



**GEORGIA MEDICAID FEE-FOR-SERVICE
IRON PARENTERAL PA SUMMARY**

Preferred	Non-Preferred
Infed (iron dextran injection) Venofer (iron sucrose injection)	Ferumoxytol injection generic Injectafer (ferric carboxymaltose injection) Monoferric (ferric derisomaltose injection) Sodium ferric gluconate complex injection generic

LENGTH OF AUTHORIZATION: 1 year

NOTES:

- ❖ All agents require prior authorization (PA).
- ❖ If being administered in a physician’s office, the medication must be billed through the DCH physician’s injectable program and not the outpatient pharmacy program. Information regarding the physician’s injectable program can be located at www.mmis.georgia.gov. The first dose of iron dextran (Infed) must be administered under the direct supervision of a physician.

PA CRITERIA:

Infed and Venofer

- ❖ Approvable for members with a diagnosis of iron deficiency anemia who are unable to tolerate oral iron products or have an iron deficient state that is not amenable to oral iron therapy.

Ferumoxytol Injection Generic

- ❖ Approvable for members 18 years of age or older with a diagnosis of iron deficiency anemia and chronic kidney disease who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to iron dextran (DexFerrum, INFeD) and Venofer.
- ❖ Approvable for members 18 years of age or older with a diagnosis of iron deficiency anemia in the absence of chronic kidney disease who are unable to tolerate oral iron products or have an iron deficient state that is not amenable to oral iron therapy and have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to iron dextran (DexFerrum, INFeD) and Venofer.

Injectafer

- ❖ Approvable for members 18 years of age or older with a diagnosis of iron deficiency anemia and chronic kidney disease who are not dependent on dialysis and have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to iron dextran (DexFerrum, INFeD) and Venofer.



- ❖ Approvable for members 1 year of age or older with a diagnosis of iron deficiency anemia in the absence of chronic kidney disease who are unable to tolerate oral iron products or have an iron deficient state that is not amenable to oral iron therapy and have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to iron dextran (DexFerrum, INFeD) and Venofer.

Monoferric

- ❖ Approvable for members 18 years of age or older with a diagnosis of iron deficiency anemia and chronic kidney disease who are not dependent on dialysis and have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to iron dextran (DexFerrum, INFeD) and Venofer.
- ❖ Approvable for members 18 years of age or older with a diagnosis of iron deficiency anemia in the absence of chronic kidney disease who are unable to tolerate oral iron products or have an iron deficient state that is not amenable to oral iron therapy and have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to iron dextran (DexFerrum, INFeD) and Venofer.

Sodium Ferric Gluconate Complex Injection Generic

- ❖ Approvable for members 6 years of age or older with a diagnosis of iron deficiency anemia who are on hemodialysis or chemotherapy and receiving epoetin therapy and have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to iron dextran (DexFerrum, InFeD) and Venofer.
- ❖ Approvable for members with a diagnosis of iron deficiency anemia in pregnancy who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to iron dextran (DexFerrum, INFeD) and Venofer.

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 Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.