

## Injectable Epinephrine Drug Use Criteria

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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 as generic)

### **Guideline for Use:**

1. Advanced Health members may fill up to four prescriptions per year of formulary Injectable Epinephrine products. Injectable Epinephrine is commercially packaged to include two injections per box, therefore a total of eight injections per year will be allowed without a prior authorization. It is required that least costly alternative formulations be utilized.
2. If more than four 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.

### **Rationale:**

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

### **Definitions:**

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

Approved by Advanced Health Pharmacy and Therapeutics Committee on 10/28/16, 4/22/19, 1/7/21, 4/10/2024