

PA DEPARTMENT OF HUMAN SERVICES
MAAC BRIEFING DOCUMENT
EPINEPHRINE, SELF-ADMINISTERED

Proposed Effective Date: January 5, 2026

Revisions are noted with a ~~striketrough~~ for deletions and **bold and underline** for additions.

I. Requirements for Prior Authorization of Epinephrine, Self-~~Injected~~ Administered

A. Revisions to Prescriptions That Require Prior Authorization

Prescriptions for a non-preferred Epinephrine, Self-~~Injected~~ **Administered** must be prior authorized.

See the Preferred Drug List (PDL) for the list of preferred Epinephrine, Self-~~Injected~~ **Administered** at: <https://papdl.com/preferred-drug-list>.

B. Revisions to Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a non-preferred Epinephrine, Self-~~Injected~~ **Administered**, the determination of whether the requested prescription is medically necessary will take into account whether the beneficiary:

1. ~~Has a history of therapeutic failure of or a contraindication or an intolerance to the preferred Epinephrine, Self-Injected.~~ **Cannot use the preferred Epinephrine, Self-Administered products because of clinical reasons as documented by the prescriber.**

NOTE: If the beneficiary does not meet the clinical review guideline listed above but, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary, the request for prior authorization will be approved.

C. Revisions to Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section B. above to assess the medical necessity of a prescription for an Epinephrine, Self-~~Injected~~ **Administered**. If the guidelines in Section B. are met, the reviewer will prior authorize the prescription. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary.