OPTIMA HEALTH PLAN

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: **The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request**. All other information may be filled in by office staff; **fax to 1-800-750-9692**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **Incomplete form will delay authorization process.**

Drug Requested: **Auvi-Q®** (epinephrine injection) **Auto-Injector**

Strength Requested (please check box that applies):

❑ **Auvi-Q® 0.1mg**	❑ **Auvi-Q® 0.15mg**	❑ **Auvi-Q® 0.3mg**

DRUG INFORMATION: Complete information below. If incomplete, authorization process will be delayed.

Drug Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy**: _____

Diagnosis: _____ **ICD Code, if applicable**: _____

CLINICAL CRITERIA: Boxes below **MUST** be checked**.** Chart notes documenting administration and failure of EpiPen® product or its generic resulting in medical intervention, such as an emergency room visit, **MUST** be attached to this request form or authorization could be delayed.

- ❑ **For Auvi-Q® 0.1mg (for patients > 5 years of age only)**:
  - ❑ Patient must weigh 7.5-15kg (chart notes documenting current weight must be submitted)

    AND
  - ❑ Authorization will be approved for 12 months, then reauthorization is required
- ❑ **For Auvi-Q® 0.15mg and 0.3mg**:
  - ❑ Patient experienced treatment failure with EpiPen®, EpiPen Jr® or generic EpiPen®/Jr and resultant medical intervention was required.

Use of samples to initiate therapy does not meet step-edit/preauthorization criteria.

Previous therapies will be verified through pharmacy paid claims or submitted chart notes.

Patient Name: _____

Member Optima #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

DEA OR NPI #: _____

***Approved by Pharmacy and Therapeutics Committee**: 1/21/2016
REVISED/UPDATED: ~~3/29/2016; 4/20/2017; 5/17/2017; 8/9/2017;~~ **9/26/2018**