



**VOQUEZNA  
(vonoprazan)**

**Pre - PA Allowance**

None

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**Prior-Approval Requirements**

**Age** 18 years of age or older

**Diagnoses**

Patient must have **ONE** of the following:

1. Erosive esophagitis
2. Non-erosive gastroesophageal reflux disease (GERD)
3. *H. pylori* infection
  - a. Used in combination with amoxicillin **OR** amoxicillin and clarithromycin

**AND** the following for **ALL** indications:

1. Inadequate treatment response, intolerance, or contraindication to **ALL** of the following:
  - a. Proton pump inhibitor (PPI)
  - b. Histamine-2 (H2) receptor antagonist

**Prior - Approval Limits**

**Quantity** 40 mg per day

**Duration** 6 months

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**Prior – Approval *Renewal* Requirements**

Same as above

**Prior - Approval *Renewal* Limits**

Same as above