



## Missouri Pharmacy Program – Preferred Drug List



### Anticoagulant Agents – Oral and Subcutaneous

*Effective 01/10/2013*

*Revised 01/08/2015*

#### Preferred Agents

Available with Clinical Edit

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

#### Non-Preferred Agents

Available with Clinical Edit

- Pletal®
- Cilostazol
- Effient®\*
- Brilinta®\*
- Persantine®
- Coumadin®
- Enoxaparin
- Innohep®
- Fondaparinux
- Plavix®
- **Zontivity™**
- **Arixtra®**

### 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
  - UANSTEMI 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
- Ticagrelor (Brilinta) – available first-line for MI with stent
- Appropriate Diagnosis

<b>Generic Name</b>	<b>Brand Name</b>	<b>Indications</b>
Warfarin	Coumadin	<ul style="list-style-type: none"> <li>● STEMI w/o Stent</li> <li>● STEMI with Stent</li> <li>● NSTEMI w/o Stent</li> <li>● NSTEMI with Stent</li> <li>● Non-Q wave MI</li> <li>● MI</li> <li>● DVT Treatment</li> <li>● DVT Prophylaxis</li> <li>● PE Treatment</li> <li>● PE Prophylaxis</li> <li>● Non-valvular Atrial Fibrillation</li> <li>● Atrial Fibrillation</li> <li>● Stroke due to Thrombosis</li> <li>● TIA</li> </ul>
Aspirin	Aspirin	<ul style="list-style-type: none"> <li>● STEMI w/o Stent</li> <li>● STEMI with Stent</li> <li>● NSTEMI w/o Stent</li> <li>● NSTEMI with Stent</li> <li>● Non-Q wave MI</li> <li>● MI</li> <li>● PCI</li> <li>● Unstable Angina</li> <li>● Non-valvular Atrial Fibrillation</li> <li>● Atrial Fibrillation</li> <li>● Stroke due to Thrombosis</li> <li>● TIA</li> <li>● Coronary Artery Bypass Grafts</li> </ul>
Clopidogrel	Plavix	<ul style="list-style-type: none"> <li>● STEMI w/o Stent</li> <li>● STEMI with Stent</li> <li>● NSTEMI w/o Stent</li> <li>● NSTEMI with Stent</li> <li>● Non-Q wave MI</li> <li>● MI</li> <li>● PCI</li> <li>● Unstable Angina</li> <li>● Non-valvular Atrial Fibrillation</li> <li>● Peripheral Artery Disease</li> <li>● Stroke due to Thrombosis</li> <li>● Coronary Artery Bypass Grafts</li> </ul>
Enoxaparin	Lovenox	<ul style="list-style-type: none"> <li>● STEMI w/o Stent</li> <li>● Non-Q wave MI</li> <li>● PCI</li> <li>● Unstable Angina</li> <li>● DVT Treatment</li> <li>● DVT Prophylaxis with Abdominal Surgery or Joint Replacement</li> <li>● PE Treatment</li> <li>● PE Prophylaxis with Abd Surg or Joint Replacement</li> </ul>
Dalteparin	Fragmin	<ul style="list-style-type: none"> <li>● Non Q-wave MI</li> <li>● Unstable Angina</li> <li>● DVT (Symptomatic extended treatment not acute)</li> </ul>

		<ul style="list-style-type: none"> <li>● PE Treatment</li> </ul>
Apixaban	Eliquis	<ul style="list-style-type: none"> <li>● DVT Treatment</li> <li>● PE Treatment</li> <li>● DVT and PE Prophylaxis with Hip or Knee Replacement Surgery</li> <li>● Prophylaxis of recurrence of DVT and PE</li> <li>● Non-valvular Atrial Fibrillation</li> </ul>
Fondaparinux	Arixta	<ul style="list-style-type: none"> <li>● DVT Treatment</li> <li>● DVT Prophylaxis with Abdominal Surgery or Joint Replacement</li> <li>● PE Treatment</li> <li>● PE Prophylaxis with Abdominal Surgery or Joint Replacement</li> </ul>
Rivaroxaban	Xarelto	<ul style="list-style-type: none"> <li>● DVT Treatment</li> <li>● DVT and PE Prophylaxis with Hip or Knee Replacement</li> <li>● PE Treatment</li> <li>● Prophylaxis of recurrence of DVT and PE</li> <li>● Non-valvular Atrial Fibrillation</li> </ul>
Dabigatran	Pradaxa	<ul style="list-style-type: none"> <li>● DVT and PE Treatment after 5-10 days treated with parenteral anticoagulation</li> <li>● Prophylaxis of recurrence of DVT and PE</li> <li>● Non-valvular Atrial Fibrillation</li> </ul>
Prasugrel	Effient	<ul style="list-style-type: none"> <li>● STEMI with Stent</li> <li>● NSTEMI with Stent</li> <li>● Unstable Angina</li> </ul>
Ticagrelor	Brilinta	<ul style="list-style-type: none"> <li>● STEMI with Stent</li> <li>● NSTEMI with Stent</li> <li>● Unstable Angina</li> </ul>
Ticlopidine	Ticlopidine	<ul style="list-style-type: none"> <li>● Stroke due to Thrombosis</li> <li>● Stent Thrombosis, adjunctive therapy</li> </ul>
Vorapaxar	Zontivity	<ul style="list-style-type: none"> <li>● MI</li> <li>● Peripheral Artery Disease – no history of stroke, TIA or ICH</li> </ul>
Cilostazol	Pletal	<ul style="list-style-type: none"> <li>● PCI (not able to take aspirin or clopidogrel)</li> <li>● Intermittent Claudication</li> </ul>
Dipyridamole	Persantine	<ul style="list-style-type: none"> <li>● Prophylaxis of Post Op Thrombus with Cardiac Valve Replacement</li> </ul>
Dipyridamole/Aspirin	Aggrenox	<ul style="list-style-type: none"> <li>● Stroke due to thrombosis</li> <li>● TIA</li> </ul>

- 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

## 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
- 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  $\geq$  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
- Drug Prior Authorization Hotline: (800) 392-8030