Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

Vonoprazan 20 mg (Voquezna 20 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 = 2 months for erosive or non-erosive gastroesophageal reflux disease and 14 days for H. *pylori* treatment

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 20 mg tablet (Voquezna 20 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 nonerosive gastroesophageal reflux disease
 - Patient has failed an adequate trial, or has an allergy or intolerance to 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)
- Prescriber is a gastroenterologist and patient has a diagnosis of <u>treatment-naïve</u> H. pylori infection
 - Vonoprazan is prescribed in conjunction with amoxicillin
 - Patient has an allergy or intolerance to the following medication regimens:
 - Optimized bismuth quadruple therapy (14-day course of bismuth subsalicylate, tetracycline, metronidazole, PPI)
 - o Rifabutin triple therapy (14-day course of rifabutin, amoxicillin, PPI)
- 3. Prescriber is a gastroenterologist and patient has a diagnosis of <u>treatment-</u> experienced H. *pylori* infection
 - Vonoprazan is prescribed in conjunction with amoxicillin and clarithromycin

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Vonoprazan 20 mg (Voquezna 20 mg)

- Patient has failed an adequate trial[^] of or patient has an allergy or intolerance^{*} to the following medication regimens:
 - Optimized bismuth quadruple therapy (14-day course of bismuth subsalicylate, tetracycline, metronidazole, PPI)
 - o Rifabutin triple therapy (14-day course of rifabutin, amoxicillin, PPI)
 - Levofloxacin triple therapy (14-day course of levofloxacin, metronidazole and PPI OR levofloxacin, amoxicillin and PPI) unless patient has confirmed levofloxacin-resistant infection
- Patient has a documented allergy or intolerance* to proton pump inhibitors and is unable to take clarithromycin triple therapy (14-day course of clarithromycin, amoxicillin and PPI)

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