Missouri Pharmacy Program – Preferred Drug List

Anticoagulant Agents – Oral and Subcutaneous

Effective 01/10/2013
Revised 01/09/2014

Preferred Agents

- **Clopidogrel**
- Aggrenox®
- Ticlopidine
- Dipyridamole
- Warfarin
- Pradaxa®
- Xarelto®
- Arixtra®
- Lovenox®
- Fragmin®
- **Eliquis®**

Non-Preferred Agents

- Pletal®
- Cilostazol
- Effient®*
- **Brilinta®***
- Persantine®
- Coumadin®
- Enoxaparin
- Innohep®
- Fondaparinux
- **Plavix®**

***Allowed as first line therapy for MI with stent**

Approval Criteria

For Cardiothrombotic Events, Stroke Events and Related Events Aspirin therapy first-line but platelet inhibitor therapy will be approved if:

- ADE/ADR to aspirin **OR**
- a therapeutic failure to aspirin is identified (i.e., at least one aspirin claim in the last year) **OR**
- May be started at the same time, but the aspirin claim must be processed prior to antiplatelet claim

- Clopidogrel (Plavix)
  - **STEMI with or without stent**
  - **UA/NSTEMI invasively or noninvasively managed with or without stent**
  - **Antithrombotic therapy**
  - **Percutaneous Coronary Intervention**
- **Brilinta and Effient**
  - **STEMI OR NSTEMI with stent**
- A documented approval diagnosis or procedure as listed below (see appendices) allows access to preferred drugs without aspirin trial and failure

- Cilostazol (Pletal) – available first-line for intermittent claudication

For Venous Thromboembolism Events (Pulmonary Embolism, Deep Vein Thrombosis) and Non-valvular Atrial Fibrillation (Warfarin, Pradaxa, Xarelto, Arixtra, Lovenox, Fragmin)

- Warfarin therapy first-line but Factor Xa – Thrombin inhibitor therapy will be approved if:
  - ADE/ADR to warfarin **OR**
  - A therapeutic failure to warfarin is identified **OR**
  - May be started at the same time, but the warfarin claim must be processed prior to anticoagulant claim **OR**
  - A documented approval diagnosis or procedure as listed below (see appendices) allows access to preferred drugs without a warfarin trial and failure

- Failure to achieve desired therapeutic outcomes with trial on 3 or more preferred agents
  - Documented trial period for preferred agents
  - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen

Appendix A

Condition	Submitted ICD-9 Diagnoses	Inferred Drugs	Date Range
Myocardial infarction	410-410.92 Acute myocardial infarction 412 Old Myocardial Infarction	N/A	720 days
Ischemic stroke*	435-435.9 Transient cerebral ischemia 437 Cerebral atherosclerosis 437.1 Acute cerebrovascular insufficiency; Chronic cerebral ischemia	N/A	720 days
Established peripheral arterial disease	440.2-440.23 Atherosclerosis of native arteries of the extremities	N/A	720 days
Acute coronary syndrome	411.1 Intermediate coronary syndrome (unstable angina) 410.7 Subendocardial infarction (non-Q-wave myocardial infarction)	N/A	720 days
Diabetes	250.00	N/A	2 years
	NA	Antidiabetic agents	90 days

Intermittent Claudication	443.9	N/A	720 days
Non-valvular atrial fibrillation	427.31	N/A	2 years
Pulmonary Embolism	415.11-416.2, V12.55	N/A	90 days
Deep Vein Thrombosis	453.40-453.9	N/A	90 days
Symptomatic VTE in cancer patients	140-208 or inferred by Antineoplastic therapy	N/A	90 days

Appendix B

Condition	Submitted CPT Procedure Codes	Inferred Drugs	Date Range
Coronary Artery Bypass Graft (CABG)	33510-33514 Coronary artery bypass, vein only 33517-33519, 33521-55323 Coronary artery bypass, using venous graft(s) and arterial graft(s) 33533-33536 Coronary artery bypass, using arterial graft(s)	N/A	270 days
Percutaneous coronary intervention (with or without stent)	92973, 92980-99281,92982, 92984, 92986-92987, 99290, 92995-92998	N/A	270 days
Prophylaxis DVT in joint replacements	27125, 27130, 27132, 27234, 27137, 27138, 27445, 27446, 27447	N/A	90 days

Prophylaxis in Abdomen and Thoracic Surgery	32095-32320, 32402, 32440-32540, 32850-32999, 33020-33141, 33202, 33250-33266, 33300-33507,33510-33877, 33910-33999, 34051. 34151, 34401, 34451, 35021, 35022, 35081, 35082, 35091, 35092, 35102, 35103, 35111, 35112, 35121, 35122, 35131, 35132, 35180-35190,35211, 35216, 35221, 35241, 35246, 35251, 35271, 35276, 35281, 35311, 35331, 35341, 35351, 35452, 35481, 35526, 35531,35536-35551, 35631, 35637, 35638, 35646, 35647, 35651, 35697, 35820, 35840, 35870, 35875-35876, 35905-35907, 36260-36299, 37140-37181, 37616, 37617, 37620, 38100-38115, 38746-38747, 39000-39599, 43020-43135, 43300-43425, 43500-43641, 43800-44160, 44300-44346, 44602-44900, 47010-47362, 47380-47381, 47400-47490, 47600-48999, 49000-49020, 49040, 49060, 49062, 49180-49255, 49900-49999, 58150-58240, 58700-58960, 59510-59525, 59618-59622	N/A	90 days

Denial Criteria

- Lack of evidence of aspirin therapy in patient's prescription claims history in the last year for clopidogrel, Aggrenox, Ticlopidine, Dipyridamole, Brilinta, **Effient** or Cilostazol
- Lack of evidence of warfarin therapy in patient's prescription claims history in the last year for Pradaxa, Xarelto, Arixtra, Lovenox, Fragmin, ~~Effient~~, or Innohep
- Absence of any of the approval diagnoses or procedures
- Clopidogrel
  - Patients < 18 years of age
- Aspirin/extended-release dipyridamole, ticlopidine, cilostazol
  - Patients < 18 years of age
- Effient

  - Patients ≥ than 75 years
  - Patients less than 132 lbs
  - History of stroke/TIA (subject to clinical consultant)
- Brilinta
  - Aspirin > 100 mg a day
- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030