

PARENTERAL IRON PA SUMMARY

PREFERRED	DexFerrum, InFeD, Nulecit, Venofer
NON-PREFERRED	Feraheme, Ferrlecit

NOTE: All products require PA in this class.

LENGTH OF AUTHORIZATION: 1 Year

NOTE: *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. The first dose of DexFerrum or InFeD must be administered under the direct supervision of a physician.*

PA CRITERIA:

DexFerrum, InFeD, or Venofer

- ❖ Approvable for the diagnosis of iron deficiency anemia

AND

- ❖ Member must be unable to tolerate oral iron products or the iron deficient state must not be amenable to oral iron therapy.

Feraheme

- ❖ Approvable for the diagnosis of iron deficiency anemia and chronic kidney disease in members 18 years of age or older

Nulecit

- ❖ Approvable in members 6 years of age and older for the diagnosis of iron deficiency anemia on hemodialysis

AND

- ❖ Member must be receiving epoetin therapy.

Ferrlecit

- ❖ Member must meet Nulecit criteria above
- ❖ Submit a written letter of medical necessity stating the reason(s) the preferred product which requires PA, Nulecit, is 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 **SXC Health Solutions at 1-866-525-5827**.

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.