

TRICARE Prior Authorization Request Form for
Insulin lispro (**Humalog Tempo Pen**)



JOHNS HOPKINS
MEDICINE

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HEALTHCARE

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USFHP Pharmacy Prior Authorization Form

To be completed by Requesting provider	
Drug Name:	Strength:
Dosage/Frequency (SIG):	Duration of Therapy:

**FAX Completed Form and
Applicable Progress Notes to:
(410) 424-4037**

Questions? Contact the Pharmacy Dept at: (888) 819-1043, option 4

Clinical Documentation must accompany form in order for a determination to be made.

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

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

Step 2 Please complete the clinical assessment:

1. The provider acknowledges that Novolog Flex Pen, Humalog Kwikpen and Lyumjev Kwikpen are TRICARE's preferred rapid-acting insulins and are available to TRICARE beneficiaries without requiring prior authorization.	<input type="checkbox"/> Acknowledged proceed to question 2
2. Please document why the patient cannot use the Humalog Kwikpen version.	_____ Sign and date below

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

_____	_____
Prescriber Signature	Date

[06 January 2023]

For Internal Use Only	
<input type="checkbox"/> Approved:	Duration of Approval: ____ month(s)
<input type="checkbox"/> Denied:	Authorized By:
<input type="checkbox"/> Incomplete/Other:	PA#:
Date Faxed to MD:	Date Decision Rendered: