Non-formulary edoxaban (SAVAYSA) will be covered on the prescription drug benefit when ALL of the following criteria are met:

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

1. Documented diagnosis of atrial fibrillation on Problem List

AND

2. CHA$_2$DS$_2$-VASc score ≥ 2 or CHADS$_2$ score ≥ 1

AND

3. Estimated creatinine clearance is less than or equal to 95 mL/min

AND

4. At least one of the following criteria documented in KPHC:
   - Intolerance or contraindication to warfarin
   - History of intracranial hemorrhage on warfarin
   - Challenges in getting timely blood draws due to difficulty getting to the lab or getting blood draws
   - Failed to maintain therapeutic INR level or time in therapeutic range (TTR) less than 50% despite history of good adherence to warfarin dosing (patient’s TTR may be obtained from ACCMP)

AND

5. Intolerance or contraindication to dabigatran, rivaroxaban and apixaban or have a condition where dabigatran and rivaroxaban are not preferred, such as history of GI bleed

**Treatment of acute VTE and risk reduction of recurrent VTE**

1. Documented diagnosis of venous thromboembolism (DVT, PE) on Problem List

AND

2. Intolerance or contraindication to rivaroxaban

AND

3. At least one of the following criteria documented in KPHC:
   - Intolerance or contraindication to warfarin
   - History of intracranial hemorrhage on warfarin
   - Challenges in getting timely blood draws due to difficulty getting to the lab or getting blood draws
   - Failed to maintain therapeutic INR level or time in therapeutic range less than 50% despite history of good adherence to warfarin dosing (patient’s TTR may be obtained from ACCMP)

AND

4. For acute VTE treatment: Patient must receive enoxaparin for a minimum of 5 days before starting edoxaban.