

| Market Applicability |    |    |    |    |    |    |    |
|----------------------|----|----|----|----|----|----|----|
| Market               | DC | GA | KY | MD | NJ | NY | WA |
| Applicable           | X  | X  | X  | X  | X  | X  | NA |

## Durlaza (aspirin extended-release)

| Override(s)                           | Approval Duration |
|---------------------------------------|-------------------|
| Prior Authorization<br>Quantity Limit | 1 year            |

| Medications                        | Quantity Limit                   |
|------------------------------------|----------------------------------|
| Durlaza (aspirin extended-release) | May be subject to quantity limit |

### APPROVAL CRITERIA

Requests for Durlaza (aspirin extended-release) may be approved if the following criteria are met:

- I. Documentation of medical necessity for Durlaza (aspirin extended-release) instead of over-the-counter aspirin is provided.

Requests for Durlaza (aspirin extended-release) may not be approved for the following:

- I. Individual with the syndrome of asthma, rhinitis and nasal polyps; **OR**
- II. Individual with severe hepatic impairment (Child Pugh Class C); **OR**
- III. Individual with severe renal impairment (eGFR < 10 mL/min).

### Key References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: December 26, 2019.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Kernan WN, Ovbiagele B, Black HR et. al. Guidelines for the prevention of stroke in patients with stroke and transient ischemic attack: a guideline for healthcare professionals from the American Heart Association/American Stroke Association (AHA/ASA). *Stroke*. 2014;45(7):2160-2236.
4. Lansberg MG, O'Donnell MJ, Khatri P et. al. Antithrombotic and thrombolytic therapy for ischemic stroke: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians (ACCP) Evidence-Based Clinical Practice Guidelines. *Chest*. 2012;141(2 Suppl):e601S-e636S.
5. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.