



Provider Notice 13-68

Dear Provider,

Effective for dates of service on and after November 1, 2013, the Medicaid Program of the Health Care Authority (agency) will publish a 30 day pre-release of the agency's *Expedited Authorization List* and remove the expedited authorization (EA) requirement for the following products:

| Product | Code | EA Requirement |
|---|----------|----------------|
| Aggrenox® (<i>aspirin/dipyridamole</i>) | 037 | Removed |
| Plavix® (<i>clopidogrel</i>) | 116, 136 | Removed |

The agency's [Expedited Authorization List](#) that becomes effective November 1, 2013, is available online.

Thank you.

BC-AL
 Provider Publications Team
 Medicaid Program
 Health Care Authority

NOTE: Please do not reply directly to this Listserv message as it is not monitored. If you have feedback or questions, please select one of the options at <http://www.hca.wa.gov/medicaid/Pages/contact.aspx>. Your message will be delivered to the appropriate staff member.

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