

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Ticagrelor (Brilinta)

#### Notes:

- Quantity Limits: No
- \* Examples of clopidogrel failure includes acute coronary syndrome, stent thrombosis, or stroke while on clopidogrel

**Initiation (new start) criteria:** Formulary **ticagrelor (Brilinta)** will be covered on the prescription drug benefit when the following criteria are met:

For patients with documented allergy, intolerance, or treatment failure with clopidogrel, formulary **ticagrelor (Brilinta)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by or in consultation with cardiology, neurology, or vascular surgery
- *AND* -
- Allergy or intolerance to clopidogrel therapy
- *OR* -
- Failed clopidogrel therapy\*

For patients WITHOUT documented allergy, intolerance, or treatment failure with clopidogrel, formulary **ticagrelor (Brilinta)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by or in consultation with interventional cardiologist
- *AND* -
- Used in patients with stent placement in the setting of acute myocardial infarction
- *AND* -
- Receiving concomitant aspirin 81 mg daily (not to exceed 100 mg daily)
- *AND* -
- Does not have any of the following exclusions:
  - History of intracranial hemorrhage
  - Concomitant use of strong CYP3A4 inducers or inhibitors
  - Concomitant oral anticoagulant therapy
  - Severe hepatic impairment

**Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously:** Formulary **ticagrelor (Brilinta)** will be covered on the prescription drug benefit when the following criteria are met:

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- Does not have any of the following exclusions:
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  - Concomitant oral anticoagulant therapy
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**Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:** Formulary **ticagrelor (Brilinta)** will be covered on the prescription drug benefit when the following criteria are met:

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- Prescribed by or in consultation with cardiology, neurology, or vascular surgery
- *AND* -
- Allergy or intolerance to clopidogrel therapy
- *OR* -
- Failed clopidogrel therapy\*

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