

## Injectable Epinephrine Drug Use Criteria

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Reviewed: April 2019

Includes:

**Adrena-Click Auto-Injector**®      *Injectable Epinephrine*  
EpiPen®  
Epi Pen Jr®  
Auvi-Q®  
Symjepi®  
Adrenalin®  
\*Any other injectable epinephrine products

(Highlighted agents are on formulary)

### Guideline for Use:

1. Advanced Health members may fill up to two prescriptions per year of formulary Injectable Epinephrine products. Injectable Epinephrine is commercially packaged to include two injections per box, therefore a total of four injections per year will be allowed without a prior authorization. It is required that least costly alternative formulations be utilized.
2. If more than two fills of Epinephrine are required for an Advanced Health member within a 12-month period, it will be required that a prior authorization is submitted with a current chart note supporting the patient's condition has been evaluated by their provider or specialist.
3. Additional doses will not be approved to allow for Epinephrine to be stored at multiple sites or locations (eg. school, daycare, etc.). The school districts have employees trained to administer Epinephrine on site and stock their own supply of Epinephrine. Items of convenience are not a covered benefit on Oregon Health Plan.
4. It is encouraged that members are educated either by their provider or pharmacist on proper storage and handling of Epinephrine products and to ensure the expiration date is 12 months or greater prior to accepting the prescription from the pharmacy.
5. If Epinephrine prescriptions are over \$500 AND less than two fills have been dispensed within a 12-month period, the pharmacy will fax the Advanced Health Pharmacy team at (541) 269-7147 and request an over-dollar override. The Pharmacy Specialist will enter the override in MedAccess to allow the claim to process and contact the pharmacy to re-bill the prescription. It will NOT be required that a prior authorization be submitted by the provider to Advanced Health for review in this situation. If a provider receives a fax or call from the pharmacy to have a prior authorization submitted, they may call or fax the Advanced Health pharmacy team at (541) 269-7400 (phone) or (541) 269-7147 (fax) to check if a prior authorization needs to be submitted or check for fill history.

**Rationale:**

Due to the escalating cost of Injectable Epinephrine preparations and the importance of clinical evaluation and follow-up for anaphylaxis, this drug use criteria will be applied when more than two fills of Epinephrine are required within a 12-month period.

**Definitions:**

Over-dollar: Any prescription that is over \$500 per fill including formulary agents

MedAccess: Advanced Health Pharmacy system utilized to populate overrides and prior authorizations to allow claims to pay