



Missouri Pharmacy Program – Preferred Drug List



Platelet Inhibitor Agents

Effective 12/31/2008

Revised 07/02/2010

Preferred Agents

(Available with Clinical Edits)

- Plavix®
- Aggrenox®
- Ticlopidine
- Dipyridamole

Non-Preferred Agents

- Persantine®
- Pletal®
- Cilostazol
- Ticlid
- **Effient®**

Approval Criteria	Denial Criteria
See Attachment 1	See Attachment 1
	Drug Prior Authorization Hotline: (800) 392-8030.

Approval Criteria

Condition	Submitted ICD-9 Diagnoses	Inferred Drugs	Date Range
Myocardial infarction	410-410.92 Acute myocardial infarction 412 Old Myocardial Infarction	N/A	720 days
Ischemic stroke*	435-435.9 Transient cerebral ischemia 437 Cerebral atherosclerosis 437.1 Acute cerebrovascular insufficiency; Chronic cerebral ischemia	N/A	720 days
Established peripheral arterial disease	440.2-440.23 Atherosclerosis of native arteries of the extremities	N/A	720 days
Acute coronary syndrome	411.1 Intermediate coronary syndrome (unstable angina) 410.7 Subendocardial infarction (non-Q-wave myocardial infarction)	N/A	720 days
Diabetes	250.00	N/A	2 years
	NA	Antidiabetic agents	90 days
Intermittent Claudication	443.9	N/A	720 days
Coronary Artery Bypass Graft (CABG)	33510-33514 Coronary artery bypass, vein only 33517-33519, 33521-55323 Coronary artery bypass, using venous graft(s) and arterial graft(s) 33533-33536 Coronary artery bypass, using arterial graft(s)	N/A	270 days
Percutaneous coronary intervention (with or without stent)	92973 Percutaneous transluminal coronary thrombectomy 92980-99281 Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method 92982, 92984 Percutaneous transluminal coronary balloon valvuloplasty 92986-92987, 99290 Percutaneous balloon valvuloplasty 92995-92998 Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty	N/A	270 days

- 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**
 - a documented approval diagnosis or procedure as listed below (see approval diagnoses and approval procedures appendices)
 - Clopidogrel (Plavix) -- Standard of Care (post-event)
 - Viable option for reducing overall risk of ischemic stroke or MI in patients who cannot tolerate or fail aspirin
 - Considered first line therapy in patients experiencing percutaneous coronary intervention (PCI) / percutaneous transluminal coronary angioplasty (PTCA) with or without stent, or CABG
 - Current practice guidelines recommend use as adjunctive therapy with aspirin to reduce incidence of subacute stent thrombosis in patients with successful coronary stent implantation
 - Only agent indicated for reduction of thrombotic events in peripheral artery disease or acute coronary syndrome
 - Considered first line therapy in patients experiencing unstable angina and non-ST-segment elevation myocardial infarction (UA/NSTEMI)
 - Used in patients who are at very high risk of a vascular event (MI, stroke, or established peripheral artery disease) or who have experienced a recurrent vascular event while taking aspirin.
 - **Cilostazol (Pletal) – available first-line for intermittent claudication**
 - Failure to achieve desired therapeutic outcomes with trial on **1** or more preferred agents
 - Documented trial period for preferred agents
 - Documented ADE/ADR to preferred agents
 - Documented compliance on current therapy regimen
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Denial Criteria

- Lack of evidence of aspirin therapy in patient's prescription claims history in the last year
 - Absence of any of the approval diagnoses or procedures
 - Clopidogrel
 - >75mg/day
 - Patients < 18 years of age
 - Aspirin/extended-release dipyridamole, ticlopidine, cilostazol
 - > 2 tablets per day
 - Patients < 18 years of age
 - **Effient**
 - **Patients \geq than 75 years**
 - **Patients less than 132 lbs**
 - **History of stroke/TIA (subject to clinical consultant)**
- Lack of adequate trial on required preferred agent