



Missouri Pharmacy Program – Preferred Drug List



Self-Injectable Epinephrine Agents

Effective 04/14/2010

Revised 01/05/2012

Preferred Agents

- EpiPen® Auto-Injector
- **Epinephrine (Injection)**

Non-Preferred Agents

- Twinject® Auto-Injector
- Adrenaclick®

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial on 1 preferred agent	Lack of adequate trial on required preferred agents
Documented trial period for preferred agents	Therapy will be denied if no approval criteria are met
Documented ADE/ADR to preferred agents	
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030