

Non-Preferred Epinephrine Injections

Applies To:

AUVI-Q (epinephrine, auto-injector pen)

SYMJEPI (epinephrine, prefilled syringe)

Diagnosis Considered for Coverage:

- All FDA indications and supported off label uses

Coverage Criteria:

For diagnosis listed above:

Auvi-Q	<ul style="list-style-type: none"> • Patient is unable to use or has a contraindication to a preferred EpiPen, EpiPenJr, or epinephrine 0.15 mg (EpiPen Jr) injection formulations
Symjepi	<ul style="list-style-type: none"> • Patient is unable to use or has a contraindication to a preferred EpiPen, EpiPenJr, or epinephrine 0.15 mg (EpiPen Jr) injection formulations

Coverage Duration: one year

Effective Date: 11/02/2023