Vonoprazan: Drug information

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For additional information see "Vonoprazan: Patient drug information"

For abbreviations, symbols, and age group definitions show table

Brand Names: US

Voquezna

Pharmacologic Category

Potassium-Competitive Acid Blocker

Dosing: Adult

Gastroesophageal reflux disease, erosive or nonerosive

Gastroesophageal reflux disease, erosive or nonerosive:

Erosive esophagitis:

Treatment: **Oral:** 20 mg once daily for 8 weeks.

Maintenance of healing: **Oral:** 10 mg once daily for up to 6 months.

Nonerosive gastroesophageal reflux disease: Oral: 10 mg once daily for 4 weeks.

Missed dose: Administer missed dose as soon as possible within 12 hours of scheduled dose. If >12 hours have passed, skip the missed dose and resume dosing at regular scheduled time.

Helicobacter pylori eradication

***H. pylori* eradication: Oral:** 20 mg twice daily (12 hours apart) as part of an appropriate combination regimen with antibiotics for 14 days.

Missed dose: Administer missed dose as soon as possible within 4 hours of scheduled dose. If >4 hours have passed, skip the missed dose and resume dosing at regular scheduled time.

Dosage adjustment for concomitant therapy: Significant drug interactions exist, requiring dose/frequency adjustment or avoidance. Consult drug interactions database for more information.

Dosing: Kidney Impairment: Adult

***H. pylori* eradication:**

GFR ≥30 mL/minute: No dosage adjustment needed.

GFR <30 mL/minute: Use not recommended.

Maintenance of erosive esophagitis or nonerosive

gastroesophageal reflux disease: No dosage adjustment needed.

Treatment of erosive esophagitis:

GFR ≥30 mL/minute: No dosage adjustment needed.

GFR <30 mL/minute: 10 mg once daily.

Dosing: Liver Impairment: Adult

***H. pylori* eradication:**

Child-Turcotte-Pugh class A: No dosage adjustment needed.

Child-Turcotte-Pugh class B and C: Use not recommended.

Maintenance of erosive esophagitis or nonerosive gastroesophageal reflux disease: No dosage adjustment needed.

Treatment of erosive esophagitis:

Child-Turcotte-Pugh class A: No dosage adjustment needed.

Child-Turcotte-Pugh class B and C: 10 mg once daily.

Dosing: Older Adult

Refer to adult dosing.

Adverse Reactions

The following adverse drug reactions and incidences are derived from product labeling unless otherwise specified. Adverse reactions reported in adults.

1% to 10%:

Cardiovascular: Hypertension (3%), peripheral edema (≤1%), syncope (≤1%), tachycardia (≤1%)

Dermatologic: Eczema (≤1%), skin rash (≤1%), urticaria (≤1%)

Endocrine & metabolic: Diabetes mellitus (≤1%)

Gastrointestinal: Abdominal distention (2%), abdominal pain (2% to 4%), constipation (2%), diarrhea (2%), dyspepsia (4%), dysphagia (≤1%), eructation (≤1%), flatulence (≤1%), gastric polyp (≤1%; including fundic gland polyp), gastritis (3% to 6%), intestinal polyps (duodenal: ≤1%), nausea (2%), vomiting (≤1%), xerostomia (≤1%)

Genitourinary: Urinary tract infection (2% to 3%)

Hematologic & oncologic: Anemia (≤1%), lymphocytosis (≤1%)

Hepatic: Increased liver enzymes (≤1%)

Nervous system: Asthenia (≤1%), depression (≤1%), dizziness (≤1%), headache (≤1%), insomnia (≤1%), vertigo (≤1%)

Neuromuscular & skeletal: Bone fracture (≤1%)

Renal: Interstitial nephritis (≤1%; including acute interstitial nephritis)

Postmarketing:

Dermatologic: Erythema multiforme, Stevens-Johnson syndrome, toxic epidermal necrolysis

Endocrine & metabolic: Hypocalcemia, hypokalemia, hypomagnesemia, vitamin B12 deficiency

Hematologic & oncologic: Thrombocytopenia

Hepatic: Hepatic failure, hepatic injury, jaundice

Hypersensitivity: Anaphylactic shock

Contraindications

Hypersensitivity (eg, anaphylactic shock) to vonoprazan or any component of the formulation; concomitant use with rilpivirine-containing products.

Significant drug interactions exist, requiring dose/frequency adjustment or avoidance. Consult drug interactions database for more information.

Warnings/Precautions

Concerns related to adverse effects:

- *Clostridioides difficile*-associated infection: Use of proton pump inhibitors (PPIs), as well as vonoprazan, may increase risk of *Clostridioides difficile*-associated infection (CDAD), especially in hospitalized patients; consider CDAD diagnosis in patients with persistent diarrhea that does not improve. Use shortest duration of therapy for the condition being treated.

- Dermatologic reactions: Severe cutaneous adverse reactions, including Stevens-Johnson syndrome and toxic epidermal necrolysis, have been reported. Discontinue and evaluate patients if severe cutaneous

reaction or other signs of hypersensitivity occur.

- Fractures: Increased incidence of osteoporosis-related bone fractures of the hip, spine, or wrist may occur with PPI therapy, as well as vonoprazan. Patients on high-dose (multiple daily doses) or long-term therapy (≥1 year) should be monitored. Use the shortest duration of therapy, use vitamin D and calcium supplementation, and follow appropriate guidelines to reduce risk of fractures in patients at risk.

- Fundic gland polyps: Use of vonoprazan increases risk of fundic gland polyps, especially with long-term use (>1 year). May occur without symptoms. Use the shortest duration of therapy appropriate for the condition being treated.

- Hypomagnesemia: Hypomagnesemia has been reported in postmarketing studies. Hypomagnesemia may lead to or exacerbate hypocalcemia in patients at risk (eg, hypoparathyroidism). Hypomagnesemia may also lead to hypokalemia. Hypomagnesemia and hypocalcemia may be corrected by magnesium/calcium supplementation, although discontinuation of vonoprazan may be necessary.

- Tubulointerstitial nephritis: Acute tubulointerstitial nephritis has been reported. Discontinue and evaluate patients if acute tubulointerstitial nephritis is suspected.

- Vitamin B_{12} deficiency: Prolonged treatment (≥2 years) may lead to vitamin B_{12} malabsorption and subsequent vitamin B_{12} deficiency; evaluate patients if symptoms consistent with vitamin B_{12} deficiency develop.

Disease-related concerns:

- Gastric malignancy: Relief of symptoms does not preclude the presence of a gastric malignancy.

Other warnings/precautions:

- Laboratory test interference: Serum chromogranin A (CgA) levels increase secondary to drug-induced decreases in gastric acid; may cause false-positive results in diagnostic investigations for neuroendocrine tumors. Temporarily interrupt vonoprazan treatment at least 14 days before CgA test; if CgA level is high, repeat test to confirm. Use same commercial laboratory for testing to prevent variable results.

Dosage Forms: US

Excipient information presented when available (limited, particularly for generics); consult specific product labeling.

Tablet, Oral, as fumarate:

Voquezna: 10 mg, 20 mg

Generic Equivalent Available: US

No

Pricing: US

Tablets (Voquezna Oral)

10 mg (per each): $27.30

20 mg (per each): $27.30

Disclaimer: A representative AWP (Average Wholesale Price) price or price range is provided as reference price only. A range is provided when more than one manufacturer's AWP price is available and uses the low and high price reported by the manufacturers to determine the range. The pricing data should be used for benchmarking purposes only, and as such should not be used alone to set or adjudicate any prices for reimbursement or purchasing functions or considered to be an exact price for a single product and/or manufacturer. Medi-Span expressly disclaims all warranties of any kind or nature, whether express or implied, and assumes no liability with respect to accuracy of price or price range data published in its solutions. In no event shall Medi-Span be liable for special, indirect, incidental, or consequential damages arising from use of price or price range data. Pricing data is updated monthly.

Administration: Adult

Oral: May administer without regard to food. Swallow tablets whole; do not chew or crush.

Use: Labeled Indications

Gastroesophageal reflux disease, erosive or nonerosive:

Treatment of erosive esophagitis: Treatment of erosive esophagitis.

