

TRICARE Prior Authorization Request Form for
Insulin lispro-aabc (Lyumjev Tempo Pen)



JOHNS HOPKINS
MEDICINE

JOHNS HOPKINS
HEALTHCARE

7231 Parkway Drive, Suite 100, Hanover, MD 21076

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 Lyumjev 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: