Prior Authorization Review Panel

CHC-MCO Policy Submission

A separate copy of this form must accompany each policy submitted for review.
Policies submitted without this form will not be considered for review.

Plan: PA Health & Wellness	**Submission Date: N/A**
Policy Number: PHW.PDL.004	**Effective Date: 01/01/2020** **Revision Date: 10/2021**
Policy Name: Platelet Aggregation Inhibitors	

Type of Submission – Check all that apply:

- ☐ **New Policy**
- ☐ **Revised Policy***
- ✓ **Annual Review - No Revisions**
- ✓ **Statewide PDL -** *Select this box when submitting policies for Statewide PDL implementation and when submitting policies for drug classes included on the Statewide PDL.*

***All revisions to the policy must be highlighted using track changes throughout the document.**

Please provide any changes or clarifying information for the policy below:

Q1 2022 annual review: no changes.

Name of Authorized Individual (Please type or print): **Venkateswara R. Davuluri, MD**	**Signature of Authorized Individual:**

Clinical Policy: Platelet Aggregation Inhibitors

Reference Number: PHW.PDL.004
Effective Date: 01/01/2020
Last Review Date: 10/2021

Revision Log

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of health plans affiliated with PA Health and Wellness® that Platelet Aggregation Inhibitors are **medically necessary** when the following criteria are met:

I. Requirements for Prior Authorization of Platelet Aggregation Inhibitors

A. Prescriptions That Require Prior Authorization

Prescriptions for Platelet Aggregations Inhibitors which meet any of the following conditions must be prior authorized:

1. A prescription for a non-preferred Platelet Aggregation Inhibitor.

2. A prescription for a preferred or non-preferred Platelet Aggregation Inhibitor with a prescribed quantity that exceeds the quantity limit.

B. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a Platelet Aggregation Inhibitor, the determination of whether the requested prescription is medically necessary will be subject to physician review and will take into account the following:

1. For a non-preferred Platelet Aggregation Inhibitor, whether the recipient:

   a. Has a documented history of therapeutic failure, intolerance, or contraindication to the preferred Platelet Aggregation Inhibitors.

OR

2. For Zontivity (vorapaxar), whether the recipient:

   a. Is being treated for a condition that is U.S. Food and Drug Administration (FDA) approved or a medically accepted indication

   AND

   b. Will be taking Zontivity in addition to aspirin and/or clopidogrel

AND

c. Is being prescribed Zontivity by, or in consultation with, a cardiologist or other vascular specialist

AND

d. Does not have any contraindications to Zontivity

AND

e. Will not be concomitantly taking any of the following:

i. Anticoagulants
ii. Chronic NSAIDs
iii. SSRIs
iv. SNRIs

AND

f. Had any potential drug interactions addressed by the prescriber

AND

g. Does not have severe hepatic impairment

AND

3. In addition, if a prescription for either a preferred or non-preferred Platelet Aggregation Inhibitor is in a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines set forth in PA.CP.PMN.59 Quantity Limit Override.

OR

4. The recipient does not meet the clinical review guidelines listed above, but, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient.

C. Clinical Review Process

Prior authorization personnel will refer the request to a physician reviewer to assess the medical necessity of the Platelet Aggregation Inhibitor. If the guidelines in Section B are met, the physician reviewer will prior authorize the prescription. If the guidelines are not met, the physician reviewer will approve the request when, in the professional judgment

of the physician reviewer, the services are medically necessary to meet the medical needs of the recipient.

D. **Approval Duration: 12 months**

E. References:

1. Zontivity (vorapaxar) [package insert]. Whitehouse Station, NJ: Merck & Co., Inc.; April 2015.
2. Merck & Co., Inc. FDA approves Zontivity (vorapaxar), first-in-class PAR-1 antagonist, for the reduction of thrombotic cardiovascular events in patients with a history of heart attack or with peripheral arterial disease. Merck Newsroom. http://www.mercknewsroom.com/news-release/corporate-news/fda-approves-zontivity-vorapaxar-first-class-par-1-antagonist-reduction-. Published May 12, 2014. Accessed April 28, 2015.
3. National Institute for Health and Care Excellence. Vorapaxar for the secondary prevention of atherothrombotic events after myocardial infarction - draft scope. London, United Kingdom. http://www.nice.org.uk/guidance/gid-tag493/documents/atherothrombotic-events-vorapaxar-id616-draft-scope-for-consultation-prereferral-november-2013-2. Published November 2013. Accessed April 30, 2015.
4. Hennekens CH, Kaski JC. Secondary prevention of cardiovascular disease. In: UpToDate [Internet Database]. Saperia GM ed. Waltham, MA: UpToDate. Updated April 13, 2015. Accessed April 30, 2015.
5. Alfredsson J, Roe MT. Balancing the risks and benefits of long-term antiplatelet therapies for cardiovascular disease: clinical, research, and regulatory implications. *J Am Heart Assoc*. 2015;4:e001897.

Reviews, Revisions, and Approvals	Date
Policy created	01/01/2020
Q3 2020 annual review: no changes.	07/2020
Q1 2021 annual review: no changes.	01/2021
Q1 2022 annual review: no changes.	10/2021