Low Molecular Weight Heparins (LMWH) and Arixtra Quantity Limit Program Summary

Quantity limits apply to Medicaid.

POLICY REVIEW CYCLE

Effective Date	Date of Origin
07-01-2024	07-01-2015

FDA APPROVED INDICATIONS AND DOSAGE

See package insert for FDA prescribing information: https://dailymed.nlm.nih.gov/dailymed/index.cfm

POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
	Enoxaparin Sodium Inj 150 MG/ML		30	Syringes	90	DAYS			
	Enoxaparin Sodium Inj 30 MG/0.3ML		30	Syringes	90	DAYS			
	Enoxaparin Sodium Inj 60 MG/0.6ML		30	Syringes	90	DAYS			
	Enoxaparin Sodium Inj 80 MG/0.8ML		30	Syringes	90	DAYS			
Arixtra	Fondaparinux Sodium Subcutaneous Inj 10 MG/0.8ML	10 MG/0.8 ML	30	Syringes	90	DAYS			
Arixtra	Fondaparinux Sodium Subcutaneous Inj 2.5 MG/0.5ML	2.5 MG/0.5 ML	30	Syringes	90	DAYS	a single course of therapy		
Arixtra	Fondaparinux Sodium Subcutaneous Inj 5 MG/0.4ML	5 MG/0.4 ML	30	Syringes	90	DAYS			
Arixtra	Fondaparinux Sodium Subcutaneous Inj 7.5 MG/0.6ML	7.5 MG/0.6 ML	30	Syringes	90	DAYS			
Fragmin	dalteparin sodium inj 2500 unit/ml	10000 UNIT/4 ML	30	Vials	90	DAYS			
Fragmin	Dalteparin Sodium Inj 95000 Unit/3.8ML	95000 UNIT/3.8ML	10	Vials	90	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Fragmin	Dalteparin Sodium Soln Prefilled Syr	2500 UNIT/0.2ML	30	Syringes	90	DAYS			
Fragmin	Dalteparin Sodium Soln Prefilled Syr	5000 UNIT/0.2ML	30	Syringes	90	DAYS			
Fragmin	Dalteparin Sodium Soln Prefilled Syr	7500 UNIT/0.3ML	30	Syringes	90	DAYS			
Fragmin	Dalteparin Sodium Soln Prefilled Syr	10000 UNIT/ML	30	Syringes	90	DAYS			
Fragmin	Dalteparin Sodium Soln Prefilled Syr	12500 UNIT/0.5ML	30	Syringes	90	DAYS			
Fragmin	Dalteparin Sodium Soln Prefilled Syr	15000 UNIT/0.6ML	30	Syringes	90	DAYS			
Fragmin	Dalteparin Sodium Soln Prefilled Syr	18000 UNT/0.72ML	30	Syringes	90	DAYS			
Lovenox	Enoxaparin Sodium Inj 300 MG/3ML	300 MG/3ML	10	Vials	90	DAYS			
Lovenox	Enoxaparin Sodium Inj Soln Pref Syr	30 MG/0.3 ML	30	Syringes	90	DAYS			
Lovenox	Enoxaparin Sodium Inj Soln Pref Syr	40 MG/0.4 ML	30	Syringes	90	DAYS			
Lovenox	Enoxaparin Sodium Inj Soln Pref Syr	60 MG/0.6 ML	30	Syringes	90	DAYS			
Lovenox	Enoxaparin Sodium Inj Soln Pref Syr	80 MG/0.8 ML	30	Syringes	90	DAYS			
Lovenox	Enoxaparin Sodium Inj Soln Pref Syr	100 MG/ML	30	Syringes	90	DAYS			
Lovenox	Enoxaparin Sodium Inj Soln Pref Syr	120 MG/0.8 ML	30	Syringes	90	DAYS			
Lovenox	Enoxaparin Sodium Inj Soln Pref Syr	150 MG/ML	30	Syringes	90	DAYS			

ADDITIONAL QUANTITY LIMIT INFORMATION

Wildcard	Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Additional QL Information	Targeted NDCs When Exclusions Exist	Effective Date	Term Date
83103030102020	Arixtra	Fondaparinux Sodium Subcutaneous Inj 2.5 MG/0.5ML	2.5 MG/0.5 ML	a single course of therapy			

CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
	Enoxaparin Sodium Inj 150 MG/ML		Medicaid

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
	Enoxaparin Sodium Inj 30 MG/0.3ML		Medicaid
	Enoxaparin Sodium Inj 60 MG/0.6ML		Medicaid
	Enoxaparin Sodium Inj 80 MG/0.8ML		Medicaid
Arixtra	Fondaparinux Sodium Subcutaneous Inj 10 MG/0.8ML	10 MG/0.8ML	Medicaid
Arixtra	Fondaparinux Sodium Subcutaneous Inj 2.5 MG/0.5ML	2.5 MG/0.5ML	Medicaid
Arixtra	Fondaparinux Sodium Subcutaneous Inj 5 MG/0.4ML	5 MG/0.4ML	Medicaid
Arixtra	Fondaparinux Sodium Subcutaneous Inj 7.5 MG/0.6ML	7.5 MG/0.6ML	Medicaid
Fragmin	dalteparin sodium inj 2500 unit/ml	10000 UNIT/4ML	Medicaid
Fragmin	Dalteparin Sodium Inj 95000 Unit/3.8ML	95000 UNIT/3.8ML	Medicaid
Fragmin	Dalteparin Sodium Soln Prefilled Syr	2500 UNIT/0.2ML	Medicaid
Fragmin	Dalteparin Sodium Soln Prefilled Syr	10000 UNIT/ML	Medicaid
Fragmin	Dalteparin Sodium Soln Prefilled Syr	5000 UNIT/0.2ML	Medicaid
Fragmin	Dalteparin Sodium Soln Prefilled Syr	7500 UNIT/0.3ML	Medicaid
Fragmin	Dalteparin Sodium Soln Prefilled Syr	18000 UNT/0.72ML	Medicaid
Fragmin	Dalteparin Sodium Soln Prefilled Syr	12500 UNIT/0.5ML	Medicaid
Fragmin	Dalteparin Sodium Soln Prefilled Syr	15000 UNIT/0.6ML	Medicaid
Lovenox	Enoxaparin Sodium Inj 300 MG/3ML	300 MG/3ML	Medicaid
Lovenox	Enoxaparin Sodium Inj Soln Pref Syr	40 MG/0.4ML	Medicaid
Lovenox	Enoxaparin Sodium Inj Soln Pref Syr	100 MG/ML	Medicaid
Lovenox	Enoxaparin Sodium Inj Soln Pref Syr	120 MG/0.8ML	Medicaid
Lovenox	Enoxaparin Sodium Inj Soln Pref Syr	80 MG/0.8ML	Medicaid
Lovenox	Enoxaparin Sodium Inj Soln Pref Syr	60 MG/0.6ML	Medicaid
Lovenox	Enoxaparin Sodium Inj Soln Pref Syr	30 MG/0.3ML	Medicaid
Lovenox	Enoxaparin Sodium Inj Soln Pref Syr	150 MG/ML	Medicaid

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
	Quantity limit for the Target Agent(s) will be approved when ONE of the following is met: 1. The requested quantity (dose) does NOT exceed the program quantity limit **OR** 2. The patient requires extended treatment for primary or secondary prophylaxis of thromboembolism during pregnancy and/or puerperium **OR** 3. The patient requires extended prophylaxis and/or treatment of symptomatic VTE (DVT and/or PE) **AND** the patient has cancer **OR** 4. The requested quantity (dose) exceeds the program quantity limit AND ONE of the following: A. BOTH of the following: 1. The requested agent does not have a maximum FDA labeled dose for the requested indication **AND** 2. There is support for therapy with a higher dose for the requested indication **OR** B. BOTH of the following: 1. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication **AND** 2. There is support for why the requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does NOT exceed the program quantity limit **OR** C. BOTH of the following: 1. The requested quantity (dose) exceeds the maximum FDA labeled dose for the requested indication **AND**

Module	Clinical Criteria for Approval
	2. There is support for therapy with a higher dose for the requested indication **Length of Approval**: up to 12 months