

**POLICY NAME**

Voquezna (vonoprazan products)

**POLICY #**

## Criteria

### Exclusion Criteria – Any of the following prevents coverage

- ☐ 3.1 H. pylori strain resistant to amoxicillin or clarithromycin
- ☐ 3.2 Patient is taking any Rilpivirine containing products (Edurant)
- ☐ 3.3 Pregnancy (Voquezna triple pak)

### Coverage Criteria for Helicobacter pylori (H. pylori) Infection (dual/triple packs)

- ☐ 1.1 Diagnosis of Helicobacter pylori (H. pylori) infection
- ☐ 1.2 Age 18 years or older
- ☐ 1.3 Prescribed by or in consultation with a gastroenterologist (stomach doctor) or infection specialist
- ☐ 1.4 Documented trial and failure, intolerance or contraindication to a bismuth-based quadruple regimen (i.e. bismuth/tetracycline/metronidazole plus proton pump inhibitor (PPI) [e.g., omeprazole, lansoprazole])

### Coverage Criteria for Gastroesophageal reflux disease (Voquezna monotherapy)

- ☐ 2.1 Diagnosis of gastroesophageal reflux disease with or without erosive esophagitis
- ☐ 2.2 Age 18 years or older
- ☐ 2.3 Prescribed by or in consultation with a gastroenterologist (stomach doctor)
- ☐ 2.4 Documented trial and failure, intolerance or contraindication to at least three acid suppressive therapies (e.g., omeprazole, famotidine, etc)