Self-Injectable Epinephrine Agents

Effective 04/14/2010
Revised 07/09/2015

**Preferred Agents**
- Auvi-Q®
- EpiPen® Auto-Injector/Jr

**Non-Preferred Agents**
- Adrenaclink®
- Epinephrine (Injection)

<table>
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<tr>
<th>Approval Criteria</th>
<th>Denial Criteria</th>
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| • Failure to achieve desired therapeutic outcomes with trial on 2 preferred agents  
  o Documented trial period for preferred agents  
  o Documented ADE/ADR to preferred agents | Lack of adequate trial on required preferred agents |
| • Documented compliance on current therapy regimen | Therapy will be denied if no approval criteria are met |

Drug Prior Authorization Hotline: (800) 392-8030