Missouri Pharmacy Program – Preferred Drug List

Epinephrine Self-Injectable Agents

Effective 05/21/2008
Revised 07/11/2019

<table>
<thead>
<tr>
<th>Preferred Agents</th>
<th>Non-Preferred Agents</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Epinephrine Inj 0.3mg (gen EpiPen®)</td>
<td>• EpiPen®</td>
</tr>
<tr>
<td>• Epinephrine Inj 0.15 mg (gen EpiPen Jr.®)</td>
<td>• EpiPen Jr.®</td>
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<tr>
<td>• Symjepi™</td>
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</tbody>
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Approval Criteria

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

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