



**GEORGIA MEDICAID FEE-FOR-SERVICE
PRENATAL VITAMINS PA SUMMARY**

Preferred	Non-Preferred
All prenatal vitamins <i>without</i> DHA (brand and generic) Prenatal vitamins <i>with</i> DHA listed below: Prenate DHA Prenate Enhance Prenate Essential Prenate Mini Prenate Pixie Prenate Restore	All other prenatal vitamins <i>with</i> DHA (brand and generic)

LENGTH OF AUTHORIZATION: 1 Year

NOTE: Prenatal vitamins *without* DHA (brand and generic) are preferred without PA up to a cap of \$11 per prescription.

PA CRITERIA:

- ❖ Approvable for members who are trying to conceive or who are pregnant or breastfeeding

AND

- ❖ Members who have been unable to tolerate ALL of the preferred prenatal vitamins *with* DHA, Prenate DHA, Prenate Enhance, Prenate Essential, Prenate Mini, Prenate Pixie AND Prenate Restore.

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.