MEDICAL NECESSITY GUIDELINE

DEPARTMENT: Pharmacy	**DOCUMENT NAME:** Epinephrine Inj Device–Quantity Limit Override
PAGE: 1 of 3	**REFERENCE NUMBER:** GA.PMN.03
EFFECTIVE DATE: 3/2015	**REPLACES DOCUMENT:**
RETIRED:	**REVIEWED:** 1/2018, 5/2018
PRODUCT TYPE: Medicaid	**REVISED:** 05/2016

IMPORTANT REMINDER

This Clinical Policy has been developed by appropriately experienced and licensed health care professionals based on a thorough review and consideration of generally accepted standards of medical practice, peer-reviewed medical literature, government agency/program approval status, and other indicia of medical necessity.

The purpose of this Clinical Policy is to provide a guide to medical necessity. Benefit determinations should be based in all cases on the applicable contract provisions governing plan benefits ("Benefit Plan Contract") and applicable state and federal requirements, as well as applicable plan-level administrative policies and procedures. To the extent there are any conflicts between this Clinical Policy and the Benefit Plan Contract provisions, the Benefit Plan Contract provisions will control.

Clinical policies are intended to be reflective of current scientific research and clinical thinking. This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.

Description: Injectable epinephrine are intended for immediate administration in patients, who are determined to be at increased risk for anaphylaxis, including individuals with a history of anaphylactic reactions.

Brand: Epinephrine Inj Device 0.15 MG/0.3ML (1:2000)
Epinephrine Inj Device 0.3 MG/0.3ML (1:1000)

FDA Labeled Indications: 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

peach state health plan

MEDICAL NECESSITY GUIDELINE

DEPARTMENT: Pharmacy	**DOCUMENT NAME:** Epinephrine Inj Device–Quantity Limit Override
PAGE: 2 of 3	**REFERENCE NUMBER:** GA.PMN.03
EFFECTIVE DATE: 3/2015	**REPLACES DOCUMENT:**
RETIRED:	**REVIEWED:** 1/2018, 5/2018
PRODUCT TYPE: Medicaid	**REVISED:** 05/2016

jackets and fire ants) and biting insects (e.g., triatoma, mosquitos), allergen immunotherapy, foods, drugs, diagnostic testing substances (e.g., radiocontrast media) and other allergens, as well as idiopathic anaphylaxis or exercise-induced anaphylaxis.

Criteria for Approval: Approval in excess of two 2-pack injectable epinephrine per 365 days must include:

A. Documentation of the use of previous medication fills. In conjunction with the administration of epinephrine, the patient should seek immediate medical or hospital care. OR
B. Documentation of the injectable epinephrine expiration.

Approval: Authorization for an additional 2-pack will be approved on a case-by-case basis, not to exceed a total of four 2-packs per 365 days.

References:

1. Epipen® prescribing information, revised 5/2012. Accessed September, 2014. http://www.accessdata.fda.gov/drugsatfda_docs/label/2008/019430s044lbl.pdf

Revision Log	
Revision	**Date**
Annual review. No changes made.	05/2016
Removed Epipen and replaced it with injectable epinephrine.	01/2017
Annual review. No changes made.	01/2018
Annual review. No changes made.	5/2018

MEDICAL NECESSITY GUIDELINE

DEPARTMENT: Pharmacy	**DOCUMENT NAME:** Epinephrine Inj Device–Quantity Limit Override
PAGE: 3 of 3	**REFERENCE NUMBER:** GA.PMN.03
EFFECTIVE DATE: 3/2015	**REPLACES DOCUMENT:**
RETIRED:	**REVIEWED:** 1/2018, 5/2018
PRODUCT TYPE: Medicaid	**REVISED:** 05/2016

POLICY AND PROCEDURE APPROVAL

Pharmacy & Therapeutics Committee:	Approval on file
Director, Pharmacy Operations:	Approval on file
Medical Director:	Approval on file