



**GEORGIA MEDICAID FEE-FOR-SERVICE  
EPINEPHRINE INJECTION PA SUMMARY**

Preferred	Non-Preferred
Epinephrine injection generic by Mylan (NDCs 49502-####-##)	Epinephrine injection generic EXCEPT by Mylan EpiPen/EpiPen Jr (epinephrine injection) Symjepi (epinephrine injection)

**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](http://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](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.