



Louisiana

Auvi-Q[®] (epinephrine auto-injector)

Policy # 00553

Original Effective Date: 04/19/2017

Current Effective Date: 04/18/2018

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc. (collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

When Services May Be Eligible for Coverage

Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- Benefits are available in the member's contract/certificate, and
- Medical necessity criteria and guidelines are met.

Based on review of available data, the Company may consider Auvi-Q[®] (epinephrine auto-injector) to be **eligible for coverage** when the patient selection criterion is met.

Patient Selection Criterion

Coverage eligibility for Auvi-Q (epinephrine auto-injector) will be considered when the following criterion is met:

- There is clinical evidence or patient history that suggests the use of EpiPen[®] (epinephrine auto-injector) products or the EpiPen (epinephrine auto-injector) authorized generic will be ineffective or cause an adverse reaction to the patient.

When Services Are Considered Not Medically Necessary

Based on review of available data, the Company considers the use of Auvi-Q (epinephrine auto-injector) when the patient selection criterion is not met is considered to be **not medically necessary**.**

Background/Overview

Auvi-Q, like other epinephrine products, is approved for the emergency treatment of allergic reactions. Auvi-Q has voice instructions as part of its administration apparatus. There are various other epinephrine products on the market, including the EpiPen line of products as well as the authorized generic of EpiPen. The previously mentioned products offer prices that are substantially more economical than Auvi-Q's price. There is no clinical advantage of Auvi-Q over the other available epinephrine products.

FDA or Other Governmental Regulatory Approval

U.S. Food and Drug Administration (FDA)

Auvi-Q is indicated in the emergency treatment of allergic reactions (Type I) including anaphylaxis to stinging insects (e.g., order Hymenoptera, which include bees, wasps, hornets, yellow jackets and fire ants) and biting insects (e.g., triatoma, mosquitoes), allergen immunotherapy, foods, drugs, diagnostic testing substances (e.g., radiocontrast media) and other allergens, as well as idiopathic anaphylaxis or exercise-induced anaphylaxis.

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Rationale/Source

The patient selection criterion presented in this policy takes into consideration clinical evidence or patient history that suggests the use of EpiPen (epinephrine auto-injector) products or the EpiPen (epinephrine auto-injector) authorized generic will be ineffective or cause an adverse reaction to the patient. Based on a review of the data, in the absence of the above mentioned caveat, there is no advantage of using Auvi-Q (epinephrine auto-injector) over EpiPen (epinephrine auto-injector) products or the EpiPen (epinephrine auto-injector) authorized generic.

References

1. Auvi-Q [package insert]. Kaleo, Inc. Richmond, Virginia. Updated May 2016.

Policy History

Original Effective Date: 04/19/2017

Current Effective Date: 04/18/2018

04/06/2017 Medical Policy Committee review

04/19/2017 Medical Policy Implementation Committee approval. New policy.

04/06/2017 Medical Policy Committee review

04/19/2017 Medical Policy Implementation Committee approval. No change to coverage.

04/05/2018 Medical Policy Committee review

04/18/2018 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.

Next Scheduled Review Date: 04/2019

**Medically Necessary (or "Medical Necessity") - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

- A. In accordance with nationally accepted standards of medical practice;
- B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
- C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, "nationally accepted standards of medical practice" means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

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NOTICE: Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.

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