

# SmartPA Criteria Proposal

<b>Drug/Drug Class:</b>	Epinephrine Agents, Self-Injectable PDL Edit
<b>First Implementation Date:</b>	April 14, 2010
<b>Proposed Date:</b>	March 17, 2022
<b>Prepared For:</b>	MO HealthNet
<b>Prepared By:</b>	MO HealthNet/Conduent
<b>Criteria Status:</b>	<input checked="" type="checkbox"/> Existing Criteria <input type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> New Criteria

## Executive Summary

**Purpose:** The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

**Why Issue Selected:** Anaphylaxis is an acute systemic, severe, type I hypersensitivity allergic reaction in humans and other mammals. Minute amounts of allergens may cause a life-threatening anaphylactic reaction. Anaphylaxis may occur after ingestion, skin contact, injection, or inhalation of an allergen. Anaphylactic shock, the most severe type of anaphylaxis, occurs when an allergic response triggers a quick release of large quantities of immunological mediators (histamines, prostaglandins, and leukotrienes) from mast cells and basophils, leading to systemic vasodilation (associated with a sudden drop in blood pressure) and edema of bronchial mucosa, resulting in bronchoconstriction causing difficulty breathing. Anaphylactic shock can lead to death in a matter of minutes if left untreated. The primary treatment for anaphylaxis is administration of epinephrine, which prevents worsening of the airway constriction by acting on Beta-2 adrenergic receptors in the lung as a powerful bronchodilator, stimulates the heart to continue beating, causes vasoconstriction in order to increase blood pressure, and may be life-saving.

Total program savings for the PDL classes will be regularly reviewed.

<b>Program-Specific Information:</b>	<b>Preferred Agents</b>	<b>Non-Preferred Agents</b>
		<ul style="list-style-type: none"> <li>• Epinephrine Inj (gen Adrenaclick®)</li> <li>• Epinephrine Inj (gen EpiPen®, Teva)</li> <li>• Epinephrine Jr. Inj (gen Adrenaclick® Jr.)</li> <li>• Epinephrine Jr. Inj (gen EpiPen Jr®, Teva)</li> <li>• Symjepi®</li> </ul>

**Type of Criteria:**  Increased risk of ADE  Preferred Drug List  
 Appropriate Indications  Clinical Edit

**Data Sources:**  Only Administrative Databases  Databases + Prescriber-Supplied

## Setting & Population

- Drug class for review: Epinephrine Self-Injectable Agents
- Age range: All appropriate MO HealthNet participants

## Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 2 preferred agents
  - Documented trial period of preferred agents
  - Documented ADE/ADR to preferred agents

## Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if all approval criteria are not met

## Required Documentation

Laboratory Results:

  

MedWatch Form:

Progress Notes:

  

Other:

## Disposition of Edit

Denial: Exception Code "0160" (Preferred Drug List)  
Rule Type: PDL

## Default Approval Period

1 year

## References

- Evidence-Based Medicine Analysis: "Self-Injectable Epinephrine Auto-Injectors", UMKC-DIC; February 2022.
- Evidence-Based Medicine and Fiscal Analysis: "Self-Injectable Epinephrine Agents – Therapeutic Class Review", Conduent Business Services, L.L.C., Richmond, VA; February 2022.
- USPDI, Micromedex; 2022.
- Facts and Comparisons eAnswers (online); 2022 Clinical Drug Information, LLC.