

SmartPA Criteria Proposal

Drug/Drug Class:	Epinephrine Agents, Self-Injectable PDL Edit
First Implementation Date:	April 14, 2010
Proposed Date:	April 18, 2023
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	<input type="checkbox"/> Existing Criteria <input checked="" 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 lifesaving.

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

Program-Specific Information:	Preferred Agents	Non-Preferred Agents
	<ul style="list-style-type: none"> EpiPen® EpiPen Jr.® 	<ul style="list-style-type: none"> Auvi-Q® Epinephrine Inj (gen Adrenaclick®) Epinephrine Inj (gen EpiPen®) Epinephrine Jr. Inj (gen Adrenaclick® Jr.) Epinephrine Jr. Inj (gen EpiPen Jr.®) Symjepi®

Type of Criteria: ☐ Increased risk of ADE
☐ Appropriate Indications

☒ Preferred Drug List
☐ 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 1 preferred agent
 - 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 and Fiscal Analysis: "Self-Injectable Epinephrine Agents – Therapeutic Class Review", Conduent Business Services, L.L.C., Richmond, VA; February 2022.
- Evidence-Based Medicine Analysis: "Self-Injectable Epinephrine", UMKC-DIC; Last updated December 2022.
- USPDI, Micromedex; 2023.
- Facts and Comparisons eAnswers (online); 2023 Clinical Drug Information, LLC.