

Humulin R U-500 (concentrated insulin human injection)

Member and Medication Information	
* indicates required field	
*Member ID:	*Member Name:
*DOB:	*Weight:
*Medication Name/Strength:	<input type="checkbox"/> Do Not Substitute. Authorizations will be processed for the preferred Generic/Brand equivalent unless specified.
*Directions for use:	
Provider Information	
* indicates required field	
*Requesting Provider Name:	*NPI:
*Address:	
*Contact Person:	*Phone #:
*Fax #:	Email:
Fax form and relevant documentation including: laboratory results, chart notes and/or updated provider letter to Pharmacy PA at 855-828-4992 , to prevent processing delays.	

Criteria for Approval: *(All of the following criteria must be met)*

- Member has diabetes mellitus and is being treated with a total daily insulin dose of 200 units or higher.
Chart Note Page #: _____
- Humulin R U-500 will not be used in combination with other insulins.
- The member and/or caregiver have been educated on safely administering this medication.
Chart Note Page#: _____

Re-authorization Criteria:

Updated letter with medical justification or updated chart notes demonstrating positive clinical response.

Initial Authorization: Up to six (6) months

Re-authorization: Up to one (1) year

Note:

- ❖ Patients using the HUMULIN R U-500 vial must be prescribed the U-500 insulin syringe to avoid medication errors.

PROVIDER CERTIFICATION

I hereby certify this treatment is indicated, necessary and meets the guidelines for use.

Prescriber's Signature

Date