

**Vonoprazan + amoxicillin  
(VOQUEZNA DUAL PAK)  
DRAFT Criteria for Use  
November 2024**

**VA Pharmacy Benefits Management Services and National Formulary Committee**

*The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.*

The Product Information should be consulted for detailed prescribing information.

See the VA National Formulary Committee Monograph on this drug at the [PBM INTRAnet](#) site for further information.

**Exclusion Criteria**

If the answer to ANY item below is met, then the patient should NOT receive VOQUEZNA DUAL PAK.

- Need for concomitant rilpivirine administration

**Inclusion Criteria**

All of the following criteria must be met.

- Documented H.pylori by laboratory test or pathology
- Treatment naïve patients with a contraindication or inability to use a course of bismuth quadruple therapy