

Prior Authorization Request Form for metformin IR 625 mg



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):

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 several generic metformin formulations are available, including 500 mg tabs, 750 mg ER tabs, 850 mg tabs, and 1000 mg ER tabs, without requiring PA.	<input type="checkbox"/> Acknowledged proceed to question 2	
2. Has the patient received this medication under the TRICARE benefit in the last 6 months? <i>Please choose "No" if the patient did not previously have a TRICARE approved PA for metformin IR 625 mg.</i>	<input type="checkbox"/> Yes (subject to verification) proceed to question 3	<input type="checkbox"/> No proceed to question 4
3. Can the patient use another metformin formulation?	<input type="checkbox"/> Yes STOP Coverage not approved	<input type="checkbox"/> No Sign and date below
4. Please explain why the patient cannot take one of the metformin formulations including 500 mg tabs, 750 mg ER tabs, 850 mg tabs, and 1000 mg ER tabs.	_____ 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
----------------------	------

[22 June 2022]

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#: _____