

UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION REQUEST FORM

**Low Molecular Weight Heparin Derivatives – Non-Traditional Medicaid**

(Includes Lovenox and Fragmin, see separate criteria for Innohep)

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**

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**FAX DOCUMENTATION FROM PROGRESS NOTES OR IN LETTER OF  
MEDICAL NECESSITY 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)
- Treatment or secondary prevention of DVT/PE in cancer patients (authorized for 12 months).
- Authorization for Innohep and Fragmin require a trial and failure of or contraindication to the preferred product (generic enoxaparin).

**NOTES:**

This request form is for Non-Traditional Medicaid (blue card). Clients enrolled in Traditional Medicaid (purple card) may receive 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.

05/19/11

<http://health.utah.gov/medicaid/pharmacy>