

US Family Health Plan
 Prior Authorization Request Form for
liraglutide/insulin degludec (Xultophy)

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.

MAIL ORDER	<p>If the prescription is to be filled through the USFHP Mail Order Pharmacy, check here <input type="checkbox"/></p> <ul style="list-style-type: none"> The completed form may be faxed to 1-617-562-5296 OR The patient may attach the completed form to the prescription and mail it to: Attn: Pharmacy, 77 Warren St, Brighton, MA 02135 	RETAIL	<p>If the prescription is to be filled at a retail pharmacy, check here <input type="checkbox"/></p> <ul style="list-style-type: none"> The provider may call 1-877-880-7007 OR The completed form may be faxed to 617-562-5296
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Step 1 Please complete patient and physician information (please print):

<p>1 Patient Name: _____</p> <p>Address: _____</p> <p>Sponsor ID #: _____</p> <p>Date of Birth: _____</p>	<p>Physician Name: _____</p> <p>Address: _____</p> <p>Phone #: _____</p> <p>Secure Fax #: _____</p>
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Step 2 Please complete the clinical assessment:

<p>2 1. Provider acknowledges Bydureon, Bydureon BCise, and Trulicity are the Department of Defense's preferred Glucagon-Like Peptide-1 Receptor Agonists (GLP1RAs), and Lantus is the preferred basal insulin.</p>	Proceed to question 2	
<p>2. Will the requested medication be used as an adjunct to diet and exercise to improve glycemic control in adults with Type 2 diabetes mellitus inadequately controlled on a basal insulin (less than 50 units daily)?</p>	<input type="checkbox"/> Yes Proceed to question 3	<input type="checkbox"/> No STOP Coverage not approved
<p>3. Has the patient had an inadequate response to Bydureon/Bydureon Bcise or Trulicity?</p>	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> No STOP Coverage not approved

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

<p>3 _____</p> <p style="text-align: center;">Prescriber Signature</p>	<p>_____</p> <p style="text-align: center;">Date</p>
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