



February 6, 2023

**RE: Aspirin 81mg and Pentasa® Coverage Updates**

**Aspirin for the Prevention of Preeclampsia**

Effective February 1, 2023, SoonerCare added coverage of over-the-counter (OTC), low-dose aspirin as a pharmacy benefit without a prior authorization (PA) for pregnant members who are at high risk for preeclampsia. A prescription is required for coverage, and pharmacy claims for OTC aspirin 81mg will count toward the member’s monthly prescription limit. Prescriptions may be filled for up to a quantity of 100 tablets for a 100-day supply and may be written for “low-dose aspirin” or “aspirin 81mg”. OTC aspirin is not currently covered by SoonerCare for male members or for other indications. Information regarding coverage of OTC low-dose aspirin, including an updated list of covered NDCs, can be accessed on the OHCA website at <https://oklahoma.gov/ohca/rx> by clicking on “Covered Over-the-Counter”.

Covered OTC Aspirin NDCs*					
00113-0274-68	00904-6794-80	49348-0757-07	49483-0481-10	63868-0363-36	70000-0604-02
00113-0467-08	00904-6794-89	49348-0980-15	49483-0481-12	63868-0373-05	70677-0070-01
00113-0467-68	24385-0028-68	49348-0980-23	62011-0019-01	63868-0469-36	70677-0132-01
00536-1008-36	24385-0278-68	49348-0980-53	62011-0019-02	70000-0178-02	70677-0132-02
00536-1234-41	46122-0598-48	49348-0981-15	62011-0028-01	70000-0178-03	70677-0163-01
00904-4040-73	46122-0598-87	49483-0334-63	63739-0212-02	70000-0419-01	70677-0163-03
00904-6751-80	46122-0615-76	49483-0387-10	63868-0029-36	70000-0420-01	
00904-6783-70	46122-0615-87	49483-0387-12	63868-0363-20	70000-0603-02	

\*Currently covered products as of 02/01/2023; please check the OHCA website (<https://oklahoma.gov/ohca/rx>) periodically for an updated list.

The U.S. Preventive Services Task Force (USPSTF) recommends the use of low-dose aspirin (81mg/day) as preventive medication after 12 weeks of gestation in patients who are at high risk for preeclampsia (*grade B recommendation*). The USPSTF recommendations are available at <https://www.uspreventiveservicestaskforce.org/>.

**Pentasa® [Mesalamine Controlled-Release (CR) Capsules]**

Effective February 20, 2023, Pentasa® (mesalamine CR capsules) will be brand preferred. Brand Pentasa® is available without a PA for the first 8 weeks of treatment. Members currently utilizing generic mesalamine CR capsules will need to switch to brand Pentasa®. The generic formulation will require a patient-specific, clinically significant reason why the member cannot use the brand formulation (Pentasa®) and all other mesalamine products that do not require a PA. The specific PA requirements can be found on the OHCA website at <https://oklahoma.gov/ohca/pa> in the “Gastro-Intestinal” therapeutic category under “Ulcerative Colitis”.

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

**SOONERCARE PHARMACY SERVICES • PHARMACY MANAGEMENT CONSULTANTS**



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**WEBSITES**

[oklahoma.gov/ohca](https://oklahoma.gov/ohca)  
[mysoonerCare.org](https://mysoonerCare.org)



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