SPECIALTY GUIDELINE MANAGEMENT

TRETten (coagulation Factor XIII A-Subunit [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.

FDA-Approved Indication
Tretten is indicated in patients with congenital factor XIII A-subunit deficiency for routine prophylaxis for bleeding.

Tretten is not for use in patients with congenital factor XIII B-subunit deficiency

All other indications are considered experimental/investigational and not medically necessary.

II. CRITERIA FOR INITIAL APPROVAL

Congenital Factor XIII A-Subunit Deficiency
Indefinite authorization may be granted for prophylactic treatment of congenital factor XIII A-subunit deficiency.

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

IV. REFERENCES