

# SENTARA HEALTH PLANS

## 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 1-800-750-9692.** 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 may be delayed.**

**Drug Requested: Pradaxa<sup>®</sup>** (dabigatran etexilate) **pellets**

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

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

**Member Sentara #:** \_\_\_\_\_ **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> |                                |  |
|---|--------------------------------|--|
| <u>Weight (kg)</u>  | <u>Dosage (mg) twice daily</u> | <u>Number of packets needed</u>                      |
| 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<br>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<br>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<br>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<br>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<br>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.\****