Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Ticagrelor (Brilinta)

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 a documented allergy, intolerance or treatment failure with clopidogrel, formulary ticagrelor (Brilinta) will be covered for 3 months on the prescription drug benefit when the following criteria are met:

- Prescribed by or in consultation with interventional cardiologist
- AND-
- Use in patients with stent placement in the setting of acute myocardial infarction (MI)
- 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, or
  - severe hepatic impairment

Notes:

* Clopidogrel failure includes acute coronary syndrome [ACS] or stent thrombosis while on clopidogrel

+ Cardiologists will NOT convert patients from ticagrelor (Brilinta) to clopidogrel after 3 months of therapy if patient is allergic, intolerant, or failed clopidogrel therapy