Missouri Pharmacy Program – Preferred Drug List

Antiplatelet Agents

Effective 12/31/2008
Revised 07/31/2020

Preferred Agents
• Aspirin/Dipyridamole
• Brilinta®
• Clopidogrel
• Dipyridamole
• Prasugrel

Non-Preferred Agents
• Aggrenox®
• Aspirin/Omeprazole
• Cilostazol
• Effient®
• Plavix®
• Yosprala™
• Zontivity®

Approval Criteria

• Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
  o Documented trial period for preferred agents OR
  o Documented ADE/ADR to preferred agents OR
• Documented compliance on current therapy regimen
• For a platelet inhibitor:
  o Documented trial period of aspirin (trial defined as one aspirin claim in the last year) OR
  o Documented ADE/ADR to aspirin
  o May be started at the same time but the aspirin claim must be processed prior to antiplatelet claim
• For cilostazol:
  o Participants aged 18 years or older
  o Available first-line for intermittent claudication
• For prasugrel:
  o Participants aged 75 years or younger
  o Available first-line for MI with stent
• For clopidogrel, aspirin/extended-release dipyridamole or ticlopidine:
  o Participants aged 18 years or older
• For Zontivity:
  o Concurrent use of aspirin or clopidogrel
• For aspirin/omeprazole:
  o Documented therapeutic compliance on aspirin and omeprazole single agents (defined as 150/180 days)
• Appropriate diagnosis or procedure allows access to preferred drugs without aspirin trial:

<table>
<thead>
<tr>
<th>Generic</th>
<th>Brand</th>
<th>Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin/dipyridamole, extended release</td>
<td>Aggrenox®</td>
<td>• Stroke Prevention after Recent Myocardial Infarction (MI), Recent Stroke¹</td>
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<tr>
<td>Cilostazol</td>
<td>Pletal®</td>
<td>• Intermittent Claudication²</td>
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<tr>
<td>Clopidogrel</td>
<td>Plavix®</td>
<td>• Stroke Prevention after Recent Myocardial Infarction (MI), Recent Stroke</td>
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<td></td>
<td></td>
<td>• ACS, UA/NSTEMI, STEMI³</td>
</tr>
<tr>
<td>Generic</td>
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<tr>
<td></td>
<td>Dipyridamole</td>
<td>• Established Peripheral Artery Disease (PAD)</td>
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<td></td>
<td></td>
<td>• Reduce rate of combined endpoint thrombotic cardiovascular (CV) events</td>
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<td></td>
<td>Persantine®</td>
<td>• Adjunctive Use in Thromboembolism Prophylaxis after Cardiac Valve Replacement</td>
</tr>
<tr>
<td>Prasugrel</td>
<td>Effient®</td>
<td>• ACS, UA/NSTE, STEMI</td>
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<td>• Reduce incidence of subacute stent thrombosis</td>
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<tr>
<td>Ticagrelor</td>
<td>Brilinta®</td>
<td>• ACS, UA/NSTE, STEMI</td>
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<tr>
<td>Vorapaxar</td>
<td>Zontivity®</td>
<td>• Reduce rate of combined endpoint thrombotic cardiovascular (CV) events</td>
</tr>
</tbody>
</table>

1. In patients who have had transient ischemia or completed thrombotic stroke
2. In patients with PAD; Intermittent claudication symptom reduction as indicated by an increased walking distance
3. The benefit for patients who undergo primary percutaneous coronary intervention (PCI) is unknown
4. Adjunct to warfarin
5. Being managed with PCI
6. Avoid maintenance doses of aspirin above 100 mg daily
7. In patients with history of MI or with PA

*UA/NSTE: unstable angina/non-ST-elevation
*ACS: Acute Coronary Syndrome
*STEMI: ST-elevation myocardial infarction

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**Denial Criteria**

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Lack of evidence of aspirin therapy in participant’s prescription claims history in the last year for clopidogrel, aspirin/dipyridamole, Brilinta, prasugrel or cilostazol
- Absence of any of the approval diagnoses or procedures
- For prasugrel:
  - Patients less than 132 lbs
  - Documented history of stroke/TIA
- For Brilinta:
  - Concurrent aspirin therapy of > 100mg/day
- For Zontivity:
  - Documented history of cerebral hemorrhage
- Drug Prior Authorization Hotline: (800) 392-8030