

HEPARIN for Non-Traditional Clients

Patient name: _____ Medicaid ID #: _____

Prescriber Name: _____ Prescriber NPI#: _____ Contact person: _____

Prescriber Phone#: _____ Extension/Option: _____ Fax#: _____

Pharmacy: _____ Pharmacy Phone#: _____ Pharmacy Fax #: _____

Requested Medication: _____ Strength: _____ Frequency/Day: _____

All information to be legible, complete and correct or form will be returned

**FAX DOCUMENTATION FROM PROGRESS NOTES
TO 855-828-4992 note the new fax number**

CRITERIA:

- PRE-OPERATIVE for 3 days only for patients who must stop coumadin prior to surgery.
- POST- OPERATIVE for patients to be regulated on coumadin for 5 days only.
- POST operative prevention of DVT in patients with below and including abdomen surgeries, (i.e., hip, Acute knee, & ankle, not including foot and toes. (Max. 14 days).
- DVT/PE treatment in conjunction with coumadin regulation and treatment. (Max. 10 days)
- Unstable Angina: ischemic complications in unstable angina and non-Q-wave MI patients on concurrent aspirin therapy. (Max. 10 days)
- Prophylaxis or treatment of active DVT/PE in pregnancy.
- Treatment or secondary prevention of DVT/PE in cancer patients (authorized for 12 months).

RE-AUTHORIZATION:

Based on INR. Considered on an individual basis.

CRITERIA FOR PREGNANCY:

**FAX DOCUMENTATION FROM PROGRESS NOTES WITH ONE OF THE
FOLLOWING DIAGNOSIS TO 855-828-4992 note the new fax number**

- Past history of DVT/PE, **or**
- Active DVT/PE, **or**
- Known hypercoagulability

AUTHORIZATION:

Authorized for duration of pregnancy.

RE-AUTHORIZATION:

Same as initial.