



**GEORGIA MEDICAID FEE-FOR-SERVICE
DIGOXIN PA SUMMARY**

Preferred	Non-Preferred
Digoxin 0.125 mg, 0.25 mg tablets generic	Digoxin 0.0625 mg tablets

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

- ❖ Physician should submit a written letter of medical necessity stating the reasons the preferred product, generic digoxin 0.125 mg (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 **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.