Effective Date **1/1/2023**
Next Review Date… **1/1/2024**
Coverage Policy Number **IP0463**

Aminocaproic Acid for Individual and Family Plans

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Related Coverage Resources

INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Overview

This policy supports medical necessity review for aminocaproic acid oral solution and tablets (Amicar®) on Individual and Family Plans.

Receipt of sample product does not satisfy any criteria requirements for coverage.

Medical Necessity Criteria

Aminocaproic acid (Amicar) oral solution and tablets are considered medically necessary when ONE of the following is met (1, 2 or 3):

1. **Mucosal Bleeding.**
2. **Individual was started on aminocaproic acid inpatient and will be continuing therapy.**
3. **Medication is being prescribed by or in consultation with a hematologist.**

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Reauthorization Criteria

Not applicable for continuation beyond initial approval duration.

Authorization Duration

Initial approval duration: up to 30 days
Reauthorization approval duration: Not applicable

Conditions Not Covered

Any other use is considered experimental, investigational or unproven.

Background

OVERVIEW
Aminocaproic acid (Amicar) is 6-aminohexanoic acid, which acts as an inhibitor of fibrinolysis.[1] The prescribing information states that it is useful in enhancing hemostasis when fibrinolysis contributes to bleeding.[1] In life-threatening situations, transfusion of appropriate blood products and other emergency measures may be required. Fibrinolytic bleeding may frequently be associated with surgical complications following heart surgery (with or without cardiac bypass) and portacaval shunt; hematological disorders such as amegakaryocytic thrombocytopenia (accompanying aplastic anemia); acute and life-threatening abruptio placentae; hepatic cirrhosis; and neoplastic disease such as carcinoma of the prostate, lung, stomach, and cervix. Urinary fibrinolysis, usually a normal phenomenon, may contribute to excessive urinary tract fibrinolytic bleeding associated with surgical hematuria (following prostatectomy and nephrectomy) or nonsurgical hematuria (accompanying polycystic or neoplastic diseases of the genitourinary system).

Other Uses with Supportive Evidence
The National Hemophilia Foundation Medical and Scientific Advisory Council (MASAC) recommends aminocaproic acid (Amicar) as an ancilliary medication for treating patients with Hemophilia A and B, von Willebrand Disease, and other Congenital Bleeding Disorders.[2] Aminocaproic acid (Amicar) can be used to treat mouth and other mucosal bleeds.[2] It comes as a syrup with a concentration of 1.25 g/5ml or in pill form. The dose is 50-100 mg/kg. Note that a dose of factor concentrate must be given first to form the clot; aminocaproic acid is then given every 6 hours to preserve the clot until healing has taken place (10-14 days).

Dosing and Administration[1]
For the treatment of acute bleeding syndromes due to elevated fibrinolytic activity, it is suggested that 5 g of aminocaproic acid (five 1000 mg tablets or ten 500 mg tablets) or 20 milliliters of aminocaproic acid oral solution (5 g) be administered during the first hour of treatment, followed by a continuing rate of 1 g of aminocaproic acid (one 1000 mg tablet or two 500 mg tablets) or 5 milliliters of aminocaproic acid oral solution (1.25 g) per hour. This method of treatment would ordinarily be continued for about 8 hours or until the bleeding has been controlled.

References

1. Amicar (aminocaproic acid) tablets and oral solution [prescribing information]. Lake Forest, IL: Akorn, Inc.; Decemeber 2018.
2. National Hemophilia Foundation. MASAC document 272 - MASAC recommendations concerning products licensed for the treatment of hemophilia and other bleeding disorders.

https://www.hemophilia.org/healthcare-professionals/guidelines-on-care/masac-documents/masac-document-272-masac-recommendations-concerning-products-licensed-for-the-treatment-of-hemophilia-and-other-bleeding-disorders. Updated March 2022.