Clinical Policy: Edoxaban (Savaysa)

Reference Number: ERX.NPA.63
Effective Date: 06.01.15
Last Review Date: 05.18

Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Edoxaban (Savaysa®) is a factor Xa inhibitor.

FDA Approved Indication(s)
Savaysa is indicated:

- To reduce the risk of stroke and systemic embolism in patients with non-valvular atrial fibrillation (NVAF)
- For the treatment of deep venous thrombosis (DVT) and pulmonary embolism (PE) in patients who have been treated with a parenteral anticoagulant for 5-10 days

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of health plans affiliated with Envolve Pharmacy Solutions™ that Savaysa is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Non-Valvular Atrial Fibrillation, Deep Venous Thrombosis, Pulmonary Embolism (must meet all)**:**

1. Member is being treated for one of the following conditions (a or b):
   a. Reduce the risk of stroke and systemic embolism in member with NVAF;
   b. Treatment of DVT or PE;
2. Failure of a ≥ 30 day trial of warfarin, and member cannot achieve therapeutic INR despite adequate titration and adherent use of warfarin, unless contraindicated;
3. Failure of a ≥ 30 day trial of Eliquis® and Xarelto®, unless both are contraindicated or clinically significant adverse effects are experienced;
4. If member has NVAF, recent (within the past 90 days) creatinine clearance (CrCl) is ≤ 95 mL/min;
5. Dose does not exceed 60 mg/day (1 tablet/day).

Approval duration: 12 months

B. Other diagnoses/indications

1. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

II. Continued Therapy

A. Non-Valvular Atrial Fibrillation, Deep Venous Thrombosis, Pulmonary Embolism (must meet all)**:**

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions or member has previously met initial approval criteria;
2. Member is responding positively to therapy;
3. If request is for a dose increase, new dose does not exceed 60 mg/day (1 tablet/day).

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2)**:**

1. Currently receiving medication via a health plan affiliated with Envolve Pharmacy Solutions and documentation supports positive response to therapy.

Approval duration: Duration of request or 12 months (whichever is less); or
2. Refer to ERX.PA.01 if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized).

III. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

CrCl: creatinine clearance
DVT: deep vein thrombosis
FDA: Food and Drug Administration
INR: international normalized ratio
NAVF: non-valvular atrial fibrillation
PE: pulmonary embolism

Appendix B: Therapeutic Alternatives

This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
warfarin (Coumadin®)	**Anticoagulation** Varies	Varies
Eliquis® (apixaban)	**NVAF** 5 mg twice daily **Treatment of DVT/PE** 10 mg twice daily for 7 days, then 5 mg twice daily	20 mg/day
Xarelto® (rivaroxaban)	**NVAF** 20 mg/day **Treatment of DVT/PE** 15 mg twice daily for 21 days, then 20 mg/day	30 mg/day

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

Appendix C: General Information

- Savaysa should not be used in NVAF patients with CrCL > 95 mL/min due to reduced efficacy. In the ENGAGE AF-TIMI 48 study, NVAF patients with CrCL > 95 mL/min had an increased rate of ischemic stroke with Savaysa 60 mg once daily compared to patients treated with warfarin. In these patients, another anticoagulant should be used.

IV. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
NVAF	If CrCl > 50 to ≤ 95 mL/min: 60 mg PO QD If CrCl 15-30 mL/min: 30 mg PO QD	60 mg/day
Treatment of DVT and PE	If CrCl > 30 mL/min: 60 mg PO QD If CrCl 15-30 mL/min or body weight ≤ 60 kg: 30 mg PO QD	60 mg/day

V. Product Availability

Tablets: 60 mg, 30 mg, 15 mg

VI. References

1. Savaysa Prescribing Information. Basking Ridge, NJ: Daiichi Sankyo, Inc.; November 2017. Available at: www.savaysa.com. Accessed March 19, 2018.
2. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; 2018. Available at: http://www.clinicalpharmacology-ip.com/. Accessed February 8, 2018.
3. Kearon C, Akl EA, Ornelas J, et al. Antithrombotic therapy for VTE disease: CHEST guideline and expert panel report. Chest. 2016; 149(2): 315-352.
4. January CT, Wann LS, Alpert JS, et al. 2014 AHA/ACC/HRS guideline for the management of patients with atrial fibrillation: a report of the American College of Cardiology/American Heart

Association Task Force on Practice Guidelines and the Heart Rhythm Society. Circulation. 2014; 129: 000-000. doi: 10.1161/CIR.0000000000000041

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created.	06.15	06.15
Updated to new template (converted algorithm to bulleted criteria, added background and references).	07.16	09.16
Policy split from ERX.NSST.07 Oral anticoagulants and converted to new template.	07.17	08.17
2Q 2018 annual review: Converted policy from ST to clinical PA. References reviewed and updated.	03.19.18	05.18

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information.

This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.