Pennsylvania
Department of Human Services

Medical Assistance BULLETIN

ISSUE DATE	EFFECTIVE DATE	NUMBER
November 13, 2025	January 5, 2026	*See below

SUBJECT

Prior Authorization of Epinephrine, Self-Administered (formerly Epinephrine, Self-Injected) – Pharmacy Services

BY

Sally Kozak
Deputy Secretary
Office of Medical Assistance Programs

IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: https://www.pa.gov/en/agencies/dhs/resources/for-providers/provider-enrollment-information/provider-enrollment-documents.html.

PURPOSE:

The purpose of this bulletin is to issue updated handbook pages that include the requirements for prior authorization and the type of information needed to evaluate the medical necessity of prescriptions for Epinephrine, Self-Administered submitted for prior authorization.

SCOPE:

This bulletin applies to all licensed pharmacies and prescribers enrolled in the Medical Assistance (MA) Program. The guidelines to determine the medical necessity of Epinephrine, Self-Administered will be utilized in the fee-for-service and managed care delivery systems. Providers rendering services to MA beneficiaries in the managed care delivery system should address any questions related to the prior authorization of Epinephrine, Self-Administered to the appropriate managed care organization.

BACKGROUND/DISCUSSION:

The Department of Human Services (Department) is changing the title of the Epinephrine, Self-Injected Statewide Preferred Drug List therapeutic class to Epinephrine, Self-Administered and clarifying the guideline related to non-preferred Epinephrine, Self-Administered products. There are no other changes to the medical necessity guidelines.

*01-26-18	09-26-18	27-26-18	33-26-18
02-26-18	11-26-18	30-26-18	
03-26-18	14-26-18	31-26-18	
08-26-18	24-26-18	32-26-18	

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Fee-for-Service Provider Service Center: 1-800-537-8862

Visit the Office of Medical Assistance Programs website at:
https://www.pa.gov/en/agencies/dhs/departments-offices/omap-info.html

The revisions to the guidelines to determine medical necessity of prescriptions for Epinephrine, Self-Administered were subject to public review and comment and subsequently approved for implementation by the Department.

PROCEDURE:

The procedures for prescribers to request prior authorization of Epinephrine, Self-Administered are located in SECTION I of the Prior Authorization of Pharmaceutical Services Handbook. The Department will take into account the elements specified in the clinical review guidelines (which are included in the provider handbook pages in the SECTION II chapter related to Epinephrine, Self-Administered) when reviewing the prior authorization request to determine medical necessity.

As set forth in 55 Pa. Code § 1101.67(a), the procedures described in the handbook pages must be followed to ensure appropriate and timely processing of prior authorization requests for drugs and products that require prior authorization.

ATTACHMENTS:

Prior Authorization of Pharmaceutical Services Handbook - Updated pages

RESOURCES:

Prior Authorization of Pharmaceutical Services Handbook – SECTION I
Pharmacy Prior Authorization General Requirements
https://www.pa.gov/en/agencies/dhs/resources/pharmacy-services/pharmacy-prior-authorization-general-requirements.html

Prior Authorization of Pharmaceutical Services Handbook – SECTION II
Pharmacy Prior Authorization Guidelines
https://www.pa.gov/en/agencies/dhs/resources/pharmacy-services/clinical-guidelines.html

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

A. Prescriptions That Require Prior Authorization

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

See the Preferred Drug List for the list of preferred Epinephrine, Self-Administered at: https://papdl.com/preferred-drug-list.

B. Review of Documentation for Medical Necessity

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

1. 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. 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-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.