

STANDARD MEDICARE PART B MANAGEMENT

ATryn (antithrombin[recombinant])

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications

ATryn is a recombinant antithrombin indicated for the *prevention* of peri-operative and peri-partum thromboembolic events in hereditary antithrombin deficient patients.

B. Compendial Use

Management of heparin resistance during cardiopulmonary bypass (CPB)

All other indications will be assessed on an individual basis. Submissions for indications other than those enumerated in this policy should be accompanied by supporting evidence from Medicare approved compendia.

II. CRITERIA FOR INITIAL APPROVAL

A. Hereditary Antithrombin Deficiency

Authorization of 1 month may be granted for prevention of peri-operative or peri-partum thromboembolic events in hereditary antithrombin deficient members.

B. Heparin Resistance

Authorization of 1 month may be granted for management of heparin resistance during cardiopulmonary bypass.

III. REFERENCES

1. ATryn [package insert]. Framingham, MA: GTC Biotherapeutics, Inc.; November 2010.
2. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; http://online.lexi.com/lco/action/index/dataset/complete_ashp [available with subscription]. Accessed November 2020.