



## Missouri Pharmacy Program – Preferred Drug List



### Self-Injectable Epinephrine Agents

**Effective 04/14/2010**

Revised 01/10/2013

#### Preferred Agents

- EpiPen® Auto-Injector

#### Non-Preferred Agents

- Epinephrine (Injection)

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial on 1 preferred agent	Lack of adequate trial on required preferred agents
Documented trial period for preferred agents	Therapy will be denied if no approval criteria are met
Documented ADE/ADR to preferred agents	
Documented compliance on current therapy regimen	Drug Prior Authorization Hotline: (800) 392-8030