



## Commercial/Healthcare Exchange PA Criteria Effective: January 1, 2020

**Prior Authorization:** Zontivity

**Products Affected:** Zontivity (vorapaxar) oral tablet

**Medication Description:** 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.

**Covered Uses:** 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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