# Prior Authorization Criteria

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Zontivity <sup>1</sup> (vorapa)	var) PA CRITERIA:	MEDICAID
[reversible antagonist	of the protease-activated receptor-1 (PAR-1)]	MEDICAID
Select the diagnosis:  ☐ History of Myocar  ☐ Peripheral Arterial	• •	
ICD-10 code(s):		
_	ty (vorapaxar) may be approved if the following ad for each statement):	criteria are met:
□ Yes □ No	Patient has a history of myocardial infarction OR peripheral arterial disease	has a diagnosis of
□ Yes □ No	Patient is currently taking aspirin and/or clopidogr	rel
□ Yes □ No	No history of stroke, transient ischemic attack (TI hemorrhage (ICH), or active pathological bleeding ulcer bleeding)	
Authorization is for	12 months. Quantity Limit: 30 tablets every 30 da	ays.
,	es should be checked for each statement):  documentation of a positive clinical response to the	erapy
	tory of stroke, transient ischemic attack (TIA), intra or active pathological bleeding (eg. ICH or peptic u	•
•	comments, diagnoses, symptoms, medications tri on 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)