

Date: \_\_\_\_\_ Needs by Date: \_\_\_\_\_

**1 PATIENT INFORMATION**

(Please complete the following or send patient demographic sheet)

 Patient Name (First, MI, Last): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Patient Phone (Home): \_\_\_\_\_  
 Alternate Phone: \_\_\_\_\_  
 Language Preferred:  English  Spanish  Other  
 DOB: \_\_\_\_\_ Gender:  Male  Female  
 Allergies: \_\_\_\_\_

**2 PRESCRIBER INFORMATION**

(Please complete the following information)

 Prescriber's Name: \_\_\_\_\_  
 Practice Name: \_\_\_\_\_  
 NPI #: \_\_\_\_\_ TaxID#: \_\_\_\_\_  
 DEA #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**3 INSURANCE INFORMATION**

(Please copy and attach the front and back of insurance and prescription drug card)

Prescription Card: Name of Insurer: \_\_\_\_\_ ID #: \_\_\_\_\_ BIN: \_\_\_\_\_ PCN: \_\_\_\_\_ Group: \_\_\_\_\_

**Primary Insurance Name:** \_\_\_\_\_  
 Primary Insurance ID #: \_\_\_\_\_  
 Subscriber: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

**Secondary Insurance Name:** \_\_\_\_\_  
 Primary Insurance ID #: \_\_\_\_\_  
 Subscriber: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

**4 STATEMENT OF MEDICAL NECESSITY**

ICD-10-CM Diagnosis Code

Other Clinical Information

- 
- I82
- 
- 
- Z79
- 
- 
- Other: \_\_\_\_\_

 \_\_\_\_\_  
 \_\_\_\_\_

**Previous and/or Current VTE Treatments**

	Treatment Name	Dose	Start Date	Stop Date	Current	Intolerant
<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Other _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**5 PRESCRIPTION INFORMATION**
 PRADAXA® (dabigatran etexilate) oral pellets

 **For Treatment of Pediatric VTE:** Give \_\_\_\_\_ mg by mouth twice daily AFTER AT LEAST 5 DAYS OF PARENTERAL ANTICOAGULANT.

 **For Reduction in the Risk of Recurrence of Pediatric VTE:** Give \_\_\_\_\_ mg by mouth twice daily AFTER PREVIOUS TREATMENT.

 Patient weight in kg \_\_\_\_\_ Patient age:  \_\_\_\_\_ years OR  \_\_\_\_\_ months Qty: 30 day supply Refills: \_\_\_\_\_

 X \_\_\_\_\_ (Date) X \_\_\_\_\_ (Date)  
 PRODUCT SUBSTITUTION PERMITTED DISPENSE AS WRITTEN

IMPORTANT NOTICE: This facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee. The prescriber is to comply with his/her state-specific prescription requirements such as e-prescribing, state-specific prescription form, fax language, etc. Non-compliance with state-specific requirements could result in outreach to the prescriber.

**Age- and Weight-Based Dosing for PRADAXA® (dabigatran etexilate) oral pellets - less than 2 Years Old**

Actual Weight (kg)	Age (in months)	Dose (mg) twice daily	Number of Packets Needed
3 kg to less than 4 kg	3 to less than 6	30 mg	one 30 mg packet twice daily
4 kg to less than 5 kg	3 to less than 10	40 mg	one 40 mg packet twice daily
5 kg to less than 7 kg	3 to less than 5	40 mg	one 40 mg packet twice daily
	5 to less than 24	50 mg	one 50 mg packet twice daily
7 kg to less than 9 kg	3 to less than 4	50 mg	one 50 mg packet twice daily
	4 to less than 9	60 mg	two 30 mg packets twice daily
	9 to less than 24	70 mg	one 30 mg packet plus one 40 mg packet twice daily
9 kg to less than 11 kg	5 to less than 6	60 mg	two 30 mg packets twice daily
	6 to less than 11	80 mg	two 40 mg packets twice daily
	11 to less than 24	90 mg	one 40 mg packet plus one 50 mg packet twice daily
11 kg to less than 13 kg	8 to less than 18	100 mg	two 50 mg packets twice daily
	18 to less than 24	110 mg	one 110 mg packet twice daily
13 kg to less than 16 kg	10 to less than 11	100 mg	two 50 mg packets twice daily
	11 to less than 24	140 mg	one 30 mg packet plus one 110 mg packet twice daily
16 kg to less than 21 kg	12 to less than 24	140 mg	one 30 mg packet plus one 110 mg packet twice daily
21 kg to less than 26 kg	18 to less than 24	180 mg	one 30 mg packet plus one 150 mg packet twice daily

**Age- and Weight-Based Dosing for PRADAXA® (dabigatran etexilate) oral pellets - between 2 Years to less than 12 Years Old**

Actual Weight (kg)	Dose (mg) twice daily	Number of Packets Needed
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