

# Clinical Policy: Epinephrine (EpiPen and EpiPen Jr)

## Quantity Limit Override

Reference Number: PA.CP.PMN.144

Effective Date: 10.17.18

Last Review Date: 10.17.18

[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	