

Commercial/Healthcare Exchange PA Criteria

Effective: January 1, 2020

Prior Authorization: Zontivity

Products Affected: Zontivity (vorapaxar) oral tablet

<u>Medication Description</u>: Zontivity is a protease-activated receptor-1 (PAR-1) antagonist indicated for the reduction of thrombotic cardiovascular events in patients with a history of myocardial infarction (MI) or with peripheral arterial disease (PAD). Zontivity has been shown to reduce the rate of a combined endpoint of cardiovascular death, MI, stroke, and urgent coronary revascularization.

<u>Covered Uses</u>: Reduction of thrombotic cardiovascular events in patients with a history of myocardial infarction (MI) or with peripheral arterial disease (PAD).

Exclusion Criteria:

- 1. History of stroke, transient ischemic attack (TIA), or intracerebral hemorrhage (ICH)
- 2. Active pathological bleeding (such as ICH or peptic ulcer)

Required Medical Information:

- 1. Diagnosis
- 2. Current medication therapy for patient

Age Restrictions: 18 years of age or older

Prescriber Restrictions: Prescribed by, or in consultation with, a cardiologist.

Coverage Duration: 12 months

Other Criteria:

- A. Patient has a history of myocardial infarction (MI) or peripheral arterial disease (PAD); AND
- B. Patient is concurrently taking aspirin and/or clopidogrel

References:

Product Information: ZONTIVITY(TM) oral tablets, vorapaxar oral tablets. Merck & Co., Inc. (per manufacturer), Whitehouse Station, NJ, 2014.

Policy Revision history

Rev # Type of Change	Summary of Change	Sections Affected	Date
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1	New Policy	New Policy	All	10/17/2019
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