

GEORGIA MEDICAID FEE-FOR-SERVICE POTASSIUM IODIDE PA SUMMARY

	Preferred	Non-Preferred
1	n/a	Potassium iodide oral solution generic

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

Prescriber must submit a written letter of medical necessity, including clinical rationale for the medication and other therapies the member has failed or why other therapies are 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 <u>www.dch.georgia.gov/prior-authorization-process-and-criteria</u> 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
 <u>www.mmis.georgia.gov/portal</u>, highlight Pharmacy and click on <u>Other Documents</u>, then select the most recent quarters QLL List.