

## Clinical Policy: Epinephrine (EpiPen and EpiPen Jr)

Reference Number: PA.CP.PPA.09

Effective Date: 01/18

Last Review Date: 11/17

Line of Business: Medicaid

[Revision Log](#)

### Description

Epinephrine (EpiPen<sup>®</sup>, EpiPen Jr<sup>®</sup>, generics) is a non-selective alpha and beta-adrenergic receptor agonist.

### FDA approved indication

EpiPen and EpiPen Jr. are 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.

### Policy/Criteria

*Provider must submit documentation (which may include office chart notes and lab results) supporting that member has met all approval criteria.*

It is the policy of Pennsylvania Health and Wellness<sup>®</sup> that coverage of EpiPen and/or EpiPen Jr in excess of plan approved quantity limits is **medically necessary** when the following criteria are met:

- I. Initial Approval Criteria**
  - A. EpiPen/EpiPen Jr and all generics in Excess of 2Pens 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**
- II. Continued Therapy**
  - A. EpiPen/EpiPen Jr in Excess of 2 Pens per 30 Days** (must meet all):
    1. The Continuity of Care policy (PA.LTSS.PHAR.01) applies. **Approval duration: N/A**
- III. Diagnoses/Indications for which coverage is NOT authorized:**
  - A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policy – PA.CP.PMN.53 or evidence of coverage documents.**
- IV. Appendices/General Information**

*Appendix A: Abbreviation/Acronym Key*

**CLINICAL POLICY**  
Epinephrine



FDA: Food and Drug Administration

**V. Dosage and Administration**

<b>Indication</b>	<b>Dosing Regimen</b>	<b>Maximum Dose</b>
Emergency treatment of allergic reactions (Type I) including anaphylaxis.	<p>Patients greater than or equal to 30 kg (66 lbs): EpiPen 0.3 mg;                      Patients 15 to 30 kg (33 lbs to 66 lbs): EpiPen Jr 0.15 mg.</p> <p>Inject EpiPen or EpiPen Jr intramuscularly or subcutaneously into the anterolateral aspect of the thigh, through clothing if necessary. With severe persistent anaphylaxis, repeat injections with an additional EpiPen or EpiPen Jr may be necessary.</p>	More than two sequential doses of epinephrine should only be administered under direct medical supervision.

**VI. Product Availability**

<b>Drug</b>	<b>Availability</b>
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. Workflow Document**

N/A

**VIII. References**

1. EpiPen and EpiPen Jr Prescribing Information. Morgantown, WV: Mylan Specialty L.P.; May 2016. Available at <https://www.epipen.com/>. Accessed March 27, 2017.

<b>Reviews, Revisions, and Approvals</b>	<b>Date</b>	<b>P&amp;T Approval Date</b>