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. See Preferred Drug List (PDL) for the list of preferred Platelet Aggregation Inhibitors at: www.providersynergies.com/services/documents/PAM_PDL.pdf

2. A prescription for Effient

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

   b. Has been identified as having a genetic variance or has other testing showing a high risk of not responding to a preferred Platelet Aggregation Inhibitor

   OR

   c. Is concomitantly taking medications which are medically necessary but have been shown to have a high risk of adversely interacting with a preferred Platelet Aggregation Inhibitor, such as, but not limited to the following:

      i. Cimetidine
      ii. Esomeprazole
      iii. Etravirine

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iv. Fluoxetine
v. Modafinil

2. For Effient, whether the recipient:

   a. Is managed with percutaneous coronary intervention (PCI)

   AND

   b. Is less than 75 years of age

   AND

   c. Is not likely to undergo surgery (including coronary artery bypass graft, CABG, surgery) within 7 days of taking Effient

   AND

   d. Is not concomitantly taking other medications that increase the risk of bleeding, such as, but not limited to, coumarin anticoagulants, heparins, or chronic NSAID use

   AND

   e. Does not have any of the following:

      i. Active pathological bleeding (such as, but not limited to, peptic ulcer disease or gastrointestinal bleeding)
      ii. Severe hepatic impairment
      iii. Low body weight (less than 60 kilograms), unless the dose has been appropriately reduced to 5mg daily
      iv. A history of transient ischemic attack or stroke

   AND

   f. Does not have any other contraindication to therapy with Effient

OR
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3. 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.

References: