



## UROCIT K/POTASSIUM CITRATE ER PA SUMMARY

<b>PREFERRED</b>	Potassium Citrate 5, 10 mEq (generic)
<b>NON-PREFERRED</b>	Potassium Citrate ER 15 mEq (generic), Urocit-K 5, 10, 15 mEq (brand)

**LENGTH OF AUTHORIZATION:** 1 Year

**NOTE:** If generic potassium citrate ER 15 mEq is approved, the PA will be issued for brand-name Urocit-K 15 mEq.

**PA CRITERIA:**

- ❖ Submit a written letter of medical necessity stating the reasons the preferred products (generic potassium citrate 5 mEq and 10 mEq) as two separate prescriptions 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 **Catamaran at 1-866-525-5827.**

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please go to [www.mmis.georgia.gov/portal](http://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 Limit 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 Part II and select that manual.