

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Vonoprazan 10 mg (Voquezna 10 mg)

Notes:

- Quantity Limits: Yes
- ^ Adequate trial is defined as 14-day treatment duration
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation
- **Treatment duration = 4 weeks for non-erosive gastroesophageal reflux disease and 6 months for erosive gastroesophageal reflux disease

Initiation (new start) criteria and criteria for *new members* entering Kaiser

Permanente already taking the medication who have not been reviewed previously:

Non-formulary **vonoprazan 10 mg tablet (Voquezna 10 mg)** will be covered for on the prescription drug benefit for the appropriate treatment duration** when the following criteria are met:

1. Prescriber is a gastroenterologist and patient has a diagnosis of erosive or non-erosive gastroesophageal reflux disease
 - Patient has failed an adequate trial^, or has an allergy or intolerance* to all of the following medications:
 - Omeprazole (at least 40 mg per day)
 - Pantoprazole (at least 40 mg per day)
 - Lansoprazole (at least 30 mg per day)
 - Rabeprazole (at least 20 mg per day)
 - Esomeprazole (at least 40 mg per day)
 - Dexlansoprazole (criteria based) (at least 60 mg per day)