DESIRUDIN

Generic	Brand	HICL	GCN	Exception/Other
DESIRUDIN	IPRIVASK	19072		

This drug requires a written request for prior authorization.

GUIDELINES FOR USE

1. Is the request for Iprivask for the prevention (prophylaxis) of deep vein thrombosis (DVT) for a patient undergoing elective hip replacement surgery?

   If yes, **approve for a total of 35 days of treatment. Enter two authorizations as follows:**
   - **Approve for 12 days for #24 vials.**
   - **Also enter one fill for 23 days for #46 vials with a start date of 7 days following the initial approval.**

   APPROVAL TEXT: Please note that this drug has an important FDA safety warning. For more information, please ask your doctor or pharmacist.
   If no, do not approve.
   DENIAL TEXT: Approval requires that the patient is receiving Iprivask for the prevention of deep vein thrombosis (DVT) undergoing elective hip replacement surgery.

RATIONALE
To ensure appropriate use of desirudin for the prevention of deep vein thrombosis (DVT) in patients undergoing hip replacement surgery. The desirudin prescribing information states that the average duration of treatment is 9 to 12 days. The 2008 ACCP guidelines recommend venous thromboembolism treatment of up to 35 days.

FDA APPROVED INDICATIONS
Prophylaxis of deep vein thrombosis (DVT) in elective hip replacement surgery.

REFERENCES

- Canyon Pharmaceuticals, Inc. Iprivask package insert. Hunt Valley, MD. January 2010.
- MICROMEDEX® Healthcare Series [database online]. Greenwood Village, CO: Thomson Healthcare. Available at: https://www.thomsonhc.com/hcs/librarian/PFDefaultActionId/pf.LoginAction. [Accessed: August 19, 2010].
- Geerts W, Bergquist D, and Pineo G et al. Prevention of Venous Thromboembolism supplement; The eighth ACCP conference on antithrombotic and thrombolytic therapy. *Chest* 2008; 133 (6 Suppl): 381S-453S.

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DESIRUDIN

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 01/01/14
Created: 08/10
Client Approval: 11/13
P&T Approval: 11/1