DESCRIPTION: Innohep (tinzaparin) is a low molecular heparin which exhibits antithrombotic properties. Tinzaparin enhances antithrombin’s inhibition of coagulation factor Xa and thrombin (factor IIa) resulting in decreased clot formation.

INDICATION(S): For the treatment of acute symptomatic deep vein thrombosis (DVT) with or without pulmonary embolism when administered in conjunction with warfarin.

REASONS FOR PA: ☒ Cost ☒ Potential for misuse ☒ Toxicity

CRITERIA for APPROVAL:
1. Treatment of acute DVT with or without PE.
2. Patient is hemodynamically stable.
3. Warfarin therapy expected to be initiated within 1-3 days of Innohep therapy.
4. Patient's liver function tests are within normal limits (ALT and AST<35 U/L).
5. Patient is ≥ 18 years of age.

REASONS for DENIAL of BENEFIT:
1. Use is for an inpatient indication. (Please note the effectiveness and safety of this medication was demonstrated in hospitalized patients).
2. Patient is at risk of hemorrhage.
3. Patient has recently undergone neuroaxial anesthesia or spinal puncture (Black Box Warning).
4. Patient is thrombocytopenic (platelet count ≤100,000/mm³).
5. Patient has a hypersensitivity to tinzaparin, heparin, sulfites, benzyl alcohol or pork products
6. Individual is considered a low risk general/minor surgery patient <40 years of age with no additional risk factors.
7. Patient does not meet above criteria.

RENEWAL CRITERIA: Review of past 1 month demonstrates appropriate anticoagulation.

BENEFIT APPROVAL:
Initial approval for a period of 14 days; then a quantity limit of 30 SC injections/month. Renewal approval period: 1 month.

References:
2. CHEST Guidelines for Antithrombotic Therapy for Prevention and Treatment of Thrombosis. 119:(1S) Jan. 01.