State of Maine Department of Health & Human Services
MaineCare/MEDEL Prior Authorization Form
PLATELET AGGREGATION INHIBITORS

Phone: 1-888-445-0497   **www.mainecarepdl.org**   Fax: 1-888-879-6938

Member ID #: |__|__|__|__|__|__|__|__|__| Patient Name: _____   DOB: _____
(NOT MEDICARE NUMBER)

Patient Address:_____

Provider DEA: |__|__|__|__|__|__|__|__|__| Provider NPI: __|__|__|__|__|__|__|__|__|__|

Provider Name:_____   Phone:_____

Provider Address:_____   Fax:_____

Pharmacy Name:_____ Rx Address:_____ Rx phone:_____

Provider must fill all information above. It must be legible, correct and complete or form will be returned.

(Pharmacy use only):   NPI: __|__|__|__|__|__|__|__|__|__| NABP: |__|__|__|__|__|__|__| NDC: |__|__|__|__|__|__|__|__|__|__|__|__|

Prasugrel contraindicated for patients > 75 years of age, history of stroke or TIA or weight under 60 kg.

Drug Requiring PA	Strength	Dosage Instructions	Quantity	Days Supply	Circle Refills
Plavix (Clopidogrel)	_____	_____	_____	_____	1 2 3 4 5
Effient (Prasugrel)	_____	_____	_____	_____	1 2 3 4 5
Brilinta (Ticagrelor)	_____	_____	_____	_____	1 2 3 4 5

Indications Required: (please check appropriate indication)

Condition	Recommended Treatment
❑ **Acute coronary syndromes** [Unstable angina] [Non-ST-segment elevation MI (NSTEMI)] [ST-segment elevation MI (STEMI)]	❑ CLOPIDOGREL + ASPIRIN for at least 1 year. ❑ PRASUGREL + ASPIRIN for 15 months may be a superior alternative for some non-elderly ACS patients who have undergone PCI. ❑ TICAGRELOR + ASPIRIN for at least 1 year.
❑ **Past MI**	❑ CLOPIDOGREL for high-risk patients*, ASPIRIN for all others
❑ **Elective PCI**	❑ CLOPIDOGREL + ASPIRIN for at least a year
❑ **Stroke**	❑ CLOPIDOGREL or ASPIRIN + DIPYRIDAMOLE
❑ **Peripheral artery disease**	❑ CLOPIDOGREL
❑ **Stable angina**	ASPIRIN
❑ **Primary prevention**	ASPIRIN only for patients in whom benefits outweigh risks
❑ **OTHER**	

*High risk patients: history of coronary artery disease, stroke, or TIA, **and** any of the following: bypass surgery, events involving multiple vascular beds, two or more ischemic events, diabetes, or high cholesterol.

References:
http://rxfacts.org/professionals/antiplatelet.php

Pursuant to Chapter I, Section 80, The Department regards adequate clinical records as essential for the delivery of quality care, such comprehensive records are key documents for post payment review. Your authorization certifies that the above request is medically necessary, meets the MaineCare criteria for prior authorization, does not exceed the medical needs of the member and is supported in your medical records.

Physician Signature: _____   **Date of Submission:** _____
*MUST MATCH PHYSICIAN LISTED ABOVE