SmartPA Criteria Proposal

Drug/Drug Class:	Antiplatelet Agents PDL Edit
First Implementation Date:	December 31, 2008
Proposed Date:	October 17, 2023
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	☒Existing Criteria ☐Revision of Existing Criteria ☐New Criteria

Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

Why Issue Selected: Cardiovascular disease is the leading cause of death in the United States with approximately 1 in every 5 deaths attributed to heart disease in 2021. Examples of thrombotic events that may occur as a result of longstanding cardiovascular disease include acute myocardial infarction (MI) and stroke. Inhibitory effects on the aggregation of platelets have led to a significant decrease in the rate of these vascular events in both primary and secondary cardiovascular prevention trials. Aspirin has been shown to reduce cardiovascular morbidity and mortality in both the primary and secondary setting. Other anti-thrombin drugs have been developed to improve platelet aggregation inhibition and to improve the safety profile of this class of medications. Platelet aggregation inhibitors are useful in the treatment and prevention of cardiovascular and cerebrovascular thrombotic events.

Total program savings for the PDL classes will be regularly reviewed.

Program-Specific Information:

Preferred Agents	Non-Preferred Agents
• Aspirin/Dipyridamole • Brilinta® • Clopidogrel • Dipyridamole • Prasugrel	• Aggrenox® • Cilostazol • Effient® • Plavix® • Zontivity®

Type of Criteria:
☐ **Increased risk of ADE**
☒ **Appropriate Indications**
☒ **Preferred Drug List**
☐ **Clinical Edit**

Data Sources:
☐ **Only Administrative Databases**
☒ **Databases + Prescriber-Supplied**

Setting & Population

- Drug class for review: Antiplatelet Agents
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- Documented compliance on current therapy regimen **OR**
- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
  - Documented trial period for preferred agents **OR**
  - Documented ADE/ADR to preferred agents **AND**
- For cilostazol: Documented diagnosis of intermittent claudication
- For prasugrel: participants aged 75 years or younger
- For Zontivity: concurrent use of aspirin or clopidogrel

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if all approval criteria are not met
- For prasugrel: documented history of stroke/TIA
- For Zontivity: Documented history of cerebral hemorrhage or stroke/TIA
- Claim exceeds maximum dosing limitation for the following:

Drug Description	Generic Equivalent	Max Dosing Limitation
BRILINTA 90 MG TABLET	TICAGRELOR	2 tablets per day
BRILINTA 60 MG TABLET	TICAGRELOR	2 tablets per day
PLAVIX 75 MG TABLET	CLOPIDOGREL	1 tablet per day
EFFIENT 5 MG TABLET	PRASUGREL	1 tablet per day
EFFIENT 10 MG TABLET	PRASUGREL	1 tablet per day
AGGRENOX 25 MG/200 MG CAPSULE	ASPIRIN/DIPYRIDAMOLE	2 capsules per day
PLETAL 100 MG TABLET	CILOSTAZOL	2 tablets per day
PLETAL 50 MG TABLET	CILOSTAZOL	2 tablets per day

Required Documentation

Laboratory Results:	☐	Progress Notes:	☐
MedWatch Form:	☐	Other:	☐

Disposition of Edit

Denial: Exception Code “0160” (Preferred Drug List)
Rule Type: PDL

Default Approval Period

1 year

References

- Evidence-Based Medicine Analysis: “Antiplatelet Agents”, UMKC-DIC; June 2023.
- Drug Effectiveness Review Project – Drug Class Review on Newer Antiplatelets Drugs. Center for Evidence-Based Policy, Oregon Health & Science University; November 2005/Updated August 2017.
- Evidence-Based Medicine and Fiscal Analysis: “Platelet Aggregation Inhibitors Therapeutic Class Review”, Provider Synergies, L.L.C., Mason, OH; November 2016.

- Evidence-Based Medicine and Fiscal Analysis: “Antiplatelet Agents– Therapeutic Class Review”, Conduent Business Services, L.L.C., Richmond, VA; July 2021.
- USPDI, Micromedex; 2023.
- Facts and Comparisons eAnswers (online); 2023 Clinical Drug Information, LLC.