Vonoprazan tablet (VOQUEZNA) in Nonerosive Reflux Disease
Criteria for Use
January 2025

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.

Exclusion Criteria

If ANY of the following are selected, the patient will NOT meet criteria for vonoprazan.

- ☐ Concomitant therapy with rilpivirine, atazanavir, nelfinavir, and other antiretrovirals dependent on gastric pH for absorption
- ☐ Concomitant therapy with other drugs dependent on gastric pH for absorption that should be avoided with acid inhibiting drugs
- ☐ Concomitant use with St. John's Wort, rifampin, efavirenz or other strong or moderate CYP3A4 inducers
- ☐ Concomitant proton pump inhibitor (PPI) therapy
- ☐ Inability to swallow tablets whole
- ☐ Lactation; patients should not provide breastmilk to infants during treatment

Inclusion Criteria

ALL the following must be selected to meet criteria:

- ☐ Acid reflux symptoms that started ≥ 6 months ago, are currently occurring (in the past 2 weeks), are bothersome to the patient, and frequent (occurring on ≥ 4 of 7 consecutive days) or nocturnal
- ☐ Acid reflux symptoms are related to gastroesophageal reflux disease (GERD)
- ☐ Prescribed and monitored by a VA / VA Community Care gastroenterologist or locally designated expert
- ☐ Confirmed abnormal esophageal acid exposure on 96-hour Bravo pH monitoring or 24-hour impedance pH monitoring OFF any acid suppression (i.e., symptoms not due to non-acid reflux)
- ☐ Failure of twice-daily PPI documented by acid reflux on 24-hour impedance pH monitoring ON twice-daily PPI therapy
- ☐ No esophageal erosions on endoscopy
- ☐ No spastic esophageal motility disease on esophageal manometry
- ☐ Patient has persistent, bothersome symptoms related to GERD despite ≥ 8 weeks of properly timed / administered double-dose or twice daily formulary PPI.^1

Additional Inclusion Criteria

ONE of the following must be selected to meet criteria:

☐ Patient has persistent, bothersome symptoms related to GERD despite ≥ 8 weeks of properly timed / administered double-dose or twice daily esomeprazole or rabeprazole (PPIs less affected by CYP2C19 polymorphisms)^2

☐ Unmanageable intolerance to PPI therapy

Additional Inclusion Criteria

Select if appropriate.

☐ For patients who can become pregnant: Counseling provided on potential risks vs benefits of treatment and the use of effective contraception.

Other Justification

☐ _____

Footnotes

1 Omeprazole 20 mg twice daily (or 40 mg once daily) or pantoprazole 40 mg twice daily (or 80 mg once daily). These are the oral PPIs on VA National Formulary.

2 Esomeprazole 20–40 mg twice daily (or 40–80 mg once daily) or rabeprazole 20 mg twice daily (or 40 mg once daily). These PPIs are available via nonformulary drug requests.

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