



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2026 P 2328-4
Program	Prior Authorization/Medical Necessity
Medication	Voquezna [®] (vonoprazan)
P&T Approval Date	3/2024, 6/2024, 1/2025, 3/2026
Effective Date	6/1/2026

1. Background:

Voquezna is a potassium-competitive acid blocker indicated for healing and to maintain healing of all grades of erosive esophagitis and relief of heartburn associated with erosive esophagitis and non-erosive gastroesophageal reflux disease in adults, and in combination with amoxicillin or amoxicillin and clarithromycin for the treatment of *Helicobacter pylori* (*H. pylori*) infection in adults.

2. Coverage Criteria^a:

A. Erosive Esophagitis and Non-Erosive Gastroesophageal Reflux Disease (GERD)

1. Authorization

a. Voquezna will be approved based on **both** of the following:

(1) **One** of the following:

- (a) For the treatment or maintenance of erosive esophagitis
- (b) For the treatment of non-erosive gastroesophageal reflux disease (GERD)

-AND-

(2) History of failure, contraindication, or intolerance to **one** of the following:

- (a) omeprazole
- (b) pantoprazole
- (c) rabeprazole

Authorization will be issued for 9 months.

B. *Helicobacter Pylori*

1. Authorization

a. Voquezna will be approved based on **both** of the following:

- (1) For the treatment of *Helicobacter pylori* (*H. pylori*) in combination with amoxicillin or amoxicillin and clarithromycin

-AND-

(2) History of failure, contraindication, or intolerance to **one** of the following:

- (a) omeprazole
- (b) pantoprazole
- (c) rabeprazole

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.

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 [package insert]. Buffalo Grove, IL: Phathom Pharmaceuticals Inc.; November 2025.
2. Chey, William D. MD, FACG1; Howden, Colin W. MD, FACG2; Moss, Steven F. MD, FACG3; Morgan, Douglas R. MD, MPH, FACG4; Greer, Katarina B. MD, MSEpi5; Grover, Shilpa MD, MPH6; Shah, Shailja C. MD, MPH7. ACG Clinical Guideline: Treatment of Helicobacter pylori Infection. The American Journal of Gastroenterology 119(9):p 1730-1753, September 2024. | DOI: 10.14309/ajg.0000000000002968

Program	Prior Authorization/Medical Necessity – Voquezna
Change Control	
3/2024	New program.
6/2024	Updated step one options to include omeprazole and pantoprazole.
1/2025	Added coverage for GERD based on updated labeling.
3/2026	Annual review. Updated references.