



Prior Authorization Approval Criteria
Department of Pharmacy Services

Generic Name: Antithrombin III (Human)

Brand Name: Thrombate III®

Medication Class: Anticoagulant Agent

FDA Approved Uses:

- Hereditary antithrombin III (AT-III) deficiency in connection with surgical or obstetrical procedures, or thromboembolism in these patients

Available Dosage Forms: Sterile, nonpyrogenic powder for reconstitution for IV administration only

Usual Dose: must be individualized based on pretherapy AT-III

- The initial dose should raise AT-III levels to 120% and may be calculated based on the following formula:

Initial dosage (int. units) = [desired AT-III level % - baseline AT-III level %] x body weight (kg) divided by 1.4%/int. units/kg
[Desired % - baseline %] x Wt

Int. units = $\frac{\text{[Desired \% - baseline \%] x Wt}}{1.4}$

- Maintenance dose should keep levels between 80% to 120%:
Administering 60% of the initial dose q24 hrs

Duration of Therapy: Usually 2-8 days depending on type of surgery or procedure

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

- Must be diagnosed with hereditary AT-III deficiency via both testing and family history
- Acquired deficiency must be excluded

Criteria for Continuation of Therapy: may be used until healing is achieved

Cautions:

- Products may potentially contain infectious agents
- Reduce heparin dose during concurrent therapy
- The AT-III level in neonates of parents with hereditary AT-III deficiency should be measured immediately after birth
- Testing and treatment in neonates, particularly premature infants, should be discussed with a coagulation specialist before initiating treatment
- Pregnancy



Monitoring:

- Monitor AT-III levels at least every 12 hrs and before the next infusion to maintain plasma AT-III levels at greater than 80%

Contraindications: Hypersensitivity to any component of formulation

Not Approved if: Patient has acquired AT-III deficiency rather than hereditary

Special Considerations: Low plasma AT-III levels in neonates, particularly premature infants, do not necessarily indicate hereditary deficiency

P&T Approval: _____ Date: _____