

Dear Sir/Madam,

RE: Pradaxa (Dabigatran)

I am a General Physician working in the area of Internal, Geriatric and Peri-operative Medicine on the Mornington Peninsula, south of Melbourne.

I would just like to make two comments regarding this drug which I have had some experience when it initially came out and enrolled three patients under the special access scheme initiated by Boehringer Ingelheim.

1 The lack of a reversing agent for this drug is of some concern and needs to be taken into account if the drug is released back into the community under an authority scheme.

2 Associated with number 1 above, I feel that this drug should be restricted to Specialists i.e. Cardiologists, General Physicians and Haematologists rather than having it available for wider use by General Practitioners. One of the problems we have had are patients who have been on Warfarin for atrial fibrillation for many years and well managed, suddenly turn up in a peri-operative setting or with other medical issues having been commenced on Pradaxa and the Warfarin discontinued. The lack of a reversing agent then makes the peri-operative management extremely difficult especially in an emergency or semi-elective scenario.

Apart from these suggestions I would certainly welcome the reintroduction of Pradaxa into the PBS under an authority for use in patients with non-valvular atrial fibrillation.

With kind regards,
Yours sincerely,

Prakash Nayagam