



**GEORGIA MEDICAID FEE-FOR-SERVICE  
IRON, ORAL PA SUMMARY**

Preferred	Non-Preferred
List may not be all inclusive: Active FE Bentivite Centrutex Chromagen Corvita Corvite FE Ferralet 90 Folivane-F Irospan Niferex Se-Tan Plus Taron Forte Trigél-F Forte	Accrufer Feriva 21/7

**LENGTH OF AUTHORIZATION:** 1 year

**NOTE:** Oral iron products are only covered for members less than 21 years of age.

**PA CRITERIA:**

Non-Preferred Products

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products (see table above) 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 [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.