HARVARD PILGRIM HEALTH CARE
RECOMMENDED MEDICATION REQUEST GUIDELINES

DEXLANSOPRAZOLE (DEXILANT)

Generic	Brand	HICL	GCN	Exception/Other
DEXLANSOPRAZOLE	DEXILANT	36085		

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Has the patient tried and failed therapy with, or does the patient have a contraindication or intolerance to omeprazole (Prilosec) and pantoprazole (Protonix) and at least one additional proton pump inhibitor (e.g., lansoprazole (Prevacid), rabeprazole (Aciphex), esomeprazole (Nexium)?

   If yes, **approve for 12 months by HICL**. Please use status code #057 and the approval text provided.

   <u>Requests for products on formulary with a restriction,</u>
   APPROVAL TEXT: Your request for Dexilant has been approved for a 12 month period.

   <u>Requests for products not on formulary,</u>
   APPROVAL TEXT: Your request for Dexilant has been approved for a 12-month period at your highest cost-share tier. Refer to your Harvard Pilgrim ID card for the amount you pay for drugs on that tier.

   If no, do not approve. Please use status code #238 and the denial text provided.
   DENIAL TEXT: Per your health plan's Dexilant (dexlansoprazole) guideline, this medication is only covered for members who have tried and failed therapy or have a contraindication or intolerance to omeprazole (Prilosec) and pantoprazole (Protonix) and at least one additional proton pump inhibitor (such as, lansoprazole (Prevacid), rabeprazole (Aciphex), esomeprazole (Nexium). Your provider did not indicate that you have tried and failed therapy or have a contraindication or intolerance to these medications and therefore your request was not approved.

CONTINUED ON NEXT PAGE

DEXLANSOPRAZOLE (DEXILANT)

GUIDELINES FOR USE (CONTINUED)

RENEWAL CRITERIA

1. Is the patient stable or shown improvement with the requested drug?

    If yes, **approve for 12 months by HICL**. Please use status code #057 and the approval text provided.

    Requests for products on formulary with a restriction,
    APPROVAL TEXT: Your request for Dexilant has been approved for a 12 month period.

    Requests for products not on formulary,
    APPROVAL TEXT: Your request for Dexilant has been approved for a 12-month period at your highest cost-share tier. Refer to your Harvard Pilgrim ID card for the amount you pay for drugs on that tier.

    If no, do not approve. Please use status code #238 and the denial text provided.
    DENIAL TEXT: Per your health plan's Dexilant (dexlansoprazole) guideline, authorization for renewal requires you are stable or have shown improvement with the requested drug. Your provider did not indicate that you are stable or have shown improvement and therefore your request was not approved.

RATIONALE
To encourage the use of cost-effective formulary alternatives within the PPI (proton pump inhibitor) class before initiating treatment with more expensive agents that have limited or no clinical advantage.

FDA APPROVED INDICATIONS
Dexilant is a proton pump inhibitor in patients 12 years of age and older for:
- Healing of all grades of erosive esophagitis (EE).
- Maintenance of healed EE and relief of heart burn.
- Treatment of symptomatic non-erosive gastroesophageal reflux disease (GERD).

REFERENCES

- Takeda Pharmaceuticals America, Inc. Dexilant package insert. Deerfield, IL 60015. July 2016.

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