



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

<b>Preferred</b>	<b>Non-Preferred</b>
Infed (iron dextran injection) Venofer (iron sucrose injection)	Feraheme (ferumoxytol injection) Injectafer (ferric carboxymaltose injection) Sodium ferric gluconate complex injection generic

**LENGTH OF AUTHORIZATION:** 1 Year

**NOTES:**

- ❖ If medication is being administered in a physician’s office, then it 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](http://www.mmis.georgia.gov). The first dose of iron dextran (Infed) must be administered under the direct supervision of a physician.
- ❖ All products require PA in this class.

**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.

*Feraheme*

- ❖ Approvable for members 18 years of age or older with a diagnosis of iron deficiency anemia and chronic kidney disease.

*Injectafer*

- ❖ Approvable for members 18 years of age or older with a diagnosis of iron deficiency anemia and chronic kidney disease that is not dependent on dialysis.
- ❖ 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.

*Sodium Ferric Gluconate Complex Generic*

- ❖ Approvable for members 6 years of age or older with a diagnosis of iron deficiency anemia who are on hemodialysis and receiving epoetin therapy.

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