

Drug Name: Dexilant

Common Use: Treatment of gastroesophageal reflux disease (GERD) and peptic ulcers

Coverage Requirement: A trial of three of the following medications prior to the use of Dexilant:

- lansoprazole (generic for Prevacid)
- omeprazole* (generic for Prilosec)
- pantoprazole (generic for Protonix)
- Dexilant (formerly Kapidex)

*If your plan includes GenericSampleSM, the first 30-day fill of this medication will be free. GenericSample is only offered at participating retail pharmacies and is not available on HealthSaveSM plans or under the 90-day maintenance drug benefit.

Coverage Rationale: There is no clinical evidence that one medication in this class is more effective than another. Generic and preferred medications should be considered first.

*If your doctor would like an exception to step therapy, he or she may request preauthorization by calling SelectHealth Pharmacy Services at **801-442-4912** (Salt Lake area) or **800-442-3129** weekdays, from 7:00 a.m. to 8:00 p.m., and Saturdays, from 9:00 a.m. to 3:00 p.m.*