

Pharmacy Prior Authorization

AETNA BETTER HEALTH NEW JERSEY (MEDICAID)

Anticoagulant Injectable (Medicaid)

This fax machine is located in a secure location as required by HIPAA regulations.

Complete/review information, sign and date. Fax signed forms to Aetna Better Health New Jersey at 1-855-296-0323.

When conditions are met, we will authorize the coverage of Anticoagulant Injectable (Medicaid).

Please note that all authorization requests will be reviewed as the AB rated generic (when available) unless states otherwise.

Drug Name (circle drug)

enoxaparin fondaparinux
Fragmin (dalteparin) Iprivask (desirudin)
Other, specify drug
Quantity Frequency Strength
Route of administration Expected length of therapy

Patient information

Patient name:
Patient ID:
Patient Group No.:
Patient DOB:
Patient phone:

Prescribing physician

Physician name:
Specialty: NPI number:
Physician fax: Physician phone:
Physician address: City, state, zip:

Diagnosis: ICD Code:

Circle the appropriate answer for each question.

- 1. Has the plan authorized this medication in the past for this member (i.e., previous authorization is on file under this plan)? Y N

If yes, please provide the following:

Rationale for continued treatment:
Anticipated length of therapy:
Indication:
Recent international normalized ratio (INR) if on warfarin:

[If yes, then no further questions.]

- |  |   |   |
|--|---|---|
| 2. Is the request for a non-formulary agent?<br><br>[If no, then skip to question 6.]  | Y | N |
| 3. Has the member experienced an inadequate response, intolerance, or contraindication to enoxaparin?<br><br>[If no, then no further questions.]   | Y | N |
| 4. Is this request for Iprivask?<br><br>[If no, then skip to question 6.]  | Y | N |
| 5. Is the requested drug being prescribed for deep vein thrombosis (DVT) prophylaxis for a member with a hip replacement?<br><br>[No further questions.]   | Y | N |
| 6. Is the requested drug being prescribed for PROPHYLAXIS of venous thromboembolism (VTE) (prevention of deep vein thrombosis (DVT) or pulmonary embolism (PE))?<br><br>[If no, then skip to question 17.]   | Y | N |
| 7. Is the requested drug being prescribed for a member in a high risk pregnancy (for example, homozygous for factor V Leiden deficiency, Prothrombin Mutation 20210 or a family history of venous thromboembolism (VTE))?<br><br>Please provide member's estimated due date: _____<br><br>The duration of approval is based on the due date of the pregnancy plus 6 weeks.<br><br>[If yes, then no further questions.] | Y | N |
| 8. Is the requested drug being prescribed in a member with cancer and solid tumors who is at high risk of thrombosis (for example, previous venous thromboembolism (VTE), immobilization, hormonal therapy, angiogenesis inhibitors, thalidomide, or lenalidomide)?<br><br>[If yes, then no further questions.]  | Y | N |
| 9. Is the requested drug being prescribed in a member with cancer who is undergoing surgery?<br><br>[If yes, then no further questions.]   | Y | N |
| 10. Is the requested drug being prescribed in a member undergoing hip or knee replacement or hip fracture surgery?   | Y | N |

Please document date of surgery: \_\_\_\_\_

[If yes, then no further questions.]

11. Is the requested drug being prescribed for bridge therapy for perioperative warfarin discontinuation? Y N

Please provide surgery date (if applicable): \_\_\_\_\_

[If yes, then no further questions.]

12. Is the requested drug being prescribed in a member with restricted mobility during acute illness? Y N

[If yes, then no further questions.]

13. Is the requested drug being prescribed in a member undergoing abdominal-pelvic or general surgery and is at moderate to high risk for venous thromboembolism (VTE)? Y N

If yes, please provide date of surgery: \_\_\_\_\_

[If yes, then no further questions.]

14. Is the requested drug being prescribed in a member who has had recent major trauma (for example, traumatic brain injury (TBI) or spinal cord injury)? Y N

[If yes, then no further questions.]

15. Is the requested drug being prescribed in a member with atrial fibrillation who will be undergoing cardioversion? Y N

If yes, please provide date of cardioversion: \_\_\_\_\_

[If yes, then no further questions.]

16. Is the requested drug being prescribed in a member with acute ischemic stroke and has restricted mobility? Y N

[No further questions.]

17. Is the requested drug being prescribed for TREATMENT of venous thromboembolism (VTE) (treatment of deep vein thrombosis (DVT) or pulmonary embolism (PE))? Y N

[If no, then no further questions.]

18. Is the requested drug being prescribed in a member with cancer and high bleeding risk? Y N

[If yes, then no further questions.]

19. Is the requested drug being prescribed in a member with cancer and low to moderate bleeding risk? Y N

[If yes, then no further questions.]

20. Is the requested drug being prescribed for long-term treatment in a non-cancer member who has had a trial and failure with warfarin and Eliquis or Xarelto? Y N

[If yes, then no further questions.]

21. Is the requested drug being prescribed for a member who recently started warfarin until the international normalized ratio (INR) is in therapeutic range for at least 5 days? Y N

[If yes, then no further questions.]

22. Is the requested drug being prescribed in a member with a high risk pregnancy? Y N

Please provide member's estimated due date: \_\_\_\_\_

The duration of approval is based on the due date of the pregnancy plus 6 weeks.

[If yes, then no further questions.]

23. Is the requested drug being prescribed in a member with recurrent venous thromboembolism (VTE) that occurred while taking oral anticoagulants? Y N

[If yes, then no further questions.]

24. Is the requested drug being prescribed to treat superficial vein thrombosis (SVT) of the lower limb? Y N

[If yes, then no further questions.]

25. Is the requested drug being prescribed to treat an acute upper-extremity deep vein thrombosis (UEDVT) that involves the axillary or more proximal veins? Y N

[If yes, then no further questions.]

26. Is the requested drug being prescribed to treat Provoked venous thromboembolism (VTE)? Y N

[If yes, then no further questions.]

27. Is the requested drug being prescribed to treat Unprovoked venous thromboembolism (VTE) in a member with high bleeding risk? Y N

[If yes, then no further questions.]

28. Is the requested drug being prescribed to treat Unprovoked venous thromboembolism (VTE) in a member with low to moderate bleeding risk? Y N

[If yes, then no further questions.]

29. Is the requested drug being prescribed for bridge therapy with warfarin? Y N

**Comments:**

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I affirm that the information given on this form is true and accurate as of this date.

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**Prescriber (Or Authorized) Signature** **Date**