

aspirin-omeprazole (YOSPRALA)

Diagnoses Considered for Coverage:

• Prevention of cardiovascular and cerebrovascular events and who are at risk of developing aspirin associated gastric ulcers.

Coverage Criteria:

For diagnoses listed above:

• Inadequate response, intolerable side effect, or contraindication to preferred agents including Dexilant, rabeprazole (Aciphex), omeprazole (Prilosec), pantoprazole (Protonix), and Iansoprazole capsule (Prevacid).

Coverage Duration: one year

Effective Date: 11/30/2022