Maintenance of healing of erosive esophagitis: Maintenance of healing of erosive esophagitis.

Symptomatic gastroesophageal reflux disease: Relief of

heartburn associated with erosive or nonerosive gastroesophageal reflux disease in adults.

***Helicobacter pylori* eradication:** As part of a multidrug regimen for *H. pylori* eradication in adults.

Medication Safety Issues

International issues:

Vonoprazan may be confused with revaprazan.

Vocinti brand name for vonoprazan [Japan, Malaysia, Singapore] may be confused with bosentan.

Metabolism/Transport Effects

Substrate of CYP2B6 (Minor), CYP2C19 (Minor), CYP2C9 (Minor), CYP2D6 (Minor), CYP3A4 (Major with inducers), CYP3A4 (Minor with inhibitors); **Note:** Assignment of Major/Minor substrate status based on clinically relevant drug interaction potential; **Inhibits** CYP2C19 (Weak), CYP3A4 (Weak);

Drug Interactions

(For additional information: Launch drug interactions program)

Note: Interacting drugs may **not be individually listed below** if they are part of a group interaction (eg, individual drugs within

"CYP3A4 Inducers [Strong]" are NOT listed). For a complete list of drug interactions by individual drug name and detailed management recommendations, use the drug interactions program by clicking on the "Launch drug interactions program" link above.

Acalabrutinib: Inhibitors of the Proton Pump (PPIs and PCABs) may decrease serum concentration of Acalabrutinib. This interaction is only applicable to acalabrutinib capsules. *Risk X: Avoid*

Afatinib: Inhibitors of the Proton Pump (PPIs and PCABs) may decrease therapeutic effects of Afatinib. *Risk C: Monitor*

ALPRAZolam: CYP3A4 Inhibitors (Weak) may increase serum concentration of ALPRAZolam. *Risk C: Monitor*

Amphetamines: Inhibitors of the Proton Pump (PPIs and PCABs) may increase absorption of Amphetamines. Specifically, the amphetamine absorption rate may be increased in the first hours after dosing. *Risk C: Monitor*

Atazanavir: Inhibitors of the Proton Pump (PPIs and PCABs) may decrease serum concentration of Atazanavir. Management: Avoid use in treatment-experienced patients. In treatment-naive patients, administer boosted atazanavir 12 hours after the PPI and the PPI dose should not exceed the equivalent of 20 mg omeprazole. Monitor for reduced atazanavir efficacy. *Risk D: Consider Therapy Modification*

Belumosudil: Inhibitors of the Proton Pump (PPIs and PCABs) may decrease serum concentration of Belumosudil. Management: Increase the dose of belumosudil to 200 mg twice daily when coadministered with inhibitors of the proton pump (PPIs and PCABs). *Risk D: Consider Therapy*

Modification

Bisphosphonate Derivatives: Inhibitors of the Proton Pump (PPIs and PCABs) may decrease therapeutic effects of Bisphosphonate Derivatives. *Risk C: Monitor*

Bosutinib: Inhibitors of the Proton Pump (PPIs and PCABs) may decrease serum concentration of Bosutinib. Management: Consider alternatives to proton pump inhibitors and potassium-competitive acid blockers, such as short-acting antacids or histamine-2 receptor antagonists. Administer alternative agents more than 2 hours before or after bosutinib. *Risk D: Consider Therapy Modification*

Capecitabine: Inhibitors of the Proton Pump (PPIs and PCABs) may decrease therapeutic effects of Capecitabine. *Risk C: Monitor*

Cefditoren: Inhibitors of the Proton Pump (PPIs and PCABs) may decrease serum concentration of Cefditoren. *Risk X: Avoid*

Cefpodoxime: Inhibitors of the Proton Pump (PPIs and PCABs) may decrease serum concentration of Cefpodoxime. *Risk C: Monitor*

Cefuroxime: Inhibitors of the Proton Pump (PPIs and PCABs) may decrease absorption of Cefuroxime. Management: Avoid concomitant use of oral cefuroxime axetil and proton pump inhibitors (PPIs) or potassium-competitive acid blockers (PCABs) when possible. If combined, ensure oral cefuroxime axetil is taken with food to minimize the magnitude of this interaction. *Risk D: Consider Therapy Modification*

