

Non-Preferred Epinephrine Agents

Override(s)	Approval Duration
Prior Authorization Quantity Limit	Prior Authorization: 1 year Quantity Limit: Four fills per calendar year

Medications	Quantity Limit	Comments
epinephrine 0.15 mg and 0.3 mg (1 syringe per box) (generic EpiPen/EpiPen Jr., Adrenaclick)	2 boxes (2 pens) per fill	Preferred
epinephrine 0.15 mg and 0.3 mg (2 syringes per box) (generic EpiPen/EpiPen Jr., Adrenaclick)	1 box (2 pens) per fill	
Auvi-Q 0.1 mg, 0.15 mg or 0.3 mg auto-injector (2 syringes per box)	1 box (2 pens) per fill	Non-Preferred
Epinephrine 0.3 mg/0.3 mL (1 syringe per box) - brand	2 boxes (2 pens) per fill	
EpiPen 2-Pak (epinephrine) 0.3mg/0.3mL - brand	1 box (2 pens) per fill	
EpiPen Jr. 2-Pak (epinephrine) 0.15mg/0.3mL – brand	1 box (2 pens) per fill	
Neffy (epinephrine nasal spray) 2 mg/0.1 mL or 1 mg/0.1 mL single-dose nasal spray	1 carton (2 single-dose nasal sprays) per fill	
Symjepi (epinephrine injection) 0.3 mg or 0.15 mg pre-filled syringes (1 syringe per box)	2 boxes (2 pre-filled syringes) per fill	
Symjepi (epinephrine injection) 0.3 mg or 0.15 mg pre-filled syringes (2 syringes per box)	1 box (2 pre-filled syringes) per fill	
Individuals may receive up to 4 pens or 4 single-dose nasal sprays per fill if the following criterion is met:		
I. Individual is replacing expired stock of epinephrine (one time per calendar year).		

NOTE: Retail pharmacy may call and obtain override for 4 pens or 4 single-dose nasal sprays per fill once per calendar year. All other override requests must come from prescriber.

Individuals may receive additional fills per calendar year if the following criterion is met:

Individual is replacing stock of epinephrine that has been used in an anaphylaxis event.

APPROVAL CRITERIA

I. Individual has received the non-preferred agent in the previous year;

OR

II. Individual has had a trial of one preferred epinephrine agent. Medication samples/coupons/discount cards are excluded from consideration as a trial.; **AND**

III. Information for the clinical necessity of the non-preferred agents and the same medical reason and clinical benefit are not expected with the preferred agent;

OR

IV. If Auvi-Q is requested, the individual has the following:

A. Visual deficits requiring the need for an auto-injector with audio cues for self-administration; **OR**

B. Hearing deficits requiring the need for an auto-injector with visual cues for self-administration; **OR**

C. Inability to self-administer and there is a need for an auto-injector with audio or visual cues for appropriate administration by a caregiver; **OR**

D. Auvi-Q 0.1 mg is requested and the individual is between 7.5 kg and 15 kg.

Key References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: February 28, 2025.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2025; Updated periodically.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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