

UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION REQUEST FORM

Innohep

Low Molecular Weight Heparin Derivatives – Non-Traditional Medicaid

(see separate criteria for Lovenox and Fragmin)

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 OR IN LETTER OF
MEDICAL NECESSITY TO 855-828-4992 note the new fax number**

CRITERIA:

- DVT with OR without PE treatment, bridging to coumadin regulation and treatment. (Max. 10 days)

NOTES:

This request form is for Non-Traditional Medicaid (blue card). Clients enrolled in Traditional Medicaid (purple card) may receive generic enoxaparin without a Prior Authorization. Other agents in this class may require a Non-Preferred Authorization for Traditional Medicaid clients.

RE-AUTHORIZATION:

Based on INR. Considered on an individual basis.

08/09/11