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).
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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).