Cilostazol: Vonoprazan may increase serum concentration of Cilostazol. *Risk C: Monitor*

Citalopram: Vonoprazan may increase serum concentration of Citalopram. *Risk C: Monitor*

CloBAZam: CYP2C19 Inhibitors (Weak) may increase serum concentration of CloBAZam. CYP2C19 Inhibitors (Weak) may increase active metabolite exposure of CloBAZam. *Risk C: Monitor*

Clopidogrel: Vonoprazan may decrease therapeutic effects of Clopidogrel. *Risk C: Monitor*

CycloSPORINE (Systemic): CYP3A4 Inhibitors (Weak) may increase serum concentration of CycloSPORINE (Systemic). *Risk C: Monitor*

CYP3A4 Inducers (Moderate): May decrease serum concentration of Vonoprazan. *Risk X: Avoid*

CYP3A4 Inducers (Strong): May decrease serum concentration of Vonoprazan. *Risk X: Avoid*

Cysteamine (Systemic): Inhibitors of the Proton Pump (PPIs and PCABs) may decrease therapeutic effects of Cysteamine (Systemic). *Risk C: Monitor*

Dacomitinib: Inhibitors of the Proton Pump (PPIs and PCABs) may decrease serum concentration of Dacomitinib. Management: Avoid concurrent use of dacomitinib with PPIs and PCABs. Antacids may be used. Histamine H2-receptor antagonists (HR2A) may be used if dacomitinib is given at least 6 hours before or 10 hours after the H2RA. *Risk X: Avoid*

Dasatinib: Inhibitors of the Proton Pump (PPIs and PCABs) may decrease serum concentration of Dasatinib. Management: Do not administer PPIs/PCABs with dasatinib. Antacids (taken 2 hours before or after dasatinib) can be used instead if some

acid-reducing therapy is needed. No interaction is expected with the Phyrago brand of dasatinib. *Risk X: Avoid*

Defactinib: Inhibitors of the Proton Pump (PPIs and PCABs) may decrease serum concentration of Defactinib. Inhibitors of the Proton Pump (PPIs and PCABs) may decrease active metabolite exposure of Defactinib. *Risk X: Avoid*

Dofetilide: CYP3A4 Inhibitors (Weak) may increase serum concentration of Dofetilide. *Risk C: Monitor*

Doxycycline: Inhibitors of the Proton Pump (PPIs and PCABs) may decrease bioavailability of Doxycycline. *Risk C: Monitor*

Erlotinib: Inhibitors of the Proton Pump (PPIs and PCABs) may decrease serum concentration of Erlotinib. *Risk X: Avoid*

Finerenone: CYP3A4 Inhibitors (Weak) may increase serum concentration of Finerenone. *Risk C: Monitor*

Flibanserin: CYP3A4 Inhibitors (Weak) may increase serum concentration of Flibanserin. *Risk C: Monitor*

Gefitinib: Inhibitors of the Proton Pump (PPIs and PCABs) may decrease serum concentration of Gefitinib. Management: Avoid use of inhibitors of the proton pump (PPIs or PCABs) with gefitinib when possible. If required, administer gefitinib 12 hours after the PPI/PCAB or 12 hours before the next dose of the PPI/PCAB. Closely monitor clinical response to gefitinib. *Risk D: Consider Therapy Modification*

Immune Checkpoint Inhibitors (Anti-PD-1, -PD-L1, and -CTLA4 Therapies): Inhibitors of the Proton Pump (PPIs and PCABs) may decrease therapeutic effects of Immune Checkpoint Inhibitors (Anti-PD-1, -PD-L1, and -CTLA4 Therapies). *Risk C: Monitor*

Indinavir: Inhibitors of the Proton Pump (PPIs and PCABs) may decrease serum concentration of Indinavir. *Risk C: Monitor*

