STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

DABIGATRAN

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
DABIGATRAN ETEXILATE MESELATE	PRADAXA	35604		GPI-10 (8333703020)	DOSAGE FORM = PELET PACK

GUIDELINES FOR USE

1. Is the request for the treatment of a venous thromboembolic event (VTE) **AND** the patient meets the following criterion?
   - The patient has been treated with a parenteral anticoagulation agent for at least 5 days

   If yes, continue to #3.
   If no, continue to #2.

2. Is the request to reduce the risk of venous thromboembolic event (VTE) recurrence **AND** the patient meets the following criterion?
   - The patient has been previously treated

   If yes, continue to #3.
   If no, do not approve.
   DENIAL TEXT: See the denial text at the end of guideline.

3. Does the patient meet **ONE** of the following criteria?
   - The patient is 3 months to 7 years of age
   - The patient is 8 to 11 years of age AND unable to swallow dabigatran (Pradaxa) capsule

   If yes, continue to #4.
   If no, do not approve.
   DENIAL TEXT: See the denial text at the end of guideline.

4. Has the patient had a trial of or contraindication to rivaroxaban (Xarelto) suspension?

   If yes, **approve for 12 months for all strengths by GPID or GPI-14 with a quantity limit of #4 per day.**

   If no, do not approve.
   DENIAL TEXT: See the denial text at the end of guideline.

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GUIDELINES FOR USE (CONTINUED)

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **DABIGATRAN (Pradaxa)** requires the following rule(s) be met for approval:

A. The request is for ONE of the following:
   1. Treatment of a venous thromboembolic event (VTE: a type of blood clot disease in your veins)
   2. Reduce the risk of venous thromboembolic event recurrence (happening again)

B. You meet ONE of the following:
   1. You are 3 months to 7 years of age
   2. You are 8 to 11 years of age AND are unable to swallow dabigatran (Pradaxa) capsules

C. You have tried or have a contraindication (harmful for) to rivaroxaban (Xarelto) suspension

D. **If the request is for the treatment of a venous thromboembolic event, approval also requires:**
   1. You have been treated with parenteral anticoagulation agent (type of medication) for at least 5 days

E. **If the request is to reduce the risk of venous thromboembolic event recurrence, approval also requires:**
   1. You have been previously treated

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Pradaxa.

REFERENCES

- Pradaxa [Prescribing Information]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc.; June 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 07/01/23
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