PHARMACY PRE-AUTHORIZATION CRITERIA

DRUG (S)	**Auvi-Q (epinephrine injection device)** **Symjepi (epinephrine injection device)**
POLICY #	**12103**
INDICATIONS	Auvi-Q and Symjepi contain epinephrine, a non-selective alpha and beta-adrenergic receptor agonist, indicated in the emergency treatment of allergic reactions (Type I) including anaphylaxis.
CRITERIA	Connecticare considers Auvi-Q or Symjepi to be medically necessary when all the following criteria are met: • Patient has had an allergic reaction that has the potential to lead to an emergency, i.e., anaphylactic shock **AND** • Patient has a documented contraindication, intolerance or failure of prior use of ALL of the following: o EpiPen or EpiPen Jr o Adrenaclick o Epinephrine auto injector **AND** • Patient has a documented physical or mental health disability requiring an audible and visual assisted device to ensure appropriate administration of injection
LIMITATIONS	The quantity is limited to a maximum of 2 devices per fill.
REFERENCES	1. Product Information: AUVI-Q(R) intramuscular injection, subcutaneous injection, epinephrine intramuscular injection, subcutaneous injection. Kaleo Inc (per FDA), Richmond, VA, 2017. 2. Product Information: SYMJEPI(TM) intramuscular injection, subcutaneous injection, epinephrine intramuscular injection, subcutaneous injection. Adamis Pharmaceuticals Corporation (per FDA), San Diego, CA, 2018.
P&T REVIEW HISTORY	2/17, 5/18, 5/19
REVISION RECORD	5/18