

## UREA PRODUCTS PA SUMMARY

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|----------------------|---|
| <b>PREFERRED</b>     | Carmol 40% cream (urea)<br>Umecta 40% suspension (urea)<br>Urea 35% lotion<br>Urea 40% cream, lotion<br>Urea 45% cream<br>Urea 50% cream, ointment  |
| <b>NON-PREFERRED</b> | Kerafoam (urea 30% foam)<br>Kerafoam 42 (urea 42% foam)<br>Latrix XM 45% emulsion (urea 45% emulsion)<br>Kerol 42% Redi-Cloths (urea 42% towelettes)<br>Kerol (urea 50% emulsion)<br>RE Urea 50 emulsion generic (urea 50% emulsion)<br>Umecta PD (urea 40% and 0.3% hyaluronate sodium suspension)<br>Uralytic 2 (urea 20% foam)<br>Uramaxin cream (urea 45% cream)<br>Uramaxin foam (urea 20% foam)<br>Uramaxin lotion (urea 45% lotion)<br>Uramaxin nail gel (urea 45% gel)<br>Urea emulsion<br>Urea gel<br>Urea nail gel generic (urea 45% gel)<br>Urea nail kit generic (urea 40% suspension and 0.2% hyaluronate gel) |

**LENGTH OF AUTHORIZATION:** 1 Year

**PA CRITERIA:**

- ❖ Submit a written letter of medical necessity stating the reasons the preferred product (generic urea cream, lotion, or ointment; or Umecta suspension) 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](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 Limits 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.