

Physician to fill out form:

MD Signature: _____

Date and Time: _____

ADDRESSOGRAPH

Idarucizamab (Praxbind©) Criteria for use checklist: (fax to Pharmacy when complete)

For reversal of dabigatran (Pradaxa©) only in patients with life threatening or uncontrolled bleeding and/or in need of emergency surgery or procedure.

Patient has:

Severe/Life-threatening Bleeding:

- Intracranial hemorrhage or critical site bleed (eg. retroperitoneal, intra-spinal, intra-ocular, intra-articular)
- Actual or impending hemodynamic compromise (eg. massive gastrointestinal bleeding)
- Clinically overt bleeding and either a rapid decrease in Hgb level of 20g/L or more, or administration of 4 or more units RBCs over a short timeframe

NOT indicated for:

Moderate or minor bleeding: patient hemodynamically stable (eg. stable GI bleeding, epistaxis sub-conjunctival hemorrhage, dental bleeding, haemorrhoidal bleeding)

Reason to believe patient receiving dabigatran (Pradaxa©) :

- PIP with recent fill date (if not recently filled - aPTT is elevated with no other explanation)
- Patient or accompanying individual report
- Pill bottle with recent fill date

Date/Time last dose dabigatran was taken if known _____

Confirm Screening Bloodwork done and time drawn: _____

- CBC
- aPTT
- DTT (dilute thrombin-time)
- Creatinine

Administration by physician only:

Give 5 grams of Idarucizamab IV in 2 doses as follows:

- Idarucizamab 2.5 g/50ml as IV bolus by physician (1st dose)
- Idarucizamab 2.5 g/50ml as IV bolus by physician (2nd dose) - within 15 min of initial dose

Repeat aPTT ordered – no sooner than 15min after completion of 2nd bolus (to confirm reversal)

Rarely should PCC be given. Consult Hematology if combined use of Idarucizamab & PCC is considered.