

US Family Health Plan

Prior Authorization Request Form for

Insulin glargine 300 U/mL (Toujeo, Toujeo Max, Insulin Glargine Solostar, Max)

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):

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

Step 2 Please complete the clinical assessment:

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

Note: The following are not acceptable reasons for prior authorization of Toujeo, Insulin Glargine Solostar, or Insulin Glargine Max Solostar:

- Non-adherence to previous insulin treatment
- Patient or prescriber preference for the use of Toujeo, Insulin Glargine Solostar, or Insulin Glargine Max Solostar
- 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:

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Prescriber Signature

Date

[14 February 2024]