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<b>Title:</b>	Epinephrine Pen
<b>Policy #:</b>	Rx.01.142

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***Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, quantity, or formulary restrictions (ie limits on non-preferred drugs). Individual member benefits must be verified.***

***This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.***

***Members are advised to use participating pharmacies in order to receive the highest level of benefits.***

**Intent:**

The intent of this policy is to communicate the medical necessity criteria for Auvi-Q® , EpiPen®, and EpiPen Jr.® as provided under the member's prescription drug benefit.

**Description:**

**Epinephrine pens** are indicated for the emergency treatment of allergic reactions (type I), including anaphylaxis, which may result from allergic reactions to insect stings, biting insects, foods, drugs, sera, diagnostic testing substances and other allergens, as well as idiopathic anaphylaxis or exercise-induced anaphylaxis.

Epinephrine is a sympathomimetic catecholamine that is an agonist at alpha and beta adrenergic receptors. Through its effects at the alpha adrenergic receptors, epinephrine cause vasoconstriction to counter vasodilation and increased vascular permeability that may occur during an anaphylactic reaction.

Currently available products include Epi-Pen®, Symjepi™, Auvi-Q®, and epinephrine auto-injectors.

**Policy:**

Auvi Q® , EpiPen®, EpiPen Jr.® is approved when ALL of the following are met:

1. ONE of the following:
  - a. Documentation of a demonstrated inability to use one chemically equivalent generic agent; or
  - b. The member has a genuine allergic reaction to an inactive ingredient in generic agent(s) (allergic reaction(s) must be clearly documented in the patient's medical record); and
2. For Auvi Q® only, documentation that the member or the member's caregivers would be unable to utilize the alternative epinephrine auto-injector devices (e.g., epinephrine) due to significant visual, physical, or functional impairment

Approval duration: 2 years

**Black Box Warning as shown in the drug Prescribing Information:**

None

**Guidelines:**

Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

**BENEFIT APPLICATION**

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the prescription drug benefits of the Company's products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

**References:**

Auvi-Q® (epinephrine injection) [package insert]. Richmond, VA. : Kaleo, Inc. August 2019. Available at: <https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=6180fb40-7fca-4602-b3da-ce62b8cd2470&type=display>. Accessed April 19, 2023.

EpiPen®, EpiPen Jr® (epinephrine injection) [package insert]. Morgantown, WE: Mylan Specialty L.P.; February 2023. Available from: <https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?type=display&setid=7560c201-9246-487c-a13b-6295db04274a>. Accessed April 19, 2023.

**Applicable Drugs:**

Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

Brand Name	Generic Name
Auvi-Q®, EpiPen®, EpiPen Jr®	Epinephrine

**Cross References:**

Rx.01.76 Quantity Level Limits for Pharmaceuticals Covered Under the Pharmacy Benefit  
Rx.01.33 Off-Label Use

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<b>Policy Version Number:</b>	14.00
<b>P&amp;T Approval Date:</b>	March 16, 2023
<b>Policy Effective Date:</b>	July 01, 2023
<b>Next Required Review Date:</b>	March 16, 2024

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The Policy Bulletins on this web site were developed to assist the Company in administering the provisions of the respective benefit programs, and do not constitute a contract. If you have coverage through the Company, please refer to your specific benefit program for the terms, conditions, limitations and exclusions of your coverage. Company does not provide health care services, medical advice or treatment, or guarantee the outcome or results of any medical services/treatments. The facility and professional providers are responsible for providing medical advice and treatment. Facility and professional providers are independent contractors and are not employees or agents of the Company. If you have a specific medical condition, please consult with your doctor. The Company reserves the right at any time to change or update its Policy Bulletins.

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