Premier Health Insuring Corporation
POLICY AND PROCEDURE MANUAL

Policy Number: MP.122.PC
Last Review Date: 11/12/2015
Effective Date: 01/01/2016
Renewal Date: 01/01/2017

MP.122.PC - Plavix (Clopidogrel) Metabolism, Genetic Test

This policy applies to the following line(s) of business:
- ✓ Premier Health Insuring Corporation MA – DSNP

Premier Health Insuring Corporation considers Plavix (Clopidogrel) Metabolism Genetic Test medically necessary for the following indications:

Genetic testing for clopidogrel (Plavix) metabolism is covered for members meeting all of the following conditions:
1. Clopidogrel (Plavix) being considered for treatment;
2. Test completed before treatment begins;
3. No previous genetic testing for clopidogrel (Plavix) has been done.

Limitations
Members are limited to one test per lifetime. Genotype test results are valid life-long making repeat genetic testing for clopidogrel (Plavix) metabolism of no proven value.

Genetic testing for the CYP2C19 gene is considered investigational at this time for all other indications including, but not limited to the following medications:
- Amitriptyline
- Proton pump inhibitors
- Selective serotonin reuptake inhibitors
- Warfarin

Background
Clopidogrel bisulfate (Plavix) is a widely prescribed medication to/for:
- Prevent blood clots in patients with acute coronary syndrome (ACS),
- Other cardiovascular (CV) disease-related events,
- Undergoing percutaneous coronary intervention.

CYP2C19 is one of the principal enzymes involved in the metabolism of clopidogrel (Plavix). The presence of CYP2C19*2, a gene variant, can cause poor metabolism of the drug which can lead to increased risk for adverse cardiovascular events.

Genetic testing is available to identify a patient's CYP2C19 genotype (including the presence of gene variants) which can be used in determining the therapeutic strategy for treatment with Clopidogrel (Plavix). Examples of test names are: AccuType® CP, AccuType, ™ and clopidogrel CYP2C19 genotyping.

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Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
CPT Codes	
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (e.g. drug metabolism), gene analysis, common variants (e.g. *2,*3,*4,*8,*17)
ICD-9 codes covered if selection criteria are met:	
410.00-410.92	Acute myocardial infarction
411.0-411.89	Acute and subacute forms of ischemic heart disease
413.0-413.9	Angina Pectoris
414.00-414.9	Chronic ischemic heart disease
433.00-434.91	Occlusions and stenosis of precerebral and cerebral arteries
443.89-443.9	Peripheral vascular diseases
ICD-10 codes covered if selection criteria are met:	
I20.0-I20.9	Angina Pectoris
I21.01-I21.4	ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction
I22.0-I22.9	Subsequent ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction
I24.0-I24.9	Acute ischemic heart diseases
I25.10-I25.9	Chronic ischemic heart disease
I63.00-I63.9	Occlusions and stenosis of cerebral/precerebral arteries resulting in cerebral infarction
I65.29	Occlusion and stenosis of unspecified carotid artery
I66.01-I66.9	Occlusions and stenosis of cerebral arteries , not resulting in cerebral infarction
I73.89-I73.9	Other specified peripheral vascular diseases/ Peripheral vascular disease, unspecified

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Premier Health Insuring Corporation reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.