

POLICY NAME	Anticoagulant, Novel, Savaysa Step-Edit	POLICY #	1837P
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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