



12/07/2025

Patient Name: Member, Test  
Member ID Number: 123MyId  
Member Date of Birth: 12/09/2025  
Prescriber Name: Prescriber, Name

Prior Authorization Required Notification

GlucaGen HypoKit 1MG - IJ for the patient above requires a prior authorization. Please notify the patient's provider of the following:

Prior Authorizations and appeals can be submitted to Liviniti via the following formats:

- Liviniti Fax Number: 1.866.404.1771
- Mail: Attn: Clinical PA Department- 411 Bienville St. Natchitoches, LA 71457
- Email: Support@liviniti.com
- Liviniti.PromptPA.com
- ePA – within providers' electronic health record system

If you need help understanding this notice, you may call our Customer Service Department at 833-925-2770. TTY users should call 711.

