LANOXIN PA SUMMARY

<table>
<thead>
<tr>
<th>PREFERRED</th>
<th>Digoxin oral solution (generic), Digoxin tablets (generic, 0.125mg, 0.25mg)</th>
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</thead>
<tbody>
<tr>
<td>NON-PREFERRED</td>
<td>Lanoxin 0.0625mg, 0.1875mg tablets (brand-name)</td>
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</table>

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:
- Physician should submit a written letter of medical necessity stating the reason(s) that generic digoxin (which is a scored tablet) 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 Catamaran at 1-866-525-5827.

PA and APPEAL PROCESS:
- For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:
- For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.