

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

epinephrine injection auto-injector (EpiPen, EpiPen Jr.)

Notes:

- Quantity Limits: Yes

Initiation (new start) criteria: Non-formulary **epinephrine auto-injector (EpiPen and EpiPen Jr.)** will be covered on the prescription drug benefit when the following criteria are met:

- Prior trial and failure of generic epinephrine injection auto-injector (generic Adrenaclick)
-OR-
- Pediatric patient who is required to use the EpiPen or EpiPen Jr. Auto-injector device by school.

Criteria for *current Kaiser Permanente members* already taking the medication who have not been reviewed previously: Non-formulary **epinephrine auto-injector (EpiPen and EpiPen Jr.)** will be covered on the prescription drug benefit when the following criteria are met:

- Prior trial and failure of generic epinephrine injection auto-injector (generic Adrenaclick)
-OR-
- Pediatric patient who is required to use the EpiPen or EpiPen Jr. Auto-injector device by school.

Criteria for *new members entering Kaiser Permanente* already taking the medication who have not been reviewed previously: Non-formulary **epinephrine auto-injector (EpiPen and EpiPen Jr.)** will be covered on the prescription drug benefit when the following criteria are met:

- Prior trial and failure of generic epinephrine injection auto-injector (generic Adrenaclick)
-OR-
- Pediatric patient who is required to use the EpiPen or EpiPen Jr. Auto-injector device by school.

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