Please complete ALL information below and fax your request to 1-888-671-5285

Auvi-Q® and Symjepi™ Prior Authorization Request Form

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)

Medication Name:	Strength:	Dosage Form:
❑ Check if **generic substitution** is acceptable	Directions for Use:	
❑ Check if request is for **continuation of therapy**		

Clinical Information (required)

Select the diagnosis below:

❑ Emergency treatment of allergic reactions (Type 1) including anaphylaxis

❑ Other diagnosis: ____ ICD-10 Code(s): ____________________________

Clinical information:

Has the patient demonstrated an inability to use BOTH Epi-Pen and one chemically equivalent generic agent? ❑ **Yes** ❑ **No**

Has the patient had an allergic reaction to an inactive ingredient in generic agent(s) or Epi-Pen? ❑ **Yes** ❑ **No**

If **yes**, will chart documentation of the allergic reaction(s) in the patient's medical records be submitted along with this form? ❑ **Yes** ❑ **No**

***Please note: Chart documentation of the above is required to be submitted.*

Does the patient or the patient's caregivers have inability to utilize the alternative epinephrine auto-injector devices (e.g., Epi-Pen, generic epinephrine) due to significant visual, physical, or functional impairment? ❑ **Yes** ❑ **No**

Quantity Limit Requests:

What is the quantity requested per MONTH? ________

Is there documentation the quantity requested is medically necessary? ❑ **Yes** ❑ **No**

If YES, please specify: ____

____

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

____

____

Please note: This request may be denied unless all required information is received.

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