

Dabigatran (Pradaxa®) Clinical Screening Checklist

Criteria for Dabigatran Use (all must be met)	YES	NO
1. Non-valvular Atrial Fibrillation (AF)		
2. Creatinine Clearance (CrCl) > 50 mL/min Please note that the GFR reported by lab medicine using MDRD equation is NOT CrCl. See equation below for calculating CrCl.		
3. If age >75 years, prescriber will re-evaluate renal function at least annually to confirm CrCl > 50 mL/min		
4. Prescriber has reviewed patient education (on the back of this form) with the patient and the patient prefers dabigatran for anticoagulation therapy.		
5. Patient is able to afford the cost of the medication, which even if covered by private insurance may be up to 50% of the cost of a 30 day supply (details on the back of this form)		

*creatinine clearance, as calculated per Cockcroft-Gault equation using ideal body weight (IBW)

$$\text{CrCl} = \frac{(140 - \text{age}) \times (\text{IBW in kg}) \times 0.85 \text{ (females only)}}{72 \times (\text{serum creatinine})}$$

$$\text{IBW} = 50 \text{ kg} + (\text{height in inches} - 60) \times 2.3$$

Dabigatran Orders

Inpatients:

Dabigatran 150 mg PO BID for hospitalized patient to start _____(date)

OR

Outpatients:

Dabigatran 150 mg PO BID for ambulatory patient _____(quantity) _____(# refills)

PHYSICIAN/ARNP/PA SIGNATURE	PRINT NAME	PAGER	NPI	DATE	TIME
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PT.NO

NAME

DOB

UW Medicine

Harborview Medical Center – UW Medical Center
Northwest Hospital & Medical Center – University of Washington Physicians
Seattle, Washington

DABIGATRAN ORDERS



U3124

WHITE - MEDICAL RECORD

UH3124 REV DEC 11

Your doctor is considering prescribing dabigatran (Pradaxa) instead of warfarin (Coumadin) to prevent stroke associated with atrial fibrillation. To assist you in making this decision some of the differences between these two medications are outlined in the table below.

	Warfarin (Coumadin)	Dabigatran (Pradaxa)
Dosing	Once daily in the evening, adjusted according to lab test results	150mg twice daily in the morning and the evening
Administration	Tablets are scored, and can be broken, crushed or chewed	Capsules must be swallowed whole, and cannot be broken, crushed or chewed
laboratory test monitoring	Monitoring of a blood test (prothrombin time/protime/INR) is required to adjust dosing, at least monthly and sometimes more frequently	No routine coagulation laboratory test monitoring is required, but dosing may need to be adjusted for kidney function
Food interactions	Requires a consistent intake of vitamin K-containing foods	No special considerations
Drug interactions*	Interacts with numerous medications and may require dose adjustments based on laboratory test monitoring to prevent complications.	Interacts with some medications which cannot be used together.
Storage	No special considerations	Capsules must remain in the original container. Once the container is opened, contents expire in 60 days
Side Effects	Bleeding	Bleeding Stomach pain
Cost (See table below for additional details)	Available as a generic for as little as \$6/month Medical insurance typically covers laboratory testing and monitoring costs	Available as brand name only Out-of-pocket cost can be as much as \$300/month

*Prescribers please see anticoagulation website (<http://uwmcacc.org/dabigatran.html>) for more drug interaction details and/or consult pharmacy for patient specific recommendations.

Examples of Cost and Insurance Coverage

	Warfarin (Coumadin)	Dabigatran (Pradaxa)
Cash price with no prescription coverage	Generic: \$6-9 Brand: \$25-65	\$260-375
DSHS	Covered	Prior authorization required
Molina	Covered	Not covered
Premera	Generic: tier 1 Brand: tier 2 Check your insurance card for the required co-pay	tier 2 Check your insurance card for the required co-pay
Regence	Generic: preferred/tier 1 Brand: tier 2 Check your insurance card for the required co-pay	Non-preferred Check your insurance card for the required co-pay