Commercial/Healthcare Exchange PA Criteria

Effective: July 1st, 2019

Prior Authorization: Anticoagulants

Products Affected: Pradaxa (dabigatran etexilate mesylate) oral capsules; Savaysa (edoxaban tosylate) oral tablets

Covered Uses:

Pradaxa:

Reduction of Risk of Stroke and Systemic Embolism in Non-valvular Atrial Fibrillation
Treatment of Deep Venous Thrombosis and Pulmonary Embolism
Reduction in the Risk of Recurrence of Deep Venous Thrombosis and Pulmonary Embolism
Prophylaxis of Deep Vein Thrombosis and Pulmonary Embolism Following Hip Replacement Surgery

Savaysa:

Reduction in the Risk of Stroke and Systemic Embolism in Nonvalvular Atrial Fibrillation
Treatment of Deep Vein Thrombosis and Pulmonary Embolism

Exclusion Criteria:

Patients with an active bleed
Mechanical prosthetic heart valve (Pradaxa)

Required Medical Information:

1. Diagnosis
2. Past medication trials

Age Restrictions: 18 years of age and older

Prescriber Restrictions: N/A

Coverage Duration: 1 year

Other Criteria: Approve if the patient has met ALL of the following criteria:

1. Patient has a confirmed diagnosis for an FDA approved indication for Pradaxa or Savaysa; AND
2. Patient has had a trial and failure of Eliquis AND Xarelto

References:

1. Product Information: PRADAXA(R) oral capsules, dabigatran etexilate mesylate oral capsules. Boehringer Ingelheim Pharmaceuticals, Inc. (per manufacturer), Ridgefield, CT, 2019.
2. Product Information: SAVAYSA(TM) oral tablets, edoxaban oral tablets. Daiichi Sankyo, Inc. (per FDA), Parsippany, NJ, 2019.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	7/1/19