

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2022 P 3168-1
Program	Step Therapy - Voquezna
Medication	Voquezna Dual Pak (vonoprazan and amoxicillin), Voquezna Triple Pak (vonoprazan, amoxicillin and clarithromycin)
P&T Approval Date	11/2022
Effective Date	2/1/2023; Oxford: 2/1/2023

1. Background:

Voquezna Dual Pak is a co-packaged product containing vonoprazan and amoxicillin. Voquezna Triple Pak is a co-packaged product containing vonoprazan, amoxicillin and clarithromycin. Voquezna Dual and Triple Pak are indicated for the treatment of *H. pylori* infection.

Step Therapy programs are utilized to encourage the use of lower cost alternatives for certain therapeutic classes. This program requires a member to try clarithromycin-based therapy or bismuth quadruple therapy prior to coverage for Voquezna.

2. Coverage Criteria^a:

A. Authorization

1. **Voquezna Dual Pak** and **Voquezna Triple Pak** will be approved based on **ONE** of the following criteria:

a. History of failure, contraindication, or intolerance to **one** of the following clarithromycin-based therapies:

(1) clarithromycin-based triple therapy (i.e. clarithromycin, either amoxicillin or metronidazole, and a proton pump inhibitor)

(2) clarithromycin-based concomitant therapy (i.e. clarithromycin, amoxicillin, either tinidazole or metronidazole, and a proton pump inhibitor).

-OR-

b. History of failure, contraindication, or intolerance to bismuth quadruple therapy (i.e. concomitant bismuth, metronidazole, tetracycline and a proton pump inhibitor).

Authorization will be issued for 1 month

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

*Typically excluded from coverage.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

4. References:

1. Voquezna Dual Pak and Triple Pack [package insert].Buffalo Grove, IL: Phathom Pharmaceuticals Inc; May 2022.
2. Chey WD, Leontiadis GI, Howden CW, et al. ACG Clinical Guideline: Treatment of Helicobacter pylori infection. Am J Gastroenterol. 2017; 112:212-238
3. UptoDate. Treatment regimens for Helicobacter pylori in adults. April 7, 2022. Accessed July 21, 2022.

Program	Step Therapy – Voquezna
Change Control	
Date	Change
11/2022	New program