GEORGIA MEDICAID FEE-FOR-SERVICE
IRON PARENTERAL PA SUMMARY

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ferralet 90</td>
<td>Feriva 21-7</td>
</tr>
<tr>
<td>Fusion Plus, Sprinkle</td>
<td>Feriva FA</td>
</tr>
<tr>
<td>Hemocyte F, Plus</td>
<td></td>
</tr>
<tr>
<td>Integra F, Plus</td>
<td></td>
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LENGTH OF AUTHORIZATION: 1 year

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

PA CRITERIA:

*Feriva 21-7 and Feriva FA*

- Prescriber must submit a written letter of medical necessity stating the reasons the preferred products 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** 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.