

CHAPTER 7
SECTION 7.2

THROMBOLYTIC AGENTS

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I. POLICY

FDA approved thrombolytic agents are covered when provided according to approved indications. Also see [Chapter 7, Section 7.1](#) for additional policy on drugs and medicines.

II. POLICY CONSIDERATIONS

A. On November 13, 1987, the FDA approved Activase (alteplase), a tissue plasminogen activator (TPA). Alteplase is indicated for use in the management of acute myocardial infarction (AMI) in adults for lysis of thrombi obstructing coronary arteries, the improvement of ventricular function, and reduction of the incidence of congestive heart failure.

B. On November 5, 1987, the FDA approved intravenous streptokinase for treatment of AMI. Intracoronary use has been approved earlier. Indications for use include pulmonary emboli, coronary artery thrombosis, deep vein thrombosis, arterial thrombosis and embolism, and occluded arteriovenous cannulae.

C. Urokinase is indicated for pulmonary emboli, coronary artery thrombosis, and IV catheter clearance.

D. Charges for the thrombolytic agents provided in institutions reimbursed under the DRG system cannot be separately reimbursed. The DRG payment includes the thrombolytic agents.

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