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# SHP Apixaban (Eliquis) Drug Level

AUTH: SHP Medical 303 v3 (AC)

MCG Health Ambulatory Care 26th Edition

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

## **Application to Products**

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Policy is applicable to all products

#### Authorization Requirements

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Pre-certification by the Plan is required

#### **Description of Item or Service**

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Apixaban Drug Level testing the level of a direct oral anticoagulant (DOAC) medication in the blood stream.

## **Exceptions and Limitations**

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There is insufficient scientific evidence to support the medical necessity of this service as it is not shown to improve health outcomes upon technology review.

#### Clinical Indications for Procedure

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• NA

# **Document History**

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- Revised Dates:
- · Reviewed Dates:
  - · 2022: June
  - 2021: August2020: August
- Effective Date: April 2019

# **Coding Information**

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- CPT/HCPCS codes covered if policy criteria is met:
  - None
- CPT/HCPCS codes considered not medically necessary per this Policy:
  - $\circ~$  CPT 80299 Quantitation of the rapeutic drug, not elsewhere specified

#### References

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References used include but are not limited to the following:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; Uptodate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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## Codes

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