

Anti-platelet PA Criteria-Brilinta

1. Is the patient being treated for an OHP funded condition?
 - a. If Yes, go to question #2
 - b. If No, Review documentation for relevant comorbid conditions that are funded by OHP. If there are relevant comorbid conditions, move to question #2. If there are no relevant comorbid conditions, Cat 1 denial.
Cat 1: Not a covered benefit. Provider submitted diagnosis code is not for an OHP funded condition. No relevant comorbid conditions found in the provider submitted documentation.

2. Is request for prasugrel or vorapaxar in member with history of stroke, TIA or intercranial hemorrhage?
 - a. If Yes, Cat 3
 - b. If No, go to question #3
Cat 3: Not a covered benefit. Medication is not FDA approved for use in patient with history of stroke, TIA or intercranial hemorrhage.

3. Is member unable to take formulary clopidogrel due to?
 - Clopidogrel allergy
 - Intolerable side effects
 - Documented thrombotic or ischemic event while on clopidogrel therapy
 - a. If Yes, go to question #5
 - b. If No, go to question #4

4. Is request for continuation of hospital treatment?
 - a. If Yes, approve for 1 month to allow for transition
 - b. If No, deny Cat 5- Member has not t/f preferred treatment alternative of clopidogrel

5. Is dosing appropriate for medication/indication?
 - Ticagrelor (Brilinta)
 - Initial dosing – 90 mg bid with low dose ASA (<100 mg) for 12 months, 60 mg bid after 12 months
 - Prasugrel (Effient)
 - 10 mg daily in combination with ASA (81 mg recommended)
 - Vorapaxar (Zontivity)
 - 2.08 mg daily with ASA and/or Plavix
 - Not only indication is reduction of cardiac thrombosis in patients with history of myocardial infarction or peripheral arterial disease
 - Not approved as monotherapy
 - a. If Yes, approve as requested up to 12 months
 - b. If No, Deny Cat 3 – Indication and / or dosing do not match FDA approved prescribing.

Guide to Denial Categories	Reason for Denial
Category 1	The condition is not on a funded line
Category 3	The use of the medication is considered experimental/investigational (usually applies to off-label use of a medication)
Category 5	Not medically appropriate
Category 15	Formulary medications have not been exhausted