

PRIOR AUTHORIZATION POLICY

- POLICY:** Anticoagulants – Dabigatran Prior Authorization Policy
- Pradaxa® (dabigatran etexilate mesylate capsules – Boehringer Ingelheim, generic)
 - Pradaxa® Oral Pellets (dabigatran etexilate oral pellets – Boehringer Ingelheim)

REVIEW DATE: 01/24/2024

OVERVIEW

Dabigatran capsules (Pradaxa, generic), a direct thrombin inhibitor, is indicated for the following uses:¹

- **Non-valvular atrial fibrillation**, to reduce the risk of stroke and systemic embolism in adults.
- **Prophylaxis of deep vein thrombosis (DVT) and pulmonary embolism (PE)**, in adults who have undergone hip replacement surgery.
- **Treatment of DVT and PE** in adults who have been treated with a parenteral anticoagulant for 5 to 10 days, as well as **reduction in the risk of recurrence of DVT and PE** in patients who have been previously treated.
- **Treatment of venous thromboembolic events (VTE)**, in pediatric patients 8 to < 18 years of age who have been treated with a parenteral anticoagulant for at least 5 days, as well as **to reduce the risk of recurrence of VTE** in pediatric patients 8 to < 18 years of age who have been previously treated.

Pradaxa oral pellets, a direct thrombin inhibitor, is indicated for the following uses:¹⁵

- **VTE**, treatment in pediatric patients 3 months to < 12 years of age who have been treated with a parenteral anticoagulant for at least 5 days, as well as **to reduce the risk of recurrence of VTE** in pediatric patients 3 months to < 12 years of age who have been previously treated.

It is noted in the prescribing information for dabigatran capsules and Pradaxa oral pellets that not all dosage forms are approved for the same indications and age groups.^{1,15} Due to differences in bioavailability, the individual products are not substitutable on a mg-per-mg basis. Dabigatran capsules are available in the following strengths: 75 mg, 110 mg, and 150 mg. Pradaxa oral pellets are available in the following strengths per packet: 20 mg, 30 mg, 40 mg, 50 mg, 110 mg, and 150 mg.

Guidelines

Guidelines are available which support the use of direct oral anticoagulants (DOACs) in their commonly used clinical settings, such as DVT/PE²⁻⁵ and atrial fibrillation^{6,7}. In patients who are eligible for a DOAC, these are generally preferred over vitamin K antagonists (e.g., warfarin). It is noted that in the randomized trials in atrial fibrillation, DOACs were consistently at least non-inferior to warfarin regarding the composite of stroke or systemic embolism and were associated with lower risk of serious bleeding.⁷

Anticoagulants and Coronavirus Disease 19 (COVID-19)

Several clinical practice guidelines have been published with regard to use of anticoagulant therapy in the management of COVID-19. Per National Institutes of Health treatment guidelines regarding antithrombotic therapy in patients with COVID-19 (updated October 10, 2023), hospitalized patients with COVID-19 should not be routinely discharged from the hospital while on VTE prophylaxis.⁸ For hospitalized patients, anticoagulant or antiplatelet therapy should not be used to prevent arterial thrombosis outside of the usual standard of care for patients without COVID-19. In nonhospitalized patients with COVID-19, it is not recommended to use anticoagulant and antiplatelet therapy for the prevention of VTE or arterial thrombosis, except in a clinical trial. Of note, Xarelto® (rivaroxaban tablets and oral suspension) is FDA-approved for

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prophylaxis of VTE in acutely ill medical patients; Eliquis is not indicated in this setting. Other guidelines have similar recommendations.⁹⁻¹¹

Other Uses with Supportive Evidence

Dabigatran has data supporting its use in prophylaxis after knee replacement surgery; these data are limited to adults.¹²⁻¹⁴ Although data are not robust regarding use of DOACs in other off-label thromboembolic-related conditions, American College of Chest Physicians (CHEST) guidelines (2021) suggest anticoagulation for certain patients (e.g., superficial vein thrombosis, antiphospholipid syndrome).² The choice of anticoagulant is often individualized based on patient-specific factors; therefore, for certain patients, DOAC use may be considered in practice. Evidence for DOACs is limited for off-label scenarios; in general, there is more clinical experience with agents such as vitamin K antagonists (e.g., warfarin) and low molecular weight heparin in these settings.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of dabigatran capsules and Pradaxa oral pellets. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

