



**STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES**

VONOPRAZAN

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
VONOPRAZAN/AMOXICILLIN	VOQUEZNA DUAL PAK	47981		GPI-10 (4999320220)	
VONOPRAZAN/AMOXICILLIN /CLARITH	VOQUEZNA TRIPLE PAK	47983		GPI-10 (4999320320)	

GUIDELINES FOR USE

1. Is the patient being treated for *Helicobacter pylori* (*H. pylori*) infection and meet **ALL** of the following criteria?

- The patient is 18 years of age or older
- The patient had a trial of or contraindication to a bismuth-based quadruple regimen (i.e., bismuth/tetracycline/metronidazole plus PPI [e.g., omeprazole, lansoprazole])

If yes, **approve for 30 days by HICL or GPI-10 with a quantity limit of #112 per 14 days for 1 fill.**

If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **VONOPRAZAN (Voquezna)** requires the following rule(s) be met for approval:

- A. You are being treated for *Helicobacter pylori* (*H. pylori*: a type of bacteria) infection
- B. You are 18 years of age or older
- C. You had a trial of or contraindication (harmful for) to a bismuth-based quadruple regimen (bismuth/tetracycline/metronidazole plus proton pump inhibitor [PPI, such as omeprazole, lansoprazole])

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Voquezna.

REFERENCES

- Voquezna [Prescribing Information]. Buffalo Grove, IL: Phathom Pharmaceuticals, Inc.; May 2022.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

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