

*SPECIAL AUTHORIZATION REQUEST*

**LOW MOLECULAR WEIGHT HEPARIN**

Fax requests to (902) 368-4905 **OR** mail requests to PEI Drug Programs, P.O. Box 2000, Charlottetown, PE, C1A 7N8

**SECTION 1 – PATIENT INFORMATION**

PERSONAL HEALTH NUMBER (PHN)		PATIENT (FAMILY) NAME	
DATE OF BIRTH (YYYY/MM/DD)	PATIENT WEIGHT (kg)	PATIENT (GIVEN) NAME(S)	
PATIENT'S TELEPHONE # AREA CODE	PATIENT ADDRESS		

**SECTION 2 – PRESCRIBER INFORMATION**

NAME AND MAILING ADDRESS	APPLICATION DATE YYYY                          MM                          DD
	PRESCRIBER'S TELEPHONE # AREA CODE
	PRESCRIBER'S FAX # AREA CODE

**SECTION 3 – MEDICATION DETAIL INFORMATION**

<b>REQUESTED DRUG (PLEASE CHECK ONE)</b> <input type="checkbox"/> Dalteparin (Fragmin) <input type="checkbox"/> Enoxaparin (Lovenox) <input type="checkbox"/> Tinzaparin (Innohep)	DOSAGE AND FREQUENCY
<b>TREATMENT OR PROPHYLAXIS CRITERIA (check relevant boxes below):</b> <input type="checkbox"/> For the acute treatment of deep vein thrombosis (DVT) and/or pulmonary embolism (PE) for a maximum of 30 days; <input type="checkbox"/> For prophylaxis in hip replacement and hip fracture surgery; approval is limited to a maximum of 35 days; <input type="checkbox"/> For prophylaxis in knee replacement surgery; approval is limited to a maximum of 10 days; <input type="checkbox"/> For prophylaxis in high-risk surgery; approval is limited to a maximum of 10 days. <input type="checkbox"/> For the extended treatment of recurrent symptomatic venous thromboembolism (VTE) that has occurred while patients are on therapeutic doses of warfarin <input type="checkbox"/> For the treatment and secondary prevention of symptomatic venous thromboembolism (VTE) or pulmonary embolism (PE) for a period of up to 6 months in patients with cancer	

The PEI Drug Programs may request additional documentation to support this Special Authorization Request. Personal information on this form is collected under section 31(c) of Prince Edward Island's Freedom of Information & Protection of Privacy (FOIPP) Act as it relates directly to and is necessary for providing services under the PEI High-Cost Drugs Program.

If you have any questions about this collection of personal information, you may contact the program office at 902-368-4947 or at the address at the top of the form.

<b>PRESCRIBER SIGNATURE (REQUIRED)</b>	<b>DATE</b>
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