

# Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

## Epinephrine auto-injector (Auvi-Q)

**Initiation (new start) criteria:** Non-formulary **epinephrine auto-injector (Auvi-Q)** will be covered on the prescription drug benefit for 6 months when the following criteria are met:

- There a Food and Drug Administration (FDA) confirmed shortage of ALL other epinephrine auto-injector products for the emergency treatment of anaphylaxis [generic epinephrine auto-injector, Adrenaclick, EpiPen, EpiPen Jr.]  
**-OR-**
- The patient or the patient's caregiver is unable to use alternative epinephrine auto-injector devices (e.g., generic epinephrine auto-injector, Adrenaclick, EpiPen, EpiPen Jr.) despite documented face-to-face training with a healthcare professional AND requires a device with audible or visual cues for self-administration.  
**-OR-**
- Request is for epinephrine 0.1 mg auto-injector (Auvi-q) for a patient who weighs less than 11 kilograms (24.25 lbs).

**Criteria for members already taking the medication who have not been reviewed previously (e.g., new members):** Non-formulary **epinephrine auto-injector (Auvi-Q)** will be covered on the prescription drug benefit for 6 months when the following criteria are met:

- There a Food and Drug Administration (FDA) confirmed shortage of ALL other epinephrine auto-injector products for the emergency treatment of anaphylaxis [generic epinephrine auto-injector, Adrenaclick, EpiPen, EpiPen Jr.]  
**-OR-**
- The patient or the patient's caregiver is unable to use alternative epinephrine auto-injector devices (e.g., generic epinephrine auto-injector, Adrenaclick, EpiPen, EpiPen Jr.) despite documented face-to-face training with a healthcare professional AND requires a device with audible or visual cues for self-administration.  
**-OR-**
- Request is for epinephrine 0.1 mg auto-injector (Auvi-q) for a patient who weighs less than 11 kilograms (24.25 lbs).

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Epinephrine auto-injector (Auvi-Q)

**Continued use criteria (6 months after initial approval):** Non-formulary **epinephrine auto-injector (Auvi-Q)** will continue to be covered on the prescription drug benefit for 6 months when the following criteria are met:

- There a Food and Drug Administration (FDA) confirmed shortage of ALL other epinephrine auto-injector products for the emergency treatment of anaphylaxis [generic epinephrine auto-injector, Adrenaclick, EpiPen, EpiPen Jr.]  
**-OR-**
- The patient or the patient's caregiver is unable to use alternative epinephrine auto-injector devices (e.g., generic epinephrine auto-injector, Adrenaclick, EpiPen, EpiPen Jr.) despite documented face-to-face training with a healthcare professional AND requires a device with audible or visual cues for self-administration.  
**-OR-**
- Request is for epinephrine 0.1 mg auto-injector (Auvi-q) for a patient who weighs less than 11 kilograms (24.25 lbs).