

## PRIOR AUTHORIZATION POLICY

**POLICY:** Anticoagulants – Savaysa Prior Authorization Policy

- Savaysa® (edoxaban tablets – Daiichi Sankyo)

**REVIEW DATE:** 01/24/2024

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### OVERVIEW

Savaysa, a Factor Xa inhibitor, is indicated for the following uses:<sup>1</sup>

- **Non-valvular atrial fibrillation**, to reduce the risk of stroke and systemic embolism.
- **Treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE)**, following 5 to 10 days of initial therapy with a parenteral anticoagulant.

Savaysa has a unique Boxed Warning regarding reduced efficacy in non-valvular atrial fibrillation in patients with a creatinine clearance > 95 mL/min; Savaysa should be avoided in these individuals.<sup>1</sup> Safety and effectiveness of Savaysa in pediatric patients have not been established.

### Guidelines

Guidelines are available which support the use of direct oral anticoagulants (DOACs) in their commonly used clinical settings, such as DVT/PE<sup>2-5</sup> and atrial fibrillation<sup>6,7</sup>. In patients who are eligible for a DOAC, these are generally preferred over vitamin K antagonists (e.g., warfarin). It is noted that in the randomized trials in atrial fibrillation, DOACs were consistently at least non-inferior to warfarin regarding the composite of stroke or systemic embolism and were associated with lower risk of serious bleeding.<sup>7</sup>

### Anticoagulants and Coronavirus Disease 2019 (COVID-19)

Several clinical practice guidelines have been published with regard to use of anticoagulant therapy in the management of COVID-19. Per National Institutes of Health treatment guidelines regarding antithrombotic therapy in patients with COVID-19 (updated October 10, 2023), hospitalized patients with COVID-19 should not be routinely discharged from the hospital while on venous thromboembolism (VTE) prophylaxis.<sup>8</sup> For hospitalized patients, anticoagulant or antiplatelet therapy should not be used to prevent arterial thrombosis outside of the usual standard of care for patients without COVID-19. In nonhospitalized patients with COVID-19, it is not recommended to use anticoagulant and antiplatelet therapy for the prevention of VTE or arterial thrombosis, except in a clinical trials. Of note, Xarelto® (rivaroxaban tablets and oral suspension) is FDA-approved for prophylaxis of VTE in acutely ill medical patients; Eliquis is not indicated in this setting. Other guidelines have similar recommendations.<sup>9-11</sup>

### Other Uses with Supportive Evidence

Savaysa has data for prophylaxis of VTE after hip replacement surgery.<sup>12</sup> Although data are not robust regarding use of DOACs in other off-label thromboembolic-related conditions, American College of Chest Physicians (CHEST) guidelines (2021) suggest anticoagulation for certain patients (e.g., superficial vein thrombosis, antiphospholipid syndrome).<sup>2</sup> The choice of anticoagulant is often individualized based on patient-specific factors; therefore, for certain patients, DOAC use may be considered in practice. Evidence for DOACs is limited for off-label scenarios; in general, there is more clinical experience with agents such as vitamin K antagonists (e.g., warfarin) and low molecular weight heparin in these settings.

## POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Savaysa. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days.

**Automation:** None.

## RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Savaysa is recommended in those who meet one of the following criteria:

### FDA-Approved Indications

- 1. Atrial Fibrillation (or Atrial Flutter).** Approve for 1 year if the patient meets both of the following (A and B):
  - A) Patient is  $\geq 18$  years of age; AND
  - B) Patient has an estimated creatinine clearance  $\leq 95$  mL/min.
- 2. Deep Vein Thrombosis or Pulmonary Embolism, Treatment.** Approve for 1 year if the patient is  $\geq 18$  years of age.

### Other Uses with Supportive Evidence

- 3. Deep Vein Thrombosis in a Patient Undergoing Hip Replacement Surgery, Prophylaxis.** Approve for 60 days if the patient is  $\geq 18$  years of age.
- 4. Treatment or Prevention of Other Thromboembolic-Related Conditions.** Approve for 6 months if the patient meets both of the following (A and B):

Note: Examples of other thromboembolic-related conditions include superficial vein thrombosis, splanchnic vein thrombosis, hepatic vein thrombosis, or prophylaxis of venous thromboembolism in a high-risk patient.

  - A) Patient is  $\geq 18$  years of age; AND
  - B) Patient meets one of the following (i or ii):
    - i. Patient has tried warfarin, fondaparinux, or a low molecular weight heparin product (e.g., enoxaparin, Fragmin [dalteparin injection]); OR

Note: A patient who has tried Eliquis (apixaban tablets), Xarelto (rivaroxaban tablets and oral suspension), or Pradaxa (dabigatran capsules) is not required to try warfarin, fondaparinux, or a low molecular weight heparin.

    - ii. Patient has been started on Savaysa for the treatment of an acute thromboembolic condition.

## CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Savaysa is not recommended in the following situations:

- 1. Venous Thromboembolism in an Acutely Ill Medical Patient, Prophylaxis.** (Note: This includes post-discharge thromboprophylaxis for a patient hospitalized with coronavirus disease 2019 [COVID-19]). Xarelto is labeled for prophylaxis of venous thromboembolism in acutely ill medical patients and is supported in clinical practice guidelines, including guidelines which address prophylaxis of venous thromboembolism in COVID-19 patients.<sup>7-9</sup>

2. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

## REFERENCES

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4. The NCCN Cancer-Associated Venous Thromboembolic Disease Clinical Practice Guidelines in Oncology (version 2.2023 – June 1, 2023). © 2023 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on January 14, 2024.
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6. Lip G, Banerjee A, Boriani G, et al. Antithrombotic therapy for atrial fibrillation: CHEST guideline and expert panel report. *Chest*. 2018;154(5):1121-1201.
7. Joglar JA, Chung MK, Armbruster AL, et al. 2023 ACC/AHA/ACCP/HRS guidelines for the diagnosis and management of atrial fibrillation. A report of the American College of Cardiology/American Heart Association Joint Committee on Practice guidelines. Developed in collaboration and endorsed by the American College of Clinical Pharmacy and the Heart Rhythm Society. *J Am Coll Cardiol*. 2024;83(1):109-279.
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11. Barnes GD, Burnett A, Allen A, et al. Thromboembolic prevention and anticoagulant therapy during the COVID-19 pandemic: updated clinical guidance from the anticoagulation forum. *J Thromb Thrombolysis*. 2022;54:197-210.
12. Raskob G, Cohen AT, Eriksson BI, et al. Oral direct factor Xa inhibition with edoxaban for thromboprophylaxis after elective total hip replacement. A randomized double-blind, dose-response study. *Thromb Haemost*. 2010;104(3):642-649.