Market Applicability/Effective Date														
Market	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**LA**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	X	N/A	N/A	X	N/A	X	X	X	X	X	X	N/A	N/A	X

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Low Molecular Weight Heparin

Override(s)	Approval Duration
Prior Authorization	1 year

Medications	Quantity Limit
Fragmin 10,000 u/ mL, 12,500 u/ 0.5 ml, 15,000 u/0.6 mL, 18,000 u/0.72 mL Syringe	20 mL per 30 days
Fragmin 2,500 u/0.2 ml; 5,000 u/0.2 mL Syringe	4 mL per 30 days
Fragmin 25,000 units/ mL Vial	76 mL per 30 days
Fragmin 7,500 units/0.3 mL Syringe	6 mL per 30 days
Lovenox 30 mg/0.3 mL Syringe	8.4 mL per 28 days
Lovenox 40 mg/0.4 mL Syringe	11.2 mL per 28 days
Lovenox 60 mg.0.6 mL Syringe	16.8 mL per 28 days
Lovenox 80 mg/0.8 mL Syringe	22.4 mL per 28 days
Lovenox 100 mg/1 mL	28 mL per 28 days
Lovenox 120 mg/0.8 mL Syringe	22.4 mL per 28 days
Lovenox 150 mg/mL Syringe	28 mL per 28 days
Lovenox 300 mg/3mL Vial, Syringe	84 mL per 28 days

APPROVAL CRITERIA

Requests for LMWH may be approved for patients who meet the following criteria:

I. Approve the use of low molecular weight heparin (LMWH) for any of the following conditions:
   A. **Deep Vein Thrombosis (DVT)**
      1. **Treatment**
         a. ***Acute:*** May be initiated on an outpatient basis in conjunction with warfarin, continued for at least 5 days, and discontinued when the international normalized ratio (INR) is in the therapeutic range (greater than or equal to 2.0) for at least 24 hours
         b. ***Long Term:***
            i. Treatment for 3 to 6 months following acute DVT in patients in whom warfarin is contraindicated or not tolerated;
            ii. Treatment of individuals with cancer who have venous thromboembolism (VTE) for at least 3 months, followed by either LMWH or vitamin K antagonists (VKA) for as long as the cancer is active.

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Applicable	X	N/A	N/A	X	N/A	X	X	X	X	X	X	N/A	N/A	X

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iii. Treatment of individuals with upper extremity DVT (UEDVT) associated with a central venous catheter while the catheter remains in place.

iv. Treatment for 3 months with UEDVT NOT associated with an indwelling central venous catheter.

2. **Prevention**

For prevention of DVT post-operatively in the case of the following procedures:

a. Hip fracture or total hip replacement surgery given for up to 5 weeks post-procedure
b. Knee replacement surgery given for up to 10 days post-procedure
c. Major general, or vascular surgery for patients at high risk for venous thromboembolism due to malignancy, history of DVT or pulmonary embolism (PE), or other comorbidity given for up to 4 weeks post-discharge.
d. Gynecological surgery for patients at high risk for VTE including surgery for malignancy, greater than 60 years, or previous VTE, given for up to 4 weeks post-discharge.

B. **Pulmonary Embolism (PE)**

1. ***Long Term:*** Following pulmonary embolism, given for up to 3-6 months in patients who have cancer, or in whom warfarin is contraindicated or not tolerated

C. **Pregnancy**

1. Treatment or prevention of thrombophilic disease or venous thromboembolism in pregnancy. (For women in long-term warfarin treatment, LMWH should be substituted when pregnancy is achieved.)
2. For pregnant women with acute VTE, treatment should be continued until at least 6 weeks post partum.

D. **Thrombophlebitis**

1. Treatment of spontaneous superficial thrombophlebitis, given for up to 4 weeks

E. **Children with Cerebral Sinovenous Thrombosis (CSVT)**

1. For children with CSVT without significant intracranial hemorrhage, initial anticoagulation with LMWH may be followed subsequently by either LMWH or vitamin K antagonists, for a minimum of 3 months

F. **Miscellaneous**

1. Patients for whom long term warfarin treatment is generally indicated and appropriate (for example, following a DVT in a patient who does ***NOT*** have cancer) but who are intolerant or have contraindications to warfarin, or develop recurrent VTE while on therapeutic doses of warfarin (i.e., INR in appropriate therapeutic range).
2. Individuals with mechanical heart valves where bridging with LMWH is needed until stable on vitamin K antagonist therapy.

Market Applicability/Effective Date														
Market	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**LA**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	X	N/A	N/A	X	N/A	X	X	X	X	X	X	N/A	N/A	X

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3. Individuals with atrial fibrillation (AF) prior to undergoing cardioversion (electric or pharmacologic) (expect at least 3 weeks when AF is present more than 48 hours).
4. Individuals with atrial fibrillation for up to 4 weeks after undergoing successful cardioversion.

II. ***Unable*** to approve LMWH for any of the following:
   A. Switching from UFH to treat individuals with heparin-induced thrombocytopenia
   B. Individuals with severe renal failure
   C. Individuals in whom long term warfarin treatment is generally indicated and appropriate and where ***either*** LMWH has not been shown to improve health outcomes compared to warfarin, or who do not exhibit intolerance or have contraindications to warfarin and have not developed recurrent VTE while on therapeutic doses of warfarin.
   D. To prevent thrombosis related to long term indwelling central venous lines in cancer patients.
   E. Women with two or more miscarriages but without antiphospholipid antibodies (APLA) or thrombophilia.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2016. URL: http://www.clinicalpharmacology.com. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2016; Updated periodically.