Clinical Policy: Enoxaparin (Lovenox)
Reference Number: ERX.SPMN.233
Effective Date: 01/17
Last Review Date:

Coding Implications

Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Policy/Criteria
It is the policy of health plans affiliated with Envolve Pharmacy Solutions™ that enoxaparin (Lovenox®) is medically necessary when the following criteria are met:

I. Initial Approval Criteria
   A. Venous Thrombosis, Unstable Angina, Myocardial Infarction (must meet all):
      1. Enoxaparin is requested for one or more of the following outpatient indications:
         a. Prophylaxis of one of the following:
            i. Deep vein thrombosis (DVT) and member is undergoing one of the following:
               a) Hip replacement surgery;
               b) Knee replacement surgery;
               c) Abdominal surgery and member is at risk for thromboembolic complications;
            ii. Thromboembolic complications due to severely restricted mobility during acute illness;
            iii. Thromboembolic complications due to acute thromboembolic stroke with impaired mobility;
            iv. Ischemic complications of unstable angina and non-Q-wave myocardial infarction;
            v. Venous thromboembolism (VTE) in the presence of cancer;
         b. Treatment of one of the following:
            i. DVT without pulmonary embolism (PE), and both of the following:
               a) Concomitant warfarin sodium therapy is initiated when appropriate, usually within 72 hours of enoxaparin initiation;
               b) Enoxaparin should be continued for a minimum of 5 days and until a therapeutic oral anticoagulant effect has been achieved (International Normalization Ratio 2.0 to 3.0);
            ii. Noncatheter-related superficial vein thrombus in close proximity to the deep venous system in the presence of cancer;
            iii. DVT or PE in the presence of cancer;
            iv. Splanchnic vein thrombosis in the presence of cancer.

   Approval duration: 3 months

B. Anticoagulation in Pregnancy: Ante- and Postpartum (must meet all):
   1. Member is pregnant or < 6 months postpartum and enoxaparin is requested to address one or more of the following outpatient indications:
      a. Acute thromboembolism during current pregnancy;
      b. Prior VTE;
c. Receiving long-term therapy with a vitamin K antagonist;

3. Prosthetic heart valve;

4. Inherited thrombophilia;

f. Antiphospholipid antibody syndrome;

g. Development of severe ovarian hyperstimulation syndrome post assisted reproduction;

h. Cesarean section – current pregnancy, and all of the following:

i. Request is for the postpartum period;

ii. At least one additional risk factor for VTE is present (including, but not limited to, prior VTE, congestive heart or respiratory failure, age > 40);

iii. If anticoagulation therapy is required for greater than 6 weeks, enoxaparin therapy will be bridged to warfarin therapy unless contraindicated.

Approval duration: Antepartum: to estimated delivery date (EDD)

Postpartum: to 6 months postpartum (3 month approvals)

C. Other diagnoses/indications: Refer to ERX.SPMN.16 - Global Biopharm Policy.

II. Continued Approval

A. Deep Vein Thrombosis or Pulmonary Embolism in the Presence of Cancer (must meet all):

1. Currently receiving medication via health plan benefit or member has previously met all initial approval criteria, and documentation supports positive response to therapy.

Approval duration: 6 months

B. Other diagnoses/indications (must meet 1 or 2):

1. Currently, receiving medication via health plan benefit and documentation supports positive response to therapy; or

2. Refer to ERX.SPMN.16 - Global Biopharm Policy.

Background

Description/Mechanism of Action:

Lovenox (enoxaparin sodium) injection is a sterile aqueous solution containing enoxaparin sodium, a low molecular weight heparin with antithrombotic properties.

FDA Approved Indications (outpatient):

Lovenox (enoxaparin sodium) solution is a low molecular weight heparin for subcutaneous and intravenous administration indicated for:

- Prophylaxis of DVT, which may lead to PE:
  - In patients undergoing:
    - Abdominal surgery who are at risk for thromboembolic complications;
    - Hip replacement surgery, during and following hospitalization;
    - Knee replacement surgery;
**CLINICAL POLICY**

**Enoxaparin**

- In medical patients who are at risk for thromboembolic complications due to severely restricted mobility during acute illness;

- Treatment of acute DVT:
  - Inpatient treatment of acute DVT with or without pulmonary embolism, when administered in conjunction with warfarin sodium;
  - Outpatient treatment of acute DVT without pulmonary embolism when administered in conjunction with warfarin sodium;

- Prophylaxis of ischemic complications of unstable angina and non-Q-wave myocardial infarction, when concurrently administered with aspirin;

- Treatment of acute STEMI.*

*Loveinox, when administered concurrently with aspirin, has been shown to reduce the rate of the combined endpoint of recurrent myocardial infarction or death in patients with acute STEMI receiving thrombolysis and being managed medically or with percutaneous coronary intervention (PCI).

**Appendices**

**Appendix A: Abbreviation Key**

- DVT: deep vein thrombosis
- EDD: estimated delivery date
- MI: myocardial infarction
- PCI: percutaneous coronary intervention
- PE: pulmonary embolism
- VTE: venous thromboembolism

**Coding Implications**

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

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<th>HCPCS Codes</th>
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<tr>
<td>J1650</td>
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**Reviews, Revisions, and Approvals**

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References


**Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information.

This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.

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