

ADVANTAGE Health Solutions, Inc. Formulary
2012 STEP THERAPY
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Last Updated: 9/29/2011

A Medicare Advantage organization with a Medicare contract.

<p style="text-align: center;">ADVANTAGE Health Solutions, Inc. Step Therapy Protocol</p>

DEXILANT (*deslansoprazole*)

FDA-APPROVED INDICATIONS

- A) All medically accepted indications not otherwise excluded from Part D

DOSE

This Step Therapy Protocol applies to all strengths and doses of DEXILANT (*deslansoprazole*).

COVERAGE POLICY

This medication may be covered for members who meet the following criteria:

- A) Patient must have tried and failed on generic omeprazole or generic pantoprazole.

REFERENCES:

- A) DEXILANT (*deslansoprazole*) Prescribing information. Takeda Pharmaceuticals America, Inc.: Deerfield, IL;
- B) *omeprazole* [package insert]. Corona, CA: Watson Labs;
- C) *pantoprazole* [package insert]. Corona, CA: Watson Labs;

ULORIC (*febuxostat*)

FDA-APPROVED INDICATIONS

A) All medically accepted indications not otherwise excluded from Part D

DOSE

This Step Therapy Protocol applies to all strengths and doses of ULORIC (*febuxostat*).

COVERAGE POLICY

This medication may be covered for members who meet the following criteria:

A) Patient must have tried and failed on generic allopurinol

REFERENCES:

A) Uloric® (*febuxostat*) Prescribing information. Takeda Pharmaceuticals America, Inc.: Deerfield, IL;

B) *Allopurinol* [package insert]. Corona, CA: Watson Labs, Inc;