



Missouri Pharmacy Program – Preferred Drug List



Epinephrine Self-Injectable Agents

Effective 05/21/2008

Revised 01/31/2019

Preferred Agents

- Epinephrine 0.3mg Injector (generic EpiPen®)
- Epinephrine 0.15mg Injector (generic EpiPen® Jr.)
- **Symjepi**

Non-Preferred Agents

- Epinephrine 0.3mg Injector (generic Adrenaclick®)
- Epinephrine 0.15mg Injector (generic Adrenaclick®)
- EpiPen® Auto-Injector
- EpiPen Jr.® Auto-Injector

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 1 preferred agent
 - Documented trial period for preferred agents
 - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030