

edoxaban tosylate (SAVAYSA)

Diagnoses Considered for Coverage:

- Prevention of stroke and blood clots in patients with non-valvular atrial fibrillation
- Treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE)

Coverage Criteria:

1. For atrial fibrillation:

- Inadequate response or intolerable side effect with either Eliquis (apixaban) or Xarelto (rivaroxaban) OR contraindication to both drugs, **and**
- Dose does not exceed 60 mg per day.

2. For treatment of deep vein thrombosis (DVT) or pulmonary embolism (PE):

- Inadequate response or intolerable side effect with either Eliquis (apixaban) or Xarelto (rivaroxaban) OR contraindication to both drugs, **and**
- Dose does not exceed 60 mg per day.

Coverage Duration:

- Atrial fibrillation: one year
- Treatment of DVT or PE: up to 12 months

Effective Date: 5/31/2023