Low-Molecular-Weight Heparin

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Line(s) of Business: HMO; PPO  
Current Effective Date: 08/01/2012  
Section: Prescription Drugs  
Place(s) of Service: Home; Office; Outpatient

I. Description

Low-molecular-weight heparin (LMWH) is a class of anticoagulant drugs used in both the prevention and treatment of deep vein thrombosis (DVT). It is an injectable drug that may be administered by the patient or by a health care practitioner.

This guideline only addresses LMWH when used in an outpatient setting. It does not apply to the inpatient use of these drugs.

II. Criteria/Guidelines

A. LMWH is covered (subject to Limitations/Exclusions and Administrative Guidelines) for the following indications:

1. Prevention of DVT when used for any of the following FDA approved indications:
   a. Abdominal surgery; for up to 10 days post-operatively.
   b. Hip replacement surgery; for up to four weeks post-operatively.
   c. Knee replacement surgery; for up to 14 days post-operatively.

2. Treatment of acute DVT and/or pulmonary embolism when used in conjunction with warfarin sodium; administered for up to 17 days.

3. Treatment of acute DVT and/or pulmonary embolism for up to six months for patients with cancer (diagnosed or treated for cancer within the previous six months).

B. LMWH is covered (subject to Limitations/Exclusions and Administrative Guidelines) during pregnancy for the following indications:

1. Prevention and/or treatment of thromboembolism during pregnancy.

2. Prevention and/or treatment of thromboembolism after delivery as follows:
   a. LMWH will be covered for up to an additional six weeks in patients who at the time of delivery are expected to remain on anticoagulation for no longer than six weeks.
b. LMWH will be covered for up to an additional two weeks (to allow time to transition to vitamin K antagonist) in patients who at the time of delivery are expected to remain on anticoagulation for longer than six weeks.

C. LMWH is covered (subject to Limitations/Exclusions and Administrative Guidelines) when used in perioperative bridge therapy for patients needing to stop oral anticoagulants who are at moderate-to high-risk of thromboembolism. Patients with the following conditions are considered moderate- to high- risk:

1. Mechanical heart valves:
   a. Moderate-risk are those patients with bileaflet aortic valve prosthesis and one of the following:
      i. Atrial fibrillation
      ii. Prior stroke or transient ischemic attack (TIA)
      iii. Hypertension
      iv. Diabetes
      v. Congestive heart failure
      vi. Age is greater than 75 yrs
   b. High-risk are those patients with one of the following:
      i. Any mitral valve prosthesis
      ii. Older (caged-ball or tilting disc) aortic valve prosthesis
      iii. Stroke or TIA within six months

2. Atrial fibrillation
   a. Moderate-risk are those patients with a CHADS2 score (see appendix) of 3 or 4
   b. High-risk are those with one of the following:
      i. CHADS2 score of 5 or 6
      ii. Stroke or TIA within three months
      iii. Rheumatic valvular heart disease

3. Venous thromboembolism (VTE)
   a. Moderate-risk are those patients with one of the following:
      i. VTE within the past three to 12 months
      ii. Nonsevere thrombophilic conditions (e.g., heterozygous Factor V Leiden mutation, heterozygous Factor II mutation)
      iii. Recurrent VTE
      iv. Active cancer (treated within six months or palliative)
   b. High-risk are those patients with one of the following:
      i. VTE within three months
      ii. Severe thrombophilia (e.g., deficiency of protein C, protein S or antithrombin, antiphospholipid antibodies, or multiple abnormalities).

III. Limitations/Exclusions

LMWH is not covered for the following:
A. Perioperative bridge therapy for patients who are not at moderate- to high- risk for thromboembolism.

B. Perioperative bridge therapy for the following procedures:
   1. Minor dental procedures, e.g., single or multiple tooth extractions and endodontic (root canal) procedures.
   2. Minor dermatologic procedures, e.g., excisions of basal and squamous cell carcinomas, actinic keratoses and malignant or premalignant nevi.
   3. Minor ophthalmologic procedures, e.g., cataract extraction.
   4. Upper gastrointestinal endoscopy with or without biopsy.

C. Prevention and/or treatment of thromboembolism before pregnancy, i.e., before conception, and after delivery (except as noted in Criteria/Guidelines II.B.2) as use of vitamin K antagonist is not contraindicated.

D. Prevention of DVT during airplane flights as it has not been shown to be more effective than conservative measures.

IV. Administrative Guidelines

A. Precertification is required for the following:
   1. Treatment exceeding the standard duration as recommended by the manufacturer's prescribing information for FDA approved indications. Complete HMSA's drug review request and fax or mail the form as indicated. Documentation supporting the need for therapy beyond the standard duration must be submitted.
   2. Treatment of acute DVT and/or pulmonary embolism beyond six months in patients with cancer. Documentation supporting the need for therapy beyond six months must be submitted.
   3. Perioperative bridge therapy. Documentation indicating the procedure to be performed and supporting that the patient is at moderate- to high- risk of thromboembolism must be submitted.

B. For services that do not require precertification, documentation must be kept in the patient's medical record and made available to HMSA upon request. HMSA reserves the right to perform retrospective reviews using the above criteria to validate if services rendered met payment determination criteria.

V. Important Reminder

The purpose of this Medical Policy is to provide a guide to coverage. This Medical Policy is not intended to dictate to providers how to practice medicine. Nothing in this Medical Policy is intended to discourage or prohibit providing other medical advice or treatment deemed appropriate by the treating physician.

Benefit determinations are subject to applicable member contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control.
This Medical Policy has been developed through consideration of the medical necessity criteria under Hawaii's Patients' Bill of Rights and Responsibilities Act (Hawaii Revised Statutes § 432E-1.4), generally accepted standards of medical practice, and review of medical literature and government approval status. HMSA has determined that services not covered under this Medical Policy will not be medically necessary under Hawaii law in most cases. If a treating physician disagrees with HMSA's determination as to medical necessity in a given case, the physician may request that HMSA reconsider the application of the medical necessity criteria to the case at issue in light of any supporting documentation.

VI. References

VII. Appendix

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<tr>
<th>CHADS₂ Score</th>
<th>Points</th>
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<tbody>
<tr>
<td>Congestive heart failure</td>
<td>1</td>
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<tr>
<td>Hypertension</td>
<td>1</td>
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<tr>
<td>Age at least 75 years</td>
<td>1</td>
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<tr>
<td>Diabetes mellitus</td>
<td>1</td>
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<tr>
<td>Prior stroke or transient ischemic attack</td>
<td>2</td>
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