

Clinical Policy: Epinephrine (EpiPen and EpiPen Jr)

Quantity Limit Override

Reference Number: PA.CP.PMN.144

Effective Date: 10.17.18

Last Review Date: 07/17/19

[Revision Log](#)

Description

Epinephrine (EpiPen[®], EpiPen Jr[®]) is a non-selective alpha and beta-adrenergic receptor agonist.

FDA Approved Indication(s)

EpiPen and EpiPen Jr. are indicated in the emergency treatment of allergic reactions (Type I) including anaphylaxis.

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of health plans affiliated with PA Health & Wellness[®] that a quantity of EpiPen and/or EpiPen Jr in excess of 4 pens per 365 days is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. EpiPen/EpiPen Jr in Excess of 2 Pens per 30 Days (must meet all):

1. One of the following requirements is met (a or b):
 - a. Provider submits documentation supporting the use of previous EpiPen/EpiPen Jr fills, including the date(s) of use, and that immediate medical or hospital care was received in conjunction with administration of EpiPen/EpiPen Jr;
 - b. Provider submits documentation supporting that the most recent fill for EpiPen or EpiPen Jr has expired, including the expiration date.

Approval duration: One EpiPen 2-Pak or one EpiPen Jr 2-Pak

B. Other diagnoses/indications: Not applicable

II. Continued Therapy

A. EpiPen/EpiPen Jr in Excess of 2 Pens per 30 Days (must meet all):

1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met all initial approval criteria; or the Continuity of Care policy (PA.LTSS.PHAR.01) applies.

Approval duration: Not applicable

B. Other diagnoses/indications: Not applicable

III. Diagnoses/Indications for which coverage is NOT authorized: Not applicable

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key
FDA: Food and Drug Administration

Appendix B: Therapeutic Alternatives
Not applicable

Appendix C: Contraindications
Not applicable

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Epinephrine (EpiPen)	Greater than or equal to 30 kg (66 lbs): 0.3 mg IM/SC into the anterolateral aspect of the thigh	2 sequential doses (0.6 mg)
Epinephrine (EpiPen Jr)	15 to 30 kg (33 lbs to 66 lbs): 0.15 mg IM/SC into the anterolateral aspect of the thigh	2 sequential doses (0.3 mg)

VI. Product Availability

Drug Name	Availability
Epinephrine (EpiPen)	Injection, 0.3 mg: 0.3 mg/0.3 mL epinephrine, USP, pre-filled auto-injector
Epinephrine (EpiPen Jr)	Injection, 0.15 mg: 0.15 mg/0.3 mL epinephrine, USP, pre-filled auto-injector

VII. References

1. EpiPen and EpiPen Jr Prescribing Information. Morgantown, WV: Mylan Specialty L.P.; February 2017. Available at <https://www.epipen.com/>. Accessed April 5, 2018.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
New policy.	10/18	
3Q 2019 annual review: No changes per Statewide PDL implementation 01-01-2020	07/17/19	