



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
 - Documented trial period for preferred agents **OR**
 - Documented ADE/ADR to preferred agents **OR**
- Documented compliance on current therapy regimen
- For a platelet inhibitor:
 - Documented trial period of aspirin (trial defined as one aspirin claim in the last year) **OR**
 - Documented ADE/ADR to aspirin
 - May be started at the same time but the aspirin claim must be processed prior to antiplatelet claim
- For cilostazol:
 - Participants aged 18 years or older
 - Available first-line for intermittent claudication
- For prasugrel:
 - Participants aged 75 years or younger
 - Available first-line for MI with stent
- For clopidogrel, aspirin/extended-release dipyridamole or ticlopidine:
 - Participants aged 18 years or older
- For Zontivity:
 - Concurrent use of aspirin or clopidogrel
- For aspirin/omeprazole:
 - 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:

Generic	Brand	Indication
Aspirin/dipyridamole, extended release	Aggrenox®	<ul style="list-style-type: none"> • Stroke Prevention after Recent Myocardial Infarction (MI), Recent Stroke¹
Cilostazol	Pletal®	<ul style="list-style-type: none"> • Intermittent Claudication²
Clopidogrel	Plavix®	<ul style="list-style-type: none"> • Stroke Prevention after Recent Myocardial Infarction (MI), Recent Stroke • ACS, UA/NSTEMI, STEMI^{3*}

Generic	Brand	Indication
		<ul style="list-style-type: none"> Established Peripheral Artery Disease (PAD) Reduce rate of combined endpoint thrombotic cardiovascular (CV) events
Dipyridamole	Persantine®	<ul style="list-style-type: none"> Adjunctive Use in Thromboembolism Prophylaxis after Cardiac Valve Replacement⁴
Prasugrel	Effient®	<ul style="list-style-type: none"> ACS, UA/NSTE, STEMI⁵ Reduce rate of combined endpoint thrombotic cardiovascular (CV) events⁵ Reduce incidence of subacute stent thrombosis
Ticagrelor	Brilinta®	<ul style="list-style-type: none"> ACS, UA/NSTE, STEMI Reduce rate of combined endpoint thrombotic cardiovascular (CV) events⁵ Reduce incidence of subacute stent thrombosis
Vorapaxar	Zontivity®	<ul style="list-style-type: none"> Reduce rate of combined endpoint thrombotic cardiovascular (CV) events⁷

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

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