

US Family Health Plan
 Prior Authorization Request Form for
**Basal Insulin Analogs: Basaglar, Semglee, Semglee (YFGN),
 Insulin Glargine-YFGN, Insulin Glargine, Insulin Glargine Solostar**

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**

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

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

1. Provider acknowledges that Lantus is the DoD's preferred basal insulin and preferred insulin glargine. No prior authorization is required for Lantus. Lantus is available at the lowest Tier 1 copay.	<input type="checkbox"/> Acknowledged Proceed to Question 2	
2. Has the patient tried and failed Lantus?	<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.

_____ Prescriber Signature	_____ Date
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