Itraconazole: Inhibitors of the Proton Pump (PPIs and PCABs) may increase serum concentration of Itraconazole. This specifically applies to the super bioavailable itraconazole products (eg, Tolsura brand). Inhibitors of the Proton Pump (PPIs and PCABs) may decrease serum concentration of Itraconazole. This specifically applies to the non-super bioavailable itraconazole products (eg, Sporanox brand and its generics). Management: Exposure to Tolsura brand itraconazole may be increased by PPIs or PCABs ; consider itraconazole dose reduction. Exposure to Sporanox brand itraconazole may be decreased. Give Sporanox brand itraconazole at least 2 hrs before or 2 hrs after PPIs or PCABs. *Risk D: Consider Therapy Modification*

Ixabepilone: CYP3A4 Inhibitors (Weak) may increase serum concentration of Ixabepilone. *Risk C: Monitor*

Ketoconazole (Systemic): May increase serum concentration of Inhibitors of the Proton Pump (PPIs and PCABs). Inhibitors of the Proton Pump (PPIs and PCABs) may decrease absorption of Ketoconazole (Systemic). Management: Administer ketoconazole with an acidic beverage, such as non-diet cola, to increase gastric acidity and improve absorption if concomitant use with proton pump inhibitors or potassium-competitive acid blockers is necessary. *Risk D: Consider Therapy Modification*

Ledipasvir: Inhibitors of the Proton Pump (PPIs and PCABs) may decrease serum concentration of Ledipasvir. Management: PPI or PCAB doses equivalent to omeprazole 20 mg or lower may be given with ledipasvir under fasted conditions. Use of

ledipasvir with higher doses or with food, or 2 hours after a these agents, may reduce ledipasvir bioavailability. *Risk D: Consider Therapy Modification*

Lemborexant: CYP3A4 Inhibitors (Weak) may increase serum concentration of Lemborexant. Management: The maximum recommended dosage of lemborexant is 5 mg, no more than once per night, when coadministered with weak CYP3A4 inhibitors. *Risk D: Consider Therapy Modification*

Levoketoconazole: Inhibitors of the Proton Pump (PPIs and PCABs) may decrease absorption of Levoketoconazole. Levoketoconazole may increase serum concentration of Inhibitors of the Proton Pump (PPIs and PCABs). *Risk X: Avoid*

Lomitapide: CYP3A4 Inhibitors (Weak) may increase serum concentration of Lomitapide. Management: Patients on lomitapide 5 mg/day may continue that dose. Patients taking lomitapide 10 mg/day or more should decrease the lomitapide dose by half. The lomitapide dose may then be titrated up to a max adult dose of 30 mg/day. *Risk D: Consider Therapy Modification*

Mavacamten: CYP2C19 Inhibitors (Weak) may increase serum concentration of Mavacamten. Management: Start mavacamten at 5 mg/day if stable on a weak CYP2C19 inhibitor, and reduce the mavacamten dose by one dose level if initiating a weak CYP2C19 inhibitor. Avoid initiating weak CYP2C19 inhibitors in patients on mavacamten 2.5 mg/day. *Risk D: Consider Therapy Modification*

Methotrexate: Inhibitors of the Proton Pump (PPIs and PCABs) may increase serum concentration of Methotrexate. Management: Consider temporarily interrupting PPI or PCAB

therapy in patients receiving high-dose methotrexate. If coadministered, monitor for increased methotrexate toxicity (eg, mucositis, myalgias) and/or delayed methotrexate elimination. *Risk D: Consider Therapy Modification*

Midazolam: CYP3A4 Inhibitors (Weak) may increase serum concentration of Midazolam. *Risk C: Monitor*

Multivitamins/Minerals (with ADEK, Folate, Iron): Inhibitors of the Proton Pump (PPIs and PCABs) may decrease serum concentration of Multivitamins/Minerals (with ADEK, Folate, Iron). Specifically, the absorption of iron may be decreased. *Risk C: Monitor*

Mycophenolate: Inhibitors of the Proton Pump (PPIs and PCABs) may decrease serum concentration of Mycophenolate. Specifically, concentrations of the active mycophenolic acid may be reduced. *Risk C: Monitor*

