

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

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

Notes:

- Quantity Limits: Yes

Initiation (new start) criteria, and criteria for new and 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 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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All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest