

# Criteria Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Epinephrine auto-injector (Auvi-Q<sup>®</sup>)

Non-formulary **epinephrine auto-injector (Auvi-Q<sup>®</sup>)** will be covered on the prescription drug benefit when the following criteria are met:

- There a Food and Drug Administration confirmed shortage of ALL other epinephrine auto-injector products for the emergency treatment of anaphylaxis [Adrenaclick, epinephrine auto-injector (generic Adrenaclick), EpiPen, EpiPen Jr.]

**–OR–**

- The patient or the patient's caregiver is unable to utilize 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–**

- The patient or the patient's caregiver has significant functional impairment requiring the need for an auto-injector with audio cues for self-administration.