

<b>POLICY NAME</b>	Anticoagulant, Novel, Savaysa Step-Edit	<b>POLICY #</b>	<b>1837P</b>
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## Criteria

### Coverage Criteria

- ☐ 1.1 If you have a previous paid claim at the pharmacy for the preferred novel anticoagulants, Xarelto and Eliquis, Savaysa will be covered, OR
- ☐ 1.2 Provider can submit documentation of previous trial and subsequent failure or contraindication to Xarelto and Eliquis