



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

Preferred	Non-Preferred
<p>List may not be all inclusive:</p> <p>Active FE Centratex Chromagen Corvita Corvite FE Ferralet 90 Ferraplus 90 Folivane-F Hematogen Hematogen FA Iferex Forte Irospan Niferex Nufera Puravit Dual FE Se-Tan Plus Taron Forte TL-Hen Tricon Trigél-F Forte</p>	<p>Accrufer Feriva 21-7 Feriva FA</p>

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 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.