

US Family Health Plan  
 Prior Authorization Request Form for  
 vonoprazan (**Voquezna**)

To be completed and signed by the prescriber. To be used only for prescriptions which are to be filled through the Department of Defense (DoD) US Family Health Plan Pharmacy Program. US Family Health Plan is a TRICARE contractor for DoD.

The completed form may be faxed to 855-273-5735

OR

The patient may attach the completed form to the prescription and **mail** it to:

**Attn: Pharmacy, 77 Warren St, Brighton, MA 02135**

QUESTIONS? **Call 1-877-880-7007**

**Prior authorization does not expire.**

**Step 1** Please complete patient and physician information (please print):

Patient Name: \_\_\_\_\_ Physician Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Sponsor ID # \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Secure Fax #: \_\_\_\_\_

**Step 2** Please complete the clinical assessment:

1. Is the patient 18 years of age or older?	<input type="checkbox"/> Yes Proceed to question 2	<input type="checkbox"/> No <b>STOP</b> Coverage not approved
2. Does the patient have a diagnosis of erosive esophagitis or Helicobacter pylori (H. pylori) infection?	<input type="checkbox"/> Yes Proceed to question 3	<input type="checkbox"/> No <b>STOP</b> Coverage not approved
3. Is the prescription written by a gastroenterologist or infectious disease specialist?	<input type="checkbox"/> Yes Proceed to question 4	<input type="checkbox"/> No <b>STOP</b> Coverage not approved
4. Prescriber acknowledges that omeprazole capsules and pantoprazole tablets are the Department of Defense's preferred Proton Pump Inhibitors and are available without a prior authorization.	<input type="checkbox"/> Acknowledged Proceed to question 5	
5. Has the patient had an inadequate response or adverse reaction after a trial of ALL of the following: omeprazole capsules (Prilosec), pantoprazole tablets (Protonix), esomeprazole capsules (Nexium), and rabeprazole tablets (Aciphex)?	<input type="checkbox"/> Yes <b>Sign and date below</b>	<input type="checkbox"/> No Proceed to question 6
6. Does the patient have a contraindication to ALL of the following: omeprazole (Prilosec), pantoprazole (Protonix), esomeprazole capsules (Nexium), and rabeprazole tablets (Aciphex)?	<input type="checkbox"/> Yes <b>Sign and date below</b>	<input type="checkbox"/> No <b>STOP</b> Coverage not approved

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**Step 3** I certify the above is true to the best of my knowledge. Please sign and date:

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Prescriber Signature

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Date

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[5 December 2023]