



**GEORGIA MEDICAID FEE-FOR-SERVICE
ANTIPLATELET DRUGS PA SUMMARY**

Preferred	Non-Preferred
Aggrenox (aspirin/dipyridamole) Aspirin generic (OTC) Brilinta (ticagrelor) Clopidogrel 75mg generic Plavix 300mg (clopidogrel)	Aspirin/dipyridamole generic Clopidogrel 300mg generic Durlaza (aspirin extended-release) Effient (prasugrel) Zontivity (vorapaxar)

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

Aspirin/Dipyridamole Generic

- ❖ Physician must submit a written letter of medical necessity stating the reason(s) the preferred product, brand Aggrenox, is not appropriate for the member.

Clopidogrel 300mg tablets

- ❖ Physician must submit a written letter of medical necessity stating the reason(s) the preferred product, brand Plavix 300mg, is not appropriate for the member.

Durlaza

- ❖ Physician must submit a written letter of medical necessity stating the reason(s) the preferred product, generic over-the-counter aspirin, is not appropriate for the member.

Effient

- ❖ Approvable for members with a diagnosis of Acute Coronary Syndrome (ACS, unstable angina, non-ST elevation myocardial infarction [NSTEMI], or ST-elevation myocardial infarction [STEMI])

AND

- ❖ Members must have undergone percutaneous coronary intervention (PCI)

AND

- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or intolerable side effects to Plavix (clopidogrel) or Brilinta.

For Zontivity

- ❖ Approvable for members with a diagnosis of reduction of thrombotic cardiovascular events with a history of myocardial infarction (MI) or peripheral arterial disease (PAD)

AND

- ❖ Members must use concomitantly with clopidogrel or aspirin.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.



- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to <http://dch.georgia.gov/prior-authorization-process-and-criteria> and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the Quantity Level Limits (QLL), please go to <https://www.mmis.georgia.gov/portal>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.