



## Missouri Pharmacy Program – Preferred Drug List



### Antiplatelet Agents

Effective 01/05/2017

Revised 01/10/2019

#### Preferred Agents

Available with Clinical Edits

- Aggrenox®
- Brilinta®
- Clopidogrel
- Dipyridamole
- **Prasugrel**

#### Non-Preferred Agents

Available with Clinical Edits

- Aspirin-Dipyridamole
- Cilostazol
- Durlaza®
- Effient®
- Plavix®
- Yosprala®
- Zontivity®

### Approval Criteria

#### For All Appropriate Anticoagulants

#### 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
- 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
- Prasugrel (Effient) – available first-line for MI with stent
- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
  - Documented trial period for preferred agents
  - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen

## Denial Criteria

- Lack of evidence of aspirin therapy in patient's prescription claims history in the last year for Clopidogrel, Aggrenox, Dipyridamole, Brilinta, Effient or Cilostazol
- Absence of any of the approval diagnoses or procedures
- Clopidogrel
  - Patients < 18 years of age
- Aspirin/extended-release dipyridamole, cilostazol
  - Patients < 18 years of age
- Effient
  - Patients  $\geq$  than 75 years
  - Patients less than 132 lbs
  - History of stroke/TIA (subject to clinical consultant)
- Brilinta
  - Aspirin > 100 mg a day
- Zontivity
  - Not currently on aspirin or clopidogrel
  - Cerebral hemorrhage
- Lack of adequate trial on required preferred agents

**FDA Approved Indications:**

<b>Drug (Trade name)</b>	<b>Stroke Prevention after Recent Myocardial Infarction (MI), Recent Stroke</b>	<b>Intermittent Claudication</b>	<b>ACS* UA/ NSTEMI* STEMI*</b>	<b>Adjunctive Use in Thromboembolism Prophylaxis after Cardiac Valve Replacement</b>	<b>Established Peripheral Artery Disease (PAD)</b>	<b>Reduce rate of combined endpoint thrombotic cardiovascular (CV) events</b>	<b>Reduce incidence of subacute stent thrombosis</b>
<b>Aspirin/dipyridamole, extended release</b> (Aggrenox®)	X <sup>1</sup>						
<b>Aspirin ER</b> (Durlaza®)	X						
<b>Aspirin/Omeprazole</b> (Yosprala®)	X						
<b>Cilostazol</b> (Pletal®)		X <sup>2</sup>					
<b>Clopidogrel</b> (Plavix®)	X		X <sup>3</sup>		X	X	
<b>Dipyridamole</b> (Persantine®)				X <sup>4</sup>			
<b>Prasugrel</b> (Effient®)			X <sup>5</sup>			X <sup>5</sup>	X
<b>Ticagrelor</b> (Brilinta®)			X			X <sup>6</sup>	X
<b>Vorapaxar</b> (Zontivity®)						X <sup>11</sup>	

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
8. Adjunct to aspirin
9. In patients undergoing successful coronary stent implantation
10. Available in generic formulations only
11. In patients with history of MI or with PA

\*UA/NSTEMI: unstable angina/non-ST-elevation

\*ACS: Acute Coronary Syndrome

\*STEMI: ST-elevation myocardial infarction