

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

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: _____	Physician Name: _____
Address: _____	Address: _____
Sponsor ID #: _____	Phone #: _____
Date of Birth: _____	Secure Fax #: _____

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 insulin glargine (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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