



## Missouri Pharmacy Program – Preferred Drug List



### Epinephrine Self-Injectable Agents

Effective 05/21/2008

Revised 07/11/2019

#### Preferred Agents

- Epinephrine Inj 0.3mg (gen EpiPen®)
- Epinephrine Inj 0.15 mg (gen EpiPen Jr.®)
- Symjepi™

#### Non-Preferred Agents

- EpiPen®
- EpiPen Jr.®

### 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