

Clinical Policy: Platelet Aggregation Inhibitors

Reference Number: PHW.PDL.004

Effective Date: 01/01/2020

Last Review Date: 11/2025

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 PA Health & 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 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 take into account whether the member:

1. For a non-preferred Platelet Aggregation Inhibitor, has a history of therapeutic failure of or a contraindication or intolerance to the preferred Platelet Aggregation Inhibitors approved or medically accepted for the member's diagnosis; **AND**
2. If a prescription for a 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.

NOTE: If the member 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 member, the request for prior authorization will be approved.

C. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section B. above to assess the medical necessity of a prescription for a Platelet Aggregation Inhibitor. If the guidelines in Section B. are met, the reviewer will prior authorize the prescription. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the member.

D. Approval Duration: 12 months

E. References:

1. Zontivity (vorapaxar) [package insert]. Parsippany, NJ: Aralez Pharmaceuticals US Inc.; November 2019.
2. Berger JS, Davies MG. Overview of lower extremity peripheral artery disease. In: UpToDate [internet database]. Clement DL, Eeidt JF, Mills JL, Creager MA, Collins KA, eds. Waltham, MA: UpToDate Inc. Updated January 20, 2021. Accessed April 27, 2022.
3. Hennekens CH, Lopez-Sendon J. Prevention of cardiovascular disease events in those with established disease (secondary prevention) or at very high risk. In: UpToDate [internet database]. Elmore JG, Cannon CP, Kaski JC, Givens J, Parikh N, eds. Waltham, MA: UpToDate Inc. Updated December 9, 2021. Accessed April 27, 2022.

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 2023: policy revised according to DHS revisions effective 01/09/2023	10/2022
Q1 2024 annual review: no changes.	11/2023
Q1 2025 annual review: no changes	11/2024
Q1 2026 annual review: no changes	11/2025