Nelfinavir: Inhibitors of the Proton Pump (PPIs and PCABs) may decrease serum concentration of Nelfinavir. Inhibitors of the Proton Pump (PPIs and PCABs) may decrease active metabolite exposure of Nelfinavir. Management: Due to potentially significant reductions in nelfinavir exposure, avoid concurrent use of nelfinavir with a PPI or PCAB when possible. If unavoidable, consider PPI or PCAB use for a short duration (less than 30 days) and closely monitor viral load. *Risk D: Consider Therapy Modification*

Neratinib: Inhibitors of the Proton Pump (PPIs and PCABs) may decrease serum concentration of Neratinib. Specifically, proton pump inhibitors may reduce neratinib absorption. *Risk X: Avoid*

Nilotinib: Inhibitors of the Proton Pump (PPIs and PCABs) may

decrease serum concentration of Nilotinib. Management: Avoid this combination. Histamine H2 receptor antagonists (H2RAs) given 10 hours before or 2 hours after nilotinib, or antacids given 2 hours before or 2 hours after nilotinib are acceptable alternatives. *Risk X: Avoid*

NiMODipine: CYP3A4 Inhibitors (Weak) may increase serum concentration of NiMODipine. *Risk C: Monitor*

Nirogacestat: Inhibitors of the Proton Pump (PPIs and PCABs) may decrease serum concentration of Nirogacestat. *Risk X: Avoid*

Octreotide: Inhibitors of the Proton Pump (PPIs and PCABs) may decrease serum concentration of Octreotide. *Risk C: Monitor*

Palbociclib: Inhibitors of the Proton Pump (PPIs and PCABs) may decrease therapeutic effects of Palbociclib. Specifically, this has been reported with the use of palbociclib capsules. Inhibitors of the Proton Pump (PPIs and PCABs) may decrease serum concentration of Palbociclib. Specifically, this may occur with the use of palbociclib capsules, and to the greatest extent when taken without food. Management: Carefully evaluate potential risks and benefits of coadministration of palbociclib capsules and proton pump inhibitors or potassium-competitive acid blockers due to the risk of reduced palbociclib efficacy. Palbociclib capsules should be taken with food. *Risk D: Consider Therapy Modification*

PAZOPanib: Inhibitors of the Proton Pump (PPIs and PCABs) may decrease serum concentration of PAZOPanib. *Risk X: Avoid*

PEMEtrexed: Inhibitors of the Proton Pump (PPIs and PCABs) may increase adverse/toxic effects of PEMEtrexed.

Specifically, the risk of hematological toxicities may be increased. *Risk C: Monitor*

Pexidartinib: Inhibitors of the Proton Pump (PPIs and PCABs) may decrease serum concentration of Pexidartinib. Management: Avoid this combination. If acid-reduction is needed, consider administering an antacid 2 hours before or after pexidartinib, or administer pexidartinib 2 hours before or 10 hours after an H2 receptor antagonist. *Risk X: Avoid*

Pimozide: CYP3A4 Inhibitors (Weak) may increase serum concentration of Pimozide. *Risk X: Avoid*

Posaconazole: Inhibitors of the Proton Pump (PPIs and PCABs) may decrease serum concentration of Posaconazole. Management: Avoid coadministration of PPIs or PCABs and posaconazole oral suspension. Posaconazole delayed-release tablets do not appear to be sensitive to this interaction and do not required dose adjustment if coadministered with PPIs or PCABs. *Risk D: Consider Therapy Modification*

Rilpivirine: Inhibitors of the Proton Pump (PPIs and PCABs) may decrease serum concentration of Rilpivirine. *Risk X: Avoid*

Riociguat: Inhibitors of the Proton Pump (PPIs and PCABs) may decrease serum concentration of Riociguat. *Risk C: Monitor*

Risedronate: Inhibitors of the Proton Pump (PPIs and PCABs) may decrease therapeutic effects of Risedronate. Inhibitors of the Proton Pump (PPIs and PCABs) may increase serum concentration of Risedronate. This applies specifically to use of delayed-release risedronate. Management: Coadministration of PPIs or PCABs with delayed-release risedronate formulations is not recommended. Limit