I. Coverage of dabigatran capsules is recommended in those who meet one of the following criteria:

FDA-Approved Indications

- 1. Atrial Fibrillation (or Atrial Flutter).** Approve for 1 year if the patient is ≥ 18 years of age.
- 2. Deep Vein Thrombosis or Pulmonary Embolism, Treatment.** Approve for 1 year if the patient is ≥ 8 years of age.
- 3. Deep Vein Thrombosis or Pulmonary Embolism, To Reduce the Risk of Recurrence.** Approve for 1 year if the patient is ≥ 8 years of age.
- 4. Deep Vein Thrombosis or Pulmonary Embolism in a Patient Undergoing Hip Replacement Surgery, Prophylaxis.** Approve for 60 days if the patient is ≥ 18 years of age.

Other Uses with Supportive Evidence

- 5. Deep Vein Thrombosis in a Patient Undergoing Knee Replacement Surgery, Prophylaxis.** Approve for 60 days if the patient is ≥ 18 years of age.

Treatment or Prevention of Other Thromboembolic-Related Conditions. Approve for 6 months if the patient meets both of the following (A and B):

Note: Examples of other thromboembolic-related conditions include superficial vein thrombosis, splanchnic vein thrombosis, hepatic vein thrombosis, or prophylaxis of venous thromboembolism in a high-risk patient.

A) Patient is ≥ 8 years of age; AND

B) Patient meets one of the following (i or ii):

i. Patient has tried warfarin, fondaparinux, or a low molecular weight heparin product (e.g., enoxaparin, Fragmin [dalteparin injection]); OR

Note: A patient who has tried Eliquis (apixaban tablets), Xarelto (rivaroxaban tablets), or Savaysa (edoxaban tablets) is not required to try warfarin, fondaparinux, or a low molecular weight heparin product.

ii. Patient has been started on dabigatran capsules for the treatment of an acute thromboembolic condition.

II. Coverage of Pradaxa oral pellets is recommended in those who meet one of the following criteria:

FDA-Approved Indications

1. Venous Thromboembolic Events, Treatment. Approve for 1 year if the patient is ≥ 3 months to < 12 years of age.

Note: Examples of venous thromboembolic events include deep vein thrombosis, cerebral venous thrombosis or sinus thrombosis, pulmonary embolism, and central-venous thrombosis.

2. Venous Thromboembolic Events, To Reduce the Risk of Recurrence. Approve for 1 year if the patient is ≥ 3 months to < 12 years of age.

Note: Examples of venous thromboembolic events include deep vein thrombosis, cerebral venous thrombosis or sinus thrombosis, pulmonary embolism, and central-venous thrombosis.

Other Uses with Supportive Evidence

3. Treatment or Prevention of Other Thromboembolic-Related Conditions. Approve for 6 months if the patient meets both of the following (A and B):

Note: Examples of other thromboembolic-related conditions include superficial vein thrombosis, splanchnic vein thrombosis, hepatic vein thrombosis, or prophylaxis of venous thromboembolism in a high-risk patient.

A) Patient is ≥ 3 months to < 12 years of age; AND

B) Patient meets one of the following (i or ii):

i. Patient has tried warfarin, fondaparinux, or a low molecular weight heparin product (e.g., enoxaparin, Fragmin [dalteparin injection]); OR

Note: A patient who has tried Eliquis (apixaban tablets), Xarelto (rivaroxaban tablets and oral suspension), or Savaysa (edoxaban tablets) is not required to try warfarin, fondaparinux, or a low molecular weight heparin product.

ii. Patient has been started on Pradaxa oral pellets for the treatment of an acute thromboembolic condition.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of dabigatran capsules and Pradaxa oral pellets is not recommended in the following situations:

1. **Venous Thromboembolism in an Acutely Ill Medical Patient, Prophylaxis.** (Note: This includes post-discharge thromboprophylaxis for a patient hospitalized with coronavirus disease 19 [COVID-19]). Xarelto is labeled for prophylaxis of venous thromboembolism in acutely ill medical patients and is supported in clinical practice guidelines, including guidelines which address prophylaxis of venous thromboembolism in COVID-19 patients.⁸⁻¹¹
2. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

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