<table>
<thead>
<tr>
<th><strong>Drug(s)</strong></th>
<th>Dexilant (dexlansoprazole)</th>
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<tbody>
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<td><strong>Policy #</strong></td>
<td>14131</td>
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| **Indications** | **Erosive esophagitis:** Healing of all grades of erosive esophagitis for up to 8 weeks; to maintain healing of erosive esophagitis and relief of heartburn for up to 6 months  
**Gastroesophageal reflux disease:** Treatment of heartburn associated with symptomatic nonerosive gastroesophageal reflux disease (GERD) for 4 weeks |
| **Criteria** | Dexilant is covered only if the following prior authorization criteria are met:  
1. Intolerance to, or treatment failure of an adequate trial of ALL of the following: Nexium OTC, omeprazole, pantoprazole, and lansoprazole  
OR  
2. The medication is being prescribed for a member 15 years old or younger. |
| **Limitations** | **This Document applies to Freedom Drug List Members ONLY**  
(Connecticut Exchange members and most ConnectiCare SOLO Plan members)  
Dexilant 30 mg - quantity limited to 1 tablet per day  
Dexilant 60 mg - quantity limited to 1 tablet per day |
| **References** | Facts & Comparisons Online  
| **P&T Review History** | 9/05, 6/07, 3/08, 6/08, 3/09, 9/09, 12/09, 5/10, 9/10, 12/11, 10/12, 10/13, 10/14, 5/16 |
| **Revision Record** | 3/16 (new document) |