PPI/PCAB dose and duration during coadministration with risedronate as possible. Patients over age 70 are at higher risk of adverse effects. *Risk D: Consider Therapy Modification*

Saquinavir: Inhibitors of the Proton Pump (PPIs and PCABs) may increase serum concentration of Saquinavir. *Risk C: Monitor*

Secretin: Coadministration of Inhibitors of the Proton Pump (PPIs and PCABs) and Secretin may alter diagnostic results. Specifically, use of PPIs may cause a hyperresponse in gastrin secretion in response to secretin stimulation testing, falsely suggesting gastrinoma. Management: Avoid concomitant use of PPIs or PCABs and secretin, and discontinue PPI or PCAB several weeks prior to secretin administration, with the duration of separation determined by the specific acid suppressant. See full monograph for details. *Risk D: Consider Therapy Modification*

Selpercatinib: Inhibitors of the Proton Pump (PPIs and PCABs) may decrease serum concentration of Selpercatinib. Management: Coadministration of selpercatinib and PPIs or PCABs should be avoided. If coadministration cannot be avoided, selpercatinib and PPIs or PCABs should be administered simultaneously with food. *Risk D: Consider Therapy Modification*

Simvastatin: CYP3A4 Inhibitors (Weak) may increase serum concentration of Simvastatin. CYP3A4 Inhibitors (Weak) may increase active metabolite exposure of Simvastatin. *Risk C: Monitor*

Sirolimus (Conventional): CYP3A4 Inhibitors (Weak) may increase serum concentration of Sirolimus (Conventional). *Risk C: Monitor*

Sirolimus (Protein Bound): CYP3A4 Inhibitors (Weak) may increase serum concentration of Sirolimus (Protein Bound). Management: Reduce the dose of protein bound sirolimus to 56 mg/m^2 when used concomitantly with a weak CYP3A4 inhibitor. *Risk D: Consider Therapy Modification*

SORAfenib: Inhibitors of the Proton Pump (PPIs and PCABs) may decrease absorption of SORAfenib. *Risk C: Monitor*

Sotorasib: Inhibitors of the Proton Pump (PPIs and PCABs) may decrease serum concentration of Sotorasib. *Risk X: Avoid*

Sparsentan: Inhibitors of the Proton Pump (PPIs and PCABs) may decrease serum concentration of Sparsentan. *Risk X: Avoid*

Sulpiride: Inhibitors of the Proton Pump (PPIs and PCABs) may decrease serum concentration of Sulpiride. Management: Consider alternatives to this combination due to the possibility of reduced sulpiride absorption and efficacy. If gastric acid suppressing therapy is required, consider use of antacids administered at least 2 hours after sulpiride. *Risk D: Consider Therapy Modification*

Tacrolimus (Systemic): CYP3A4 Inhibitors (Weak) may increase serum concentration of Tacrolimus (Systemic). *Risk C: Monitor*

Tacrolimus (Systemic): Inhibitors of the Proton Pump (PPIs and PCABs) may increase serum concentration of Tacrolimus (Systemic). *Risk C: Monitor*

Technetium Tc 99m Sestamibi: Coadministration of Inhibitors of the Proton Pump (PPIs and PCABs) and Technetium Tc 99m Sestamibi may alter diagnostic results. Management: Consider holding/stopping proton pump inhibitor therapy for at least 3 days prior to the use technetium Tc 99m sestamibi

in cardiac imaging procedures. *Risk D: Consider Therapy Modification*

Technetium Tc 99m Tetrofosmin: Coadministration of Inhibitors of the Proton Pump (PPIs and PCABs) and Technetium Tc 99m Tetrofosmin may alter diagnostic results. *Risk C: Monitor*

Thiazolidinediones: Inhibitors of the Proton Pump (PPIs and PCABs) may increase adverse/toxic effects of Thiazolidinediones. Specifically, the risk of osteoporosis or fracture may be increased. *Risk C: Monitor*

Tipranavir: May decrease serum concentration of Inhibitors of the Proton Pump (PPIs and PCABs). These data are derived from studies with Ritonavir-boosted Tipranavir. *Risk C: Monitor*

