

# AvMed

## 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 1-305-671-0200**. 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: Pradaxa<sup>®</sup>** (dabigatran etexilate) **pellets**

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

Member Name: \_\_\_\_\_

Member AvMed #: \_\_\_\_\_ 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: \_\_\_\_\_

Weight: \_\_\_\_\_ Date: \_\_\_\_\_

### Quantity Limits:

- 20 mg pellet pack – 1 packet per day
- 30 mg pellet pack – 4 packets per day
- 40 mg pellet pack – 4 packets per day
- 50 mg pellet pack – 4 packets per day
- 110 mg pellet pack – 4 packets per day
- 150 mg pellet pack – 2 packets per day

**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.

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- Member must meet **ONE** of the following indication & age requirements:
  - Treatment and Reduction in the Risk of Recurrence of VTE in pediatric patients 2 to < 12 years of age
  - Treatment and Reduction in the Risk of Recurrence of VTE in pediatric patients < 2 years of age
- For members  $\geq$  8 years of age:** Provider must submit clinical-based reasoning and attach applicable documentation why the member cannot swallow capsules:

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- Member is **NOT** using warfarin concomitantly
- Member has tried and failed Xarelto<sup>®</sup>

## Reference Dosing Chart

<b>Weight-Based Dosage for PRADAXA Oral Pellets for Pediatric Patients between 2 to less than 12 Years of Age</b>		
<b><u>Weight (kg)</u></b>	<b><u>Dosage (mg) twice daily</u></b>	<b><u>Number of packets needed</u></b>
7 kg to less than 9 kg	70 mg	one 30 mg packet plus one 40 mg packet twice daily
9 kg to less than 11 kg	90 mg	one 40 mg packet plus one 50 mg packet twice daily
11 kg to less than 13 kg	110 mg	one 110 mg packet twice daily
13 kg to less than 16 kg	140 mg	one 30 mg packet plus one 110 mg packet twice daily
16 kg to less than 21 kg	170 mg	one 20 mg packet plus one 150 mg packet twice daily
21 kg to less than 41 kg	220 mg	two 110 mg packets twice daily
41 kg or greater	260 mg	one 110 mg packet plus one 150 mg packet twice daily

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## Reference Dosing Chart

Age- and Weight-Based Dosage for PRADAXA Oral Pellets for Pediatric Patients less than 2 Years of Age			
<u>Weight (kg)</u>	<u>Age (in months)</u>	<u>Dosage (mg) twice daily</u>	<u>Number of packets needed</u>
3 kg to less than 4 kg	3 to less than 6 months	30 mg	one 30 mg packet BID
4 kg to less than 5 kg	3 to less than 10 months	40 mg	one 40 mg packet BID
5 kg to less than 7 kg	3 to less than 5 months	40 mg	one 40 mg packet BID
	5 to less than 24 months	50 mg	one 50 mg packet BID
7 kg to less than 9 kg	3 to less than 4 months	50 mg	one 50 mg packet BID
	4 to less than 9 months	60 mg	two 30 mg packets BID
	9 to less than 24 months	70 mg	one 30 mg packet plus one 40 mg packet BID
9 kg to less than 11 kg	5 to less than 6 months	60 mg	two 30 mg packets BID
	6 to less than 11 months	80 mg	two 40 mg packets BID
	11 to less than 24 months	90 mg	one 40 mg packet plus one 50 mg packet BID
11 kg to less than 13 kg	8 to less than 18 months	100 mg	two 50 mg packets BID
	18 to less than 24 months	110 mg	one 110 mg packet BID
13 kg to less than 16 kg	10 to less than 11 months	100 mg	two 50 mg packets BID
	11 to less than 24 months	140 mg	one 30 mg packet plus one 110 mg packet BID
16 kg to less than 21 kg	12 to less than 24 months	140 mg	one 30 mg packet plus one 110 mg packet BID
21 kg to less than 26 kg	18 to less than 24 months	180 mg	one 30 mg packet plus one 150 mg packet BID

*Not all drugs may be covered under every Plan.*

*If a drug is non-formulary on a Plan, documentation of medical necessity will be required.*

***\*\*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.\****