Prior Authorization Criteria

**Zontivity™ (vorapaxar) PA CRITERIA:**
[reversible antagonist of the protease-activated receptor-1 (PAR-1)]

Select the diagnosis:
☐ History of Myocardial Infarction (MI)
☐ Peripheral Arterial Disease (PAD)

ICD-10 code(s): ___________________________________________________________________

Requests for Zontivity (vorapaxar) may be approved if the following criteria are met:
(Yes should be checked for each statement):

☐ Yes ☐ No  Patient has a history of myocardial infarction OR has a diagnosis of peripheral arterial disease

☐ Yes ☐ No  Patient is currently taking aspirin and/or clopidogrel

☐ Yes ☐ No  No history of stroke, transient ischemic attack (TIA), intracranial hemorrhage (ICH), or active pathological bleeding (e.g. ICH or peptic ulcer bleeding)

Authorization is for 12 months. Quantity Limit: 30 tablets every 30 days.

Reauthorization: (Yes should be checked for each statement):
☐ Yes ☐ No  Is there their documentation of a positive clinical response to therapy

☐ Yes ☐ No  No history of stroke, transient ischemic attack (TIA), intracranial hemorrhage (ICH), or active pathological bleeding (e.g. ICH or peptic ulcer bleeding)

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?
___________________________________________________________________________
____________________________________________________________________________

Additional information to consider:

**Zontivity should not be considered for use if:**

- Patient is currently taking a strong inhibitor of CYP3A (e.g., ketoconazole, itraconazole, posaconazole, clarithromycin, nefazodone, ritonavir, saquinavir, nelfinavir, indinavir, boceprevir, telaprevir, telithromycin and conivaptan) or strong inducer of CYP3A (e.g., rifampin, carbamazepine, St. John's Wort and phenytoin).
- Co-administered with warfarin or another anticoagulant.

**Precaution:**

Antiplatelet agents, including ZONTIVITY, increase the risk of bleeding, including ICH and fatal bleeding [see WARNINGS AND PRECAUTIONS (5.1)]. Certain concomitant medications can increase the risk of bleeding (e.g., anticoagulants, fibrinolytic therapy, chronic nonsteroidal anti-inflammatory drugs [NSAIDS], selective serotonin reuptake inhibitors, serotonin norepinephrine reuptake inhibitors).