

### Clinical Pharmacy Program Guidelines for Zontivity

Program	Prior Authorization
Medication	Zontivity (vorapaxar)
Markets in Scope	Arizona, California, Colorado, Hawaii, Maryland, New Jersey, Nevada, New York, New York EPP, Pennsylvania CHIP, Rhode Island, South Carolina
Issue Date	9/2014
Pharmacy and Therapeutics Approval Date	9/2020
Effective Date	11/2020

#### 1. Background:

Zontivity (vorapaxar) is 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 (UCR).

Zontivity has a black box warning for bleeding. Please see full prescribing information for additional details.

#### 2. Coverage Criteria:

<p><b>A. <u>Authorization Criteria</u></b></p> <p>1. <b>Zontivity</b> will be approved based on <b><u>all</u></b> of the following criteria:</p> <p style="padding-left: 40px;">a. <b><u>One</u></b> of the following:</p> <p style="padding-left: 80px;">(1) History of myocardial infarction (MI)          (2) Peripheral arterial disease (PAD)</p> <p style="text-align: center;"><b>-AND-</b></p> <p style="padding-left: 40px;">b. Patient does not have a history of any of the following:</p> <p style="padding-left: 80px;">(1) Stroke          (2) Transient ischemic attack (TIA)          (3) Intracranial hemorrhage (ICH)</p> <p style="text-align: center;"><b>-AND-</b></p>
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c. Patient does not have active pathological bleeding

**Authorization will be issued for 12 months.**

**3. Additional Clinical Rules:**

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

**4. References:**

1. Zontivity [package insert]. Parsippany, NJ: Aralez Pharmaceuticals US Inc; November 2019.

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<b>Change Control</b>	
Date	Change
9/2014	New Policy
12/2015	Annual Review –no change
9/2016	Removed “used in combination with aspirin and/or clopidogrel therapy” to align with Employer and Individual. Updated policy template.
8/2017	Annual review. Updated references.
10/2018	Removed reauthorization criteria so all requests go through initial. Updated references.
9/2019	Annual review – no change
9/2020	Annual review. Added requirement that the patient does not have active pathological bleeding to match the BBW language.