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 -
    - CHA2DS2-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 (i.e. unable to swallow whole pills, history of gastrointestinal bleed with risk of recurrent bleeding, drug-drug interactions, or BMI greater than 40 or body weight greater than 120 kg)
  - AND -
    - Intolerance or contraindication to rivaroxaban
  - OR -
  - Documented diagnosis of non-valvular atrial fibrillation on Problem List
  - AND -
    - CHA2DS2-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 (i.e. unable to swallow whole pills, history of gastrointestinal bleed with risk of recurrent bleeding, drug-drug interactions, or BMI greater than 40 or body weight greater than 120 kg)
  - AND -
    - Intolerance or contraindication to rivaroxaban
  - OR -
  - Prescribed by or in consultation with hematology/oncology

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 -
    - CHA2DS2-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 (i.e. unable to swallow whole pills, history of gastrointestinal bleed with risk of recurrent bleeding, drug-drug interactions, or BMI greater than 40 or body weight greater than 120 kg)
  - AND -
    - Intolerance or contraindication to rivaroxaban
  - OR -
  - Prescribed by or in consultation with hematology/oncology

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

kp.org
**Criteria-Based Consultation Prescribing Program**

**CRITERIA FOR DRUG COVERAGE**

**Edoxaban (Savaysa)**

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**INDICATION: Treatment of acute DVT or PE (DVT: deep vein thrombosis or PE: pulmonary embolism)**

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
  - OR -
- Prescribed by or in consultation with hematology/oncology

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**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
  - OR -
- Prescribed by or in consultation with hematology/oncology