US Family Health Plan
Prior Authorization Request Form for
Insulin glargine 300 U/mL (**Toujeo**)

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**

usfamilyhealth.org/rx-pa

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 6 years old or older?	☐ Yes Proceed to question 2	☐ No Coverage not approved
2. Does the patient have diabetes?	☐ Yes Proceed to question 3	☐ No Coverage not approved
3. Is the patient using a minimum of 100 units of Lantus (insulin glargine) per day?	☐ Yes Proceed to question 4	☐ No Coverage not approved
4. Does the patient require a dosage increase with Lantus?	☐ Yes Proceed to question 5	☐ No Coverage not approved
5. Has the patient experienced a clinically significant severe hypoglycemia episode, despite splitting the Lantus dose?	☐ Yes Proceed to question 6	☐ No Coverage not approved
6. Has the patient been counseled regarding the risk of dosing errors?	☐ Yes Sign and date below	☐ No Coverage not approved

Note: The following are not acceptable reasons for prior authorization of Toujeo:

- Non-adherence to previous insulin treatment
- Patient or prescriber preference for the use of Toujeo
- Patient or prescriber preference for a smaller injection volume

Step 3

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

Prescriber Signature _____ Date _____

[3 January 2020]