



## Prior Authorization Approval Criteria

### *Autoplex, Feiba VH (anti-inhibitor coagulant complex)*

<b>Generic name:</b>	Anti-inhibitor coagulant complex
<b>Brand names:</b>	Autoplex, Feiba VH
<b>Medication class:</b>	Antihemophilic agent
<b>FDA-approved uses:</b>	Patients with factor VIII inhibitors who are to undergo surgery or those who are bleeding
<b>Available dosage form:</b>	Powder for reconstitution for injection
<b>Usual dose range:</b>	25-100 units/kg IV push every 6 or 12 hours depending on the severity of hemorrhage
<b>Duration of therapy:</b>	Usually not to exceed 3 days.

**Criteria for use** (*bullet points below are all inclusive unless otherwise noted*):

- Hemophilia A and hemophilia B patients with factor VIII inhibitors experiencing spontaneous bleeding or undergoing surgery
- Nonhemophiliacs or patients with von Willebrand's disease with acquired inhibitors to factor VIII, XI, and XII
- Patients with factor VIII inhibitor titer of less than 10 Bethesda units/mL

**Criteria for continuation of therapy:** May be used until healing is achieved.

**Caution:**

- Products may potentially contain infectious agents.
- Identification of the clotting deficiency as caused by factor VIII inhibitors is essential prior to starting therapy.
- Dosing to normalize the values of aPTT, WBCT, and TEG may result in disseminated intravascular coagulation (DIC).
- Use with extreme caution in patients with impaired hepatic function.
- Possibility of thrombosis.
- Pregnancy and lactation

**Monitoring:**

- Monitor for hypotension
- May reinitiate infusion at a slower rate
- Have epinephrine ready to treat hypersensitivity reactions

**Contraindications:**

- Patients with DIC.
- Patients with normal coagulation mechanism

**Not approved if:**

- Newborns
- Patients with severe hepatic impairment

FCHP Pharmacy and Therapeutics Committee approval: \_\_\_\_\_

Date: \_\_\_\_\_

Adopted: 03/15/06