

## Platelet Inhibitors

### **Goal:**

- Approve antiplatelet drugs for funded diagnoses which are supported by medical literature.

### **Length of Authorization:**

- Up to 12 months.

### **Requires PA:**

- Non-preferred drugs

### **Covered Alternatives:**

- Preferred alternatives listed at [www.orpdl.org/drugs/](http://www.orpdl.org/drugs/)

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code.	
2. Will the prescriber consider a change to a preferred product?	<b>Yes:</b> Inform provider of preferred alternatives.	<b>No:</b> Go to #3
3. Is this new therapy for a patient who was hospitalized and had an antiplatelet initiated in the hospital?	<b>Yes:</b> Approve for 30 days only and request a PA from the provider for continuation of therapy.	<b>No:</b> Go to #4
4. Is this a request for continuation of therapy for a patient that already received 30 days of therapy that was initiated in the hospital?	<b>Yes:</b> Approve for FDA-approved indication for up to 1 year.	<b>No:</b> Go to #5
5. Is the request for ticagrelor?	<b>Yes:</b> Go to #6	<b>No:</b> Got to #7
6. Does the patient have a history of intracranial hemorrhage?	<b>Yes:</b> Deny for medical appropriateness	<b>No:</b> Approve for FDA-approved indication for up to 1 year.

## Approval Criteria

7. Is the request for vorapaxar AND does the patient have a history of stroke, TIA or intracranial hemorrhage?

**Yes:** Deny for medical appropriateness

**No:** Approve for FDA-approved indications for up to 1 year.

If vorapaxar is requested, it should be approved only when used in combination with aspirin and/or clopidogrel. There is limited experience with other platelet inhibitor drugs or as monotherapy.

### FDA Approved Indications (April 2021)

	1° Stroke	2° Stroke	2° PAD	1° MI	2° MI	ACS	
						No PCI	PCI
ASA/DP ER		x					
clopidogrel		x	x		x	x	x
ticagrelor	x	x		x	x	x	x
vorapaxar		CI	x		x		

Abbreviations: 1° = prevention, 2° = secondary prevention; ACS=Acute Coronary Syndrome; ASA/DP ER = aspirin/dipyridamole; CI=contraindication; PCI=Percutaneous Intervention; X = FDA-approved indication.

P&T / DUR Review: 6/21 (KS), 9/17 (MH); 7/15; 11/11  
Implementation: 7/1/21; 10/15, 8/15; 7/31/14; 4/9/12