

POLICY NAME	Voquezna (vonoprazan products)	POLICY #	3181P
--------------------	--------------------------------	-----------------	-------

Criteria

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

- ☐ Diagnosis of *Helicobacter pylori* (H. pylori) infection
- ☐ Age 18 years or older
- ☐ Prescribed by or in consultation with a gastroenterologist (stomach doctor) or infection specialist
- ☐ 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)

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

Exclusion Criteria – Any of the following prevents coverage

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