



Montana Healthcare Programs
Drug Prior Authorization Coverage Criteria

Durlaza™ (aspirin)

Review Criteria

Member must meet all the following criteria:

- Subject to Preferred Drug List requirements
- Member must have documentation of chronic coronary artery disease (CAD)
- Member must have a trial of over the counter (OTC) immediate-release or enteric coated low-dose aspirin
- Provider must submit a credible clinical explanation why Durlaza is expected to be tolerated if the OTC product was not