DOACs were consistently at least non-inferior to warfarin regarding the composite of stroke or systemic embolism and were associated with lower risk of serious bleeding.[7]

Anticoagulants and Coronavirus Disease 2019 (COVID-19)

Several clinical practice guidelines have been published with regard to use of anticoagulant therapy in the management of COVID-19. Per National Institutes of Health treatment guidelines regarding antithrombotic therapy in patients with COVID-19 (updated October 10, 2023), hospitalized patients with COVID-19 should not be routinely discharged from the hospital while on venous thromboembolism (VTE) prophylaxis.[8] For hospitalized patients, anticoagulant or antiplatelet therapy should not be used to prevent arterial thrombosis outside of the usual standard of care for patients without COVID-19. In nonhospitalized patients with COVID-19, it is not recommended to use anticoagulant and antiplatelet therapy for the prevention of VTE or arterial thrombosis, except in a clinical trial. Of note, Xarelto® (rivaroxaban tablets and oral suspension) is FDA-approved for prophylaxis of VTE in acutely ill medical patients; Eliquis is not indicated in this setting. Other guidelines have similar recommendations.[9-11]

Other Uses with Supportive Evidence

Although data are not robust regarding use of DOACs in other off-label thromboembolic-related conditions, American College of Chest Physicians (CHEST) guidelines (2021) suggest anticoagulation for certain patients (e.g., superficial vein thrombosis, antiphospholipid syndrome).[2] The choice of anticoagulant is often individualized based on patient-specific factors; therefore, for certain patients, DOAC use may be considered in practice. Evidence for DOACs is limited for off-label scenarios; in general, there is more clinical experience with agents such as vitamin K antagonists (e.g., warfarin) and low molecular weight heparin in these settings.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Eliquis. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days.

- **Eliquis® (apixaban tablets (Bristol-Myers Squibb/Pfizer)**

is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):

FDA-Approved Indications

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

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

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

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

Other Uses with Supportive Evidence

5. **Treatment or Prevention of Other Thromboembolic-Related Conditions.** Approve for 6 months if the patient meets both of the following (A and B):
   Note: Examples of other thromboembolic-related conditions include superficial vein thrombosis, splanchnic vein thrombosis, hepatic vein thrombosis, or prophylaxis of venous thromboembolism in a high-risk patient.
   A) Patient is ≥ 18 years of age; AND
   B) Patient meets one of the following (i or ii):
      i. Patient has tried warfarin, fondaparinux injection, or a low molecular weight heparin 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. Patient has been started on Eliquis for the treatment of an acute thromboembolic condition.

CONDITIONS NOT COVERED

- **Eliquis® (apixaban tablets (Bristol-Myers Squibb/Pfizer)**

is(are) considered experimental, investigational or unproven for ANY other use(s) including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

1. **Venous Thromboembolism in an Acutely Ill Medical Patient, Prophylaxis.** (Note: This includes post-discharge thromboprophylaxis for a patient hospitalized with coronavirus disease 2019 [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.[12] Xarelto is labeled for prophylaxis of venous thromboembolism in acutely ill medical patients and is supported in clinical practice guidelines, including guidelines which address prophylaxis of venous thromboembolism in COVID-19 patients.[8-11]

REFERENCES

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HISTORY

Type of Revision	Summary of Changes	Review Date
Early Annual Revision	No criteria changes.	01/11/2023
Annual Revision	No criteria changes.	01/24/2024