

Pharmacy Policy

Tranexamic Acid Tablet

Policy Number: 9. 801

Version Number: 2.0

Version Effective Date: 3/1/2022

Product Applicability <input type="checkbox"/> All Plan+ Products	
<p>Well Sense Health Plan</p> <input type="checkbox"/> New Hampshire Medicaid	<p>Boston Medical Center HealthNet Plan</p> <input checked="" type="checkbox"/> MassHealth - MCO <input checked="" type="checkbox"/> MassHealth - ACO <input type="checkbox"/> Qualified Health Plans/ConnectorCare/Employer Choice Direct <input type="checkbox"/> Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

Prior Authorization Policy

Products Affected:

- **Tranexamic Acid**

The Plan may authorize coverage of the above products for members meeting the following criteria:

Covered Use	All FDA approved indications not otherwise excluded
Exclusion Criteria	None
Required Medical Information	<ol style="list-style-type: none"> 1. A diagnosis of cyclic heavy menstrual bleeding (menstrual flow > 7 days or blood loss >80ml per cycle); AND 2. An inadequate response, intolerance or contraindication to non-steroidal anti-inflammatory drugs (NSAIDs); AND 3. An inadequate response, intolerance, contraindication or refusal to use of oral contraceptives or intrauterine levonorgestrel.

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Age Restriction	12 years of age and older
Prescriber Restriction	None
Coverage Duration	12 months
Other criteria	None

Clinical Background Information and References

1. Kaunitz AM. Management of abnormal uterine bleeding. Up to Date[®], updated June 07, 2017. Accessed November 2018. <http://www.uptodate.com>.
2. Product Information. Lysteda[®], tranexamic acid. Ferring Pharmaceuticals, Inc., Bethesda, MD 20814. October 2013.
3. The United Kingdom's National Institute for Health and Clinical Excellence (NICE) clinical guideline for heavy menstrual bleeding (published in 2007) available at: <http://www.nice.org.uk/nicemedia/pdf/CG44FullGuideline.pdf>.

Original Approval Date	Original Effective Date	Policy Owner	Approved by
12/1/2020	1/1/2021	Pharmacy Services	Pharmacy & Therapeutics (P&T) Committee

Policy Revisions History			
Review Date	Summary of Revisions	Revision Effective Date	Approved by
12/1/2020	9.033 Tranexamic acid policy retired; new policy created	1/1/2020	P&T Committee
11/11/2021	P&T Annual Review: removed criteria that members must be premenopausal; removed criteria for contraindication and renamed policy	3/1/2022	P&T Committee

Next Review Date

11/2022

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Other Applicable Policies

Reference to Applicable Laws and Regulations, If Any

Disclaimer Information

Medical Policies are the Plan's guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member's benefit document, and when appropriate, coordinates with the Member's health care Providers to consider the individual Member's health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan's service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member's benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.

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