

Policy Name:	Anticoagulant, Novel, Savaysa Step-Edit	Policy #:	1837P
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Purpose of the Policy

The purpose of this policy is to define step edit criteria for the coverage of the novel anticoagulant, Savaysa (edoxaban).

Statement of the Policy

Health Alliance Medical Plans will approve the use of Savaysa when the following criteria for coverage have been met.

Criteria

1. Coverage Criteria

- 1.1 If you have a previous paid claim at the pharmacy for the preferred novel anticoagulants, Xarelto and Eliquis, Savaysa will be covered, OR
- 1.2 Provider can submit documentation of previous trial and subsequent failure or contraindication to Xarelto and Eliquis

2. Approval Period

- 2.1 12 months

CPT Codes

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HCPCS Codes

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References

1. Douketis JD, Spyropoulos AC, Murad MH, et al. Perioperative Management of Antithrombotic Therapy: An American College of Chest Physicians Clinical Practice Guideline. *Chest*. 2022 Nov;162(5):e207-e243.
2. Greenberg SM, Ziai WC, Cordonnier C, et al; American Heart Association/American Stroke Association. 2022 Guideline for the Management of Patients With Spontaneous Intracerebral Hemorrhage: A Guideline From the American Heart Association/American Stroke Association. *Stroke*. 2022 Jul;53(7):e282-e361.
3. Doherty JU, Gluckman TJ, Hucker WJ, et al. 2017 ACC expert consensus decision pathway for periprocedural management of anticoagulation in patients with nonvalvular atrial fibrillation: a report of the American College of Cardiology Clinical Expert Consensus Document Task Force. *J Am Coll Cardiol*. 2017;69(7):871-898.
4. Ortel TL, Neumann I, Ageno W, et al. American Society of Hematology 2020 guidelines for management of venous thromboembolism: treatment of deep vein thrombosis and pulmonary embolism. *Blood Adv*. 2020 Oct 13;4(19):4693-4738.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.