

ANTIPLATELET DRUGS PA SUMMARY

PREFERRED	Plavix (clopidogrel)
NON-PREFERRED	Brilinta, Effient

LENGTH OF AUTHORIZATION: 1 Year

- ❖ **PA CRITERIA:** Approvable for the diagnosis of Acute Coronary Syndrome (ACS, unstable angina, non-ST elevation myocardial infarction [NSTEMI], or ST-elevation myocardial infarction [STEMI])

AND

- ❖ Members must have undergone percutaneous coronary intervention (PCI)

AND

- ❖ Physician should submit documentation of trial and failure, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to clopidogrel.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.