

## Pharmacy Services

(800) 522-0114, option 4

May 4, 2016

Dear SoonerCare Provider,

The purpose of this fax is to provide information regarding an update in coverage of **Aggrenox® (aspirin/dipyridamole extended-release [ER])**. **Effective May 18, 2016, Aggrenox® (aspirin/dipyridamole ER) will require a prior authorization.** The authorization criteria for reimbursement can be found below.

**Aggrenox® (Aspirin/Dipyridamole ER) Approval Criteria:**

1. An FDA approved indication for the prophylaxis of recurrent thromboembolic stroke in patients who have had transient ischemia of the brain or completed ischemic stroke due to thrombosis; and
2. Member must be 18 years of age or older; and
3. A patient-specific, clinically significant reason why member cannot use immediate-release dipyridamole and over-the-counter (OTC) aspirin in place of Aggrenox® must be provided.
4. A quantity limit of 60 capsules for a 30 day supply will apply.

Please note all members receiving Aggrenox® (aspirin/dipyridamole ER) must have a manual prior authorization submitted. No grandfathering will be allowed for Aggrenox® (aspirin/dipyridamole ER). If a member requires Aggrenox® (aspirin/dipyridamole ER), prior authorization requests can be submitted for consideration to SoonerCare Pharmacy Services, including patient-specific, clinically significant supporting information for use of the requested medication. Prior authorization request forms can be found online at [www.okhca.org/forms](http://www.okhca.org/forms) (PHARM-04).

Thank you for the services you provide to Oklahomans insured by SoonerCare!