



**Commercial PA Criteria**  
**Effective: December 18, 2023**

**Prior Authorization:** Voquezna (vonoprazan fumarate)

**Products Affected:** Voquezna (vonoprazan fumarate) oral tablet

**Medication Description:** VOQUEZNA is indicated:

1. for healing of all grades of erosive esophagitis and relief of heartburn associated with erosive esophagitis in adults.
2. to maintain healing of all grades of erosive esophagitis and relief of heartburn associated with erosive esophagitis in adults.

Vonoprazan suppresses basal and stimulated gastric acid secretion at the secretory surface of the gastric parietal cell through inhibition of the H<sup>+</sup>, K<sup>+</sup>-ATPase enzyme system in a potassium competitive manner. Because this enzyme is regarded as the acid (proton) pump within the parietal cell, vonoprazan has been characterized as a type of gastric proton-pump inhibitor, in that it blocks the final step of acid production. Vonoprazan does not require activation by acid. Vonoprazan may selectively concentrate in the parietal cells in both the resting and stimulated states. Vonoprazan binds to the active pumps in a noncovalent and reversible manner.

**Covered Uses:**

1. for healing of all grades of erosive esophagitis and relief of heartburn associated with erosive esophagitis in adults.
2. to maintain healing of all grades of erosive esophagitis and relief of heartburn associated with erosive esophagitis in adults.

**Exclusion Criteria:**

1. Voquezna is contraindicated with rilpivirine-containing products

**Required Medical Information:**

1. Diagnosis
2. Previous Therapies Tried and failed

**Prescriber Restriction:** None

**Age Restriction:** 18 years and older

**Coverage Duration:** 12 months

**Other Criteria:**

**Initial Approval Criteria**

December 2023



**1. Erosive Esophagitis (EE) and relief of heartburn**

- A. Member has a diagnosis of EE (healing or maintaining healing of EE); **AND**
- B. Member is H. pylori negative; **AND**
- C. Member has documented contraindication, intolerance, or inadequate response to **TWO** or more PPIs with twice-daily dosing (with the exception of dexlansoprazole)

**References:**

- 1. Voquezna (vonoprazan) [prescribing information]. Buffalo Grove, IL: Phathom Pharmaceuticals Inc; November 2023.

**Policy Revision history**

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	12/18/2023

