

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Edoxaban (Savaysa)

#### Notes:

- QL: Yes

#### **INDICATION: Prevention of thrombosis in patients with non-valvular atrial fibrillation**

Initiation/Conversion criteria: Non-formulary **edoxaban (Savaysa)** will be covered on the prescription drug benefit when the following criteria are met:

- Documented diagnosis of non-valvular atrial fibrillation on Problem List - **AND** -
- CHA<sub>2</sub>DS<sub>2</sub>-VASc score of 1 or greater in men and 2 or greater in women (This score predicts the risk of stroke in patients with atrial fibrillation) - **AND** -
  - Estimated creatinine clearance is less than or equal to 95 mL/min - **AND** -
  - Intolerance or contraindication to dabigatran - **AND** -
  - Intolerance or contraindication to rivaroxaban- **AND** -
  - Intolerance or contraindication to apixaban

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously. Non-formulary **edoxaban (Savaysa)** will be covered on the prescription drug benefit when the following criteria are met:

- Documented diagnosis of non-valvular atrial fibrillation on Problem List - **AND** -
- CHA<sub>2</sub>DS<sub>2</sub>-VASc score of 1 or greater in men and 2 or greater in women (This score predicts the risk of stroke in patients with atrial fibrillation) - **AND** -
  - Estimated creatinine clearance is less than or equal to 95 mL/min\*\* - **AND** -
  - Intolerance or contraindication to dabigatran - **AND** -
  - Intolerance or contraindication to rivaroxaban- **AND** -
  - Intolerance or contraindication to apixaban

#### Note:

\*\* FAST can provide temporary approval until records are available for new members to re-review

#### **INDICATION: Treatment of acute venous thromboembolism (a blood clot in the vein)**

Initiation/Conversion/New Member criteria: Non-formulary **edoxaban (Savaysa)** will be covered on the prescription drug benefit when the following criteria are met:

- Documented diagnosis of venous thromboembolism (DVT: deep vein thrombosis or PE: pulmonary embolism) on Problem List- **AND** -
- Intolerance or contraindication to rivaroxaban and apixaban- **AND** -
- Patient must receive enoxaparin for a minimum of 5 days before starting edoxaban

# Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

## Edoxaban (Savaysa)

**INDICATION: Indefinite anticoagulation for reduction of venous thromboembolism recurrence**

Initiation/Conversion/New Member criteria: Non-formulary **edoxaban (Savaysa)** will be covered on the prescription drug benefit when the following criteria are met:

- Documented diagnosis of venous thromboembolism (DVT: deep vein thrombosis or PE: pulmonary embolism) on Problem List - **AND** -
- Intolerance or contraindication to dabigatran, rivaroxaban, and apixaban