Triazolam: CYP3A4 Inhibitors (Weak) may increase serum concentration of Triazolam. *Risk C: Monitor*

Ubrogepant: CYP3A4 Inhibitors (Weak) may increase serum concentration of Ubrogepant. Management: In patients taking weak CYP3A4 inhibitors, the initial and second dose (given at least 2 hours later if needed) of ubrogepant should be limited to 50 mg. *Risk D: Consider Therapy Modification*

Velpatasvir: Inhibitors of the Proton Pump (PPIs and PCABs) may decrease serum concentration of Velpatasvir. Management: Sofosbuvir/velpatasvir should be administered with food and taken 4 hours before omeprazole 20 mg. Sofosbuvir/velpatasvir/voxilaprevir can be administered with omeprazole 20 mg. Use with other PPIs or PCABs has not been studied. *Risk D: Consider Therapy Modification*

Voriconazole: May increase serum concentration of Inhibitors of the Proton Pump (PPIs and PCABs). Inhibitors of the Proton Pump (PPIs and PCABs) may increase serum concentration

of Voriconazole. *Risk C: Monitor*

Pregnancy Considerations

Adverse events have been observed in animal reproduction studies.

Breastfeeding Considerations

It is not known if vonoprazan is present in breast milk.

Breastfeeding is not recommended by the manufacturer.

Monitoring Parameters

Magnesium (baseline and periodically thereafter; especially if taking concomitant digoxin, diuretics, or other drugs known to cause hypomagnesemia or with prolonged therapy) and calcium (baseline and periodically in patients at risk [eg, hypoparathyroidism]).

Mechanism of Action

A potassium-competitive acid blocker suppresses basal and stimulated gastric acid secretion at the secretory surface of the gastric parietal cell through inhibition of the H+, K+-ATPase enzyme system in a potassium competitive manner.

Pharmacokinetics (Adult Data Unless Noted)

Onset of action: Within 2 to 3 hours.

Protein binding: 85% to 88%.

Metabolism: Via multiple pathways, cytochrome P450 (CYP) isoforms (CYP3A4/5, CYP2B6, CYP2C19, CYP2C9, and CYP2D6) along with sulfo- and glucuronosyl-transferases, to inactive metabolites.

Half-life elimination: 6.8 to 7.9 hours.

Time to peak, serum: 1 to 3 hours (fasting); delay in median time of 2 hours after high-fat meal.

Excretion: Urine ~67% (8% as unchanged drug); feces 31% (1.4% as unchanged drug).

Pharmacokinetics: Additional Considerations (Adult Data Unless Noted)

Altered kidney function: AUC was 1.7, 1.3, and 2.4 times greater in patients with mild, moderate, and severe renal kidney impairment, respectively, compared to patients with normal kidney function. AUC was 1.3-fold greater in patients on dialysis compared to patients with normal kidney function.

Hepatic function impairment: AUC was 1.2, 2.4, and 2.6 times greater in patients with mild, moderate, and severe hepatic impairment, respectively, compared to patients with normal hepatic function.

Brand Names: International

International Brand Names by Country

For country code abbreviations (show table)

(BD) Bangladesh: Bygerd | Kenzo | Novonil | Ornova | Pcab | Vini | Vonion | Vonity | Vonix | Voniza | Vono | Vonocab | Vonocid | Vonofix | Vonolend | Vonomax | Vonopa | Vonosil | Vontac; (BR) Brazil: Inzelm; (CN) China: Vocinti; (CO) Colombia: Vocinti; (EE) Estonia: Takecab; (EG) Egypt: Tavoniza | Vonaspire | Vonopep | Vonseca; (JP) Japan: Takecab; (KR) Korea, Republic of: Vocinti; (MX) Mexico: Denziza; (MY) Malaysia: Vocinti; (PH) Philippines: Vocinti; (PK) Pakistan: Vpn; (PR) Puerto Rico: Voquezna; (SG) Singapore: Vocinti; (TH) Thailand: Vocinti

REFERENCES

1. Voquezna (vonoprazan) [prescribing information]. Buffalo Grove, IL: Phathom Pharmaceuticals Inc; July 2024.

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