

**NC Division of Medical Assistance
Outpatient Pharmacy
Prior Approval Criteria
Epinephrine Auto-Injections**

**Medicaid and Health Choice
Effective Date: January 1, 2015
Amended Date:**

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Therapeutic Class Code: J5F

Therapeutic Class Description: Epinephrine injection

Medication	Generic Code Number(s)	NDC Number(s)
Adrenaclick	19862, 28038	
Epinephrine Pen (generic)	19862, 28038	
Auvi-Q	19862, 28038	
EpiPen 2-Pak	19862	
EpiPen Jr 2-Pak	19861	

Eligible Beneficiaries

NC Medicaid (Medicaid) beneficiaries shall be enrolled on the date of service and may have service restrictions due to their eligibility category that would make them ineligible for this service.

NC Health Choice (NCHC) beneficiaries, ages 6 through 18 years of age, shall be enrolled on the date of service to be eligible, and must meet policy coverage criteria, unless otherwise specified. **EPSDT does not apply to NCHC beneficiaries.**

EPSDT Special Provision: Exception to Policy Limitations for Beneficiaries under 21 Years of Age

42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid beneficiaries under 21 years of age **if** the service is **medically necessary health care** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (includes any evaluation by a physician or other licensed clinician). This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his/her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems. Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the beneficiary's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the beneficiary's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product, or procedure

- a. that is unsafe, ineffective, or experimental/investigational.
- b. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

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Service limitations on scope, amount, duration, frequency, location of service, and/or other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the beneficiary's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

EPSDT and Prior Approval Requirements

EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED. Additional information on EPSDT guidelines may be accessed at <http://www.ncdhhs.gov/dma/epsdt/>.

Criteria:

Exceeding Quantity Limit of 6 Pens per 180 days:

Prescriber must submit reason of medical necessity stating reasons the quantity limit needs to be exceeded.

Procedures:

- Prior authorization request forms will be accepted when submitted by mail, facsimile telecommunication or web portal.

References:

1. Dey Pharma L.P..EpiPen package insert. Maryland: August 2012.
2. Sanofi-aventis LLC. Auvi-Q package insert. New Jersey: September 2012.
3. Amedra Pharmaceuticals LLC, Horsham, PA, Adrenaclick. 2013

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Criteria Change Log

01/01/2015	Criteria effective date
	Remove Auvi-Q- no longer rebatable