



Government Health Plan (GHP) of Puerto Rico

## **Authorization Criteria – Epinephrine Auto-Injector Managed by MCO**

### **Section I. Prior Authorization Criteria**

**A.** The physician must document the following on the prescription:

1. Diagnosis of emergency treatment of allergic reactions (Type I) including anaphylaxis (ICD10 CM: T780, T782, T805, T886, Z910).

**B.** Other criteria

1. Coverage of epinephrine auto-injectors will be limited to two auto-injectors for six (6) months.

### **Section II. References**

1. EPIPEN intramuscular injection, subcutaneous injection, epinephrine intramuscular injection, subcutaneous injection. Mylan Specialty L.P, Morgantown, WV, 2016.
2. Adrenaclick intramuscular injection, subcutaneous injection, epinephrine intramuscular injection, subcutaneous injection. Amedra Pharmaceuticals LLC, Horsham, PA, 2016.

### **Section III. Review Log**

Approved:	June 29, 2017

GPI	GPI NAME
3890004000D520	Epinephrine Solution Auto-injector 0.15 MG/0.3ML (1:2000)
3890004000D530	Epinephrine Solution Auto-injector 0.15 MG/0.15ML (1:1000)
3890004000D540	Epinephrine Solution Auto-injector 0.3 MG/0.3ML (1:1000)