GEORGIA MEDICAID FEE-FOR-SERVICE
EPINEPHRINE INJECTION PA SUMMARY

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epinephrine injection generic by Mylan (NDCs 49502-####-##)</td>
<td>Epinephrine injection generic EXCEPT by Mylan EpiPen/EpiPen Jr (epinephrine injection) Symjepi (epinephrine injection)</td>
</tr>
</tbody>
</table>

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

Non-Preferred Products

❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic epinephrine injection by Mylan, is not appropriate for the member.

EXCEPTIONS:

• Exceptions to these conditions of coverage are considered through the prior authorization process.
• The Prior Authorization process may be initiated by calling OptumRx at 1-866-525-5827.

PREFERRED DRUG LIST:

• For online access to the Preferred Drug List (PDL), please go to http://dch.georgia.gov/preferred-drug-lists.

PA and APPEAL PROCESS:

• For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

• For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on Other Documents, then select the most recent quarters QLL List.