



**Prior Authorization Approval Criteria**  
*Department of Pharmacy Services*

**Generic Name:** Anti-inhibitor Coagulant Complex (AICC)

**Brand Name:** Autoplex®, Feiba VH®

**Medication Class:** Antihemophilic Agent

**FDA Approved Uses:** Patients with factor VIII inhibitors who are to undergo surgery or those who are bleeding

**Available Dosage Forms:** Powder for reconstitution for injection

**Usual Dose:** 25 – 100 units/kg IV push q6hrs or q12hrs depending on the severity of hemorrhage

**Duration of Therapy:** Usually not 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

**Cautions:**

- 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 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 (Disseminated intravascular coagulation)
- Patients with normal coagulation mechanism



**Not Approved if:**

- Newborns
- Patients with severe hepatic impairment

P&T Approval: \_\_\_\_\_ Date: \_\_\_\_\_