

DIVISION OF HEALTH CARE FINANCING AND POLICY
NEVADA MEDICAID
DRUG USE REVIEW (DUR) BOARD

PROPOSED PRIOR AUTHORIZATION CRITERIA

Dabigatran etexilate (Pradaxa®)

Dabigatran etexilate is a covered benefit of Nevada Medicaid for recipients who meet the criteria for coverage.

1. Coverage and Limitations:

Authorization will be given if one of the following criteria are met and documented:

- a. Recipient has a diagnosis of non-valvular (no prosthetic valve) atrial fibrillation AND
- b. Recipient has at least one of the following documented risk factors for stroke:
 - i. History of stroke, TIA, or systemic embolism; or
 - ii. Age \geq 75 years; or
 - iii. Diabetes mellitus; or
 - iv. History of left ventricular dysfunction or heart failure; or
 - v. Age \geq 65 years with the presence of one of the following: diabetes mellitus, coronary artery disease (CAD), or hypertension; AND
- c. Recipient has failed warfarin or has a contraindication to warfarin therapy. Failure consists of an adequate trial of at least 3 months where the goal INR (2.0 to 3.0) has not been achieved (most recent two INR values outside of the therapeutic range) AND
- d. Recipient is $>$ 18 years of age and does not have a history of any of the following:
 - i. Gastrointestinal bleeding
 - ii. Pathological bleeding
 - iii. Rheumatic Heart Disease
 - iv. Mechanical valve prosthesis
 - v. Mitral Valve Disease
 - vi. Severe renal impairment (estimated creatine clearance $<$ 15 mL/minute) or on dialysis
 - vii. Inability to take capsules whole (capsules must not be broken, chewed or opened)

2. Quantity Limitations:

- a. Quantity limit: 60 tabs per 30 days

3. Length of Approval: 1 year