



H. PYLORI INFECTION AGENTS

Lansoprazole, amoxicillin, clarithromycin

Omeclamox-Pak (omeprazole, clarithromycin, amoxicillin)

Pylera (bismuth subcitrate, metronidazole, tetracycline)

Talicia (omeprazole, amoxicillin, rifabutin)

Voquezna Dual Pak (vonoprazan, amoxicillin)

Voquezna Triple Pak (vonoprazan, amoxicillin, clarithromycin)

Pre - PA Allowance

Quantity

Drug	Quantity per <u>365</u> days
Lansoprazole/amoxicillin/clarithromycin	112 capsules OR
Omeclamox-Pak	80 capsules OR
Pylera	120 capsules OR
Talicia	168 capsules OR
Voquezna Dual Pak	112 units (84 capsules and 28 tablets) OR
Voquezna Triple Pak	112 units (56 capsules and 56 tablets)

Regimens needing more than the quantities listed above are not covered.

Duration 12 months

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must the following:

H. pylori infection

AND ALL of the following:

- Diagnosis has been confirmed by endoscopy, breath testing, or stool testing
- Lansoprazole/amoxicillin/clarithromycin, Omeclamox-Pak, and Voquezna Triple Pak **only: NOT** clarithromycin-resistant
- Pylera **only:** will be co-administered with omeprazole
- ALL** of the following for Talicia **only:**
 - Suspected to be clarithromycin-resistant



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ii. **NO** concurrent use with certain HIV medications, such as rilpivirine and delavirdine

e. **NO** previous use of the requested therapy regimen in the last 365 days

Prior - Approval Limits

Quantity

Drug	Quantity for <u>14</u> days
Lansoprazole/amoxicillin/clarithromycin	112 capsules OR
Omeclamox-Pak	80 capsules OR
Pylera	120 capsules OR
Talicia	168 capsules OR
Voquezna Dual Pak	112 units (84 capsules and 28 tablets) OR
Voquezna Triple Pak	112 units (56 capsules and 56 tablets)

Regimens needing more than the quantities listed above are not covered.
Must be a different therapy regimen than Pre-PA.

Duration 2 weeks

Prior – Approval *Renewal* Requirements

Same as above

Prior – Approval *Renewal* Limits

Same as above