To: HPM Providers
From: HPM Pharmacy Department
Bulletin #: 10-0827
Date: August 27, 2010
Re: Plavix®

Effective September 1, 2010, Health Plan of Michigan (HPM) will offer coverage of Plavix® only when Prior Authorized by the HPM Pharmacy Department. During this time of transition, members currently on Plavix® will receive at least a one month supply when requested using a Prior Authorization form. Additional months will be authorized depending upon the diagnosis. Please see the attached approval criteria for specific details.

If you should have any questions or concerns regarding this prior authorization requirement or to obtain approval, contact the HPM Pharmacy Department at 1-888-437-0606 option 8.
I. Generic Name:
   a. Clopidogrel

II. Brand Name:
   a. Plavix

III. Medication Class:
   a. Antiplatelet Agent, Thienopyridine

IV. FDA Approved Uses:
   a. Acute coronary syndrome
      i. For unstable angina (UA)/non-ST-elevation myocardial infarction (NSTEMI), Plavix has been shown to decrease the rate of a combined endpoint of cardiovascular death, myocardial infarction (MI), stroke, or refractory ischemia
      ii. For ST-elevation myocardial infarction (STEMI), Plavix has been shown to reduce the rate of death from any cause and the rate of a combined endpoint of death, re-infarction, or stroke
   b. Recent MI, recent stroke, or peripheral arterial disease
      i. Plavix has been shown to reduce the combined endpoint of new ischemic stroke, new MI, and other vascular death

V. Criteria for Use:
   One of the following conditions is required:
   a. Documented aspirin allergy (anaphylaxis, bronchospasm)
   b. Non-cardiac stenting
      i. Carotid stent
      ii. Intracranial stent
      iii. Renal stent
      iv. Inguinal, popliteal, or other peripheral stent
   c. Brachytherapy
   d. Cerebrovascular disease with recurrent ischemia
      i. Plavix is second line therapy
   e. Unstable angina
   f. Acute coronary syndrome (NSTEMI or STEMI)
   g. Coronary artery bypass graft (CABG)
   h. Post PCI/stent placement
VI. Required Medical Information:
   a. Proper diagnosis and documentation of approved indications
   b. Chart notes of compliance

VII. Contraindications:
   a. Active bleeding
   b. Hypersensitivity to Plavix or any component of the product

VIII. Not Approved If:
   a. Patient has a contraindication to Plavix
   b. Patient does not meet criteria
   c. Patient has not shown compliance with therapy
   d. Use is for one of the following reasons:
      i. Cerebrovascular disease with recurrent ischemia if patient is on aspirin (the risk of adverse events are increased with the combination of Plavix and aspirin)
      ii. Stable coronary artery disease unless patient is allergic to aspirin
      iii. Additive to aspirin therapy for asymptomatic atherosclerosis
      iv. Multiple cardiovascular risks
      v. Gastrointestinal complications of aspirin (consider adding a PPI)

IX. Length of Authorization:
   a. Documented aspirin allergy (anaphylaxis, bronchospasm)
      i. Dependent on indication for use
   b. Non-cardiac stenting
      i. Carotid stent
         A. 6 weeks
      ii. Intracranial stent
         A. 3 months
      iii. Renal stent
         A. 12 months
      iv. Inguinal, popliteal, or other peripheral stent
         A. 1 month
   c. Brachytherapy
      i. 12 months
   d. Cerebrovascular disease with recurrent ischemia
      i. 12 months
   e. Unstable angina
      i. 12 months
Plavix

f. Acute coronary syndrome (NSTEMI or STEMI)
   i. 12 months

h. Coronary artery bypass graft (CABG)
   i. 9 months

h. Post PCI/stent placement
   i. 12 months

X. Dosing:
   a. Documented aspirin allergy (anaphylaxis, bronchospasm)
      i. 75 mg daily

   b. Non-cardiac stenting
      i. 75 mg daily

   c. Brachytherapy
      i. 75 mg daily

   d. Cerebrovascular disease with recurrent ischemia
      i. 75 mg daily

   e. Unstable angina
      i. 75 mg daily

   f. Acute coronary syndrome
      i. NSTEMI
          A. 300 mg loading dose followed by 75 mg daily
      ii. STEMI
          A. 75 mg daily with or without a loading dose

   g. Coronary artery bypass graft (CABG)
      i. 75 mg daily

   h. Post PCI/stent placement
      i. 300-600 mg load followed by 75 mg daily

XI. Criteria for Continuation of Therapy:
   a. Documentation of need for continued therapy, including supporting medical literature
   b. Office visit every 3 months with verified therapy compliance

XII. Criteria for Discontinuation of Therapy:
   a. Patient is noncompliant with medical or pharmacologic therapy
   b. Provider discontinues therapy
   c. Renewal request documentation to continue therapy is not submitted
XIII. References:
management of patients with unstable angina/non-ST-elevation myocardial 
infarction: a report of the American College of Cardiology/American Heart 
Association Task Force on Practice Guidelines (Writing Committee to revise the 
2002 Guidelines for the Management of Patients with Unstable Angina/Non-ST-
Elevation Myocardial Infarction): developed in collaboration with the American 
College of Emergency Physicians, American College or Physicians, Society for 
Academic Emergency Medicine, Society for Cardiovascular Angiography and 
Available at: www.acc.org/qualityandscience/clinical/statements.htm (accessed
July 19, 2010).
2. Norgren, L, Hiatt, WR, Dormandy, JA, et al. Inter-Society Consensus for the 
Management of Peripheral Arterial Disease (TASC II). J Vasc Surg 2007; 45 
Suppl S:S5.
Pharmaceuticals Partnership; March 2010.
Approved August 2009. Available at: 