SENTARA HEALTH PLANS

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: **The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request**. All other information may be filled in by office staff; **fax to 1-800-750-9692**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

Drug Requested: Savaysa® (edoxaban)

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member Sentara #: _____ **Date of Birth:** _____

Prescriber Name: _____

Prescriber Signature: _____ **Date:** _____

Office Contact Name: _____

Phone Number: _____ **Fax Number:** _____

DEA OR NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy**: _____

Diagnosis: _____ **ICD Code, if applicable:** _____

Age: _____ **Height:** _____ **Weight:** _____ **Serum Creatinine:** _____

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

❑ Member is not using warfarin concomitantly	
❑ Member has tried and failed Xarelto® **AND** Eliquis®	
Choose one Indication below AND Choose one Dosage Below:	
❑ Nonvalvular atrial fibrillation (to prevent stroke and systemic embolism)	❑ **60 mg** daily
	❑ **30 mg** daily (members with CrCl 30 to 50 ml/minute or body weight ≤ 60 kg
OR	
❑ Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE) following 5-10 days of initial therapy with a parental anticoagulant	❑ **60 mg** daily
	❑ **30 mg** daily (members with CrCl 30 to 50 ml/minute or body weight ≤ 60 kg

*****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.*****

****Previous therapies will be verified through pharmacy paid claims or submitted chart notes.****

***Approved by Pharmacy and Therapeutics Committee**: 10/21/2010
UPDATED/REVISED: ~~4/1/2011; 6/14/2011; 8/18/2011; 3/20/2012; 5/8//2014; 9/23/2014; 11/2/2014; 5/22/2015; 12/28/2015; 1/26/2016; 12/19/2016; 8/16/2017; 11/24/2017; (Reformatted) 6/19/2019; 5/6/2022;06/16/2022;~~ **10/27/2023**