



**SODIUM SULFACETAMIDE/SULFUR PRODUCTS PA SUMMARY**

<b>PREFERRED</b>	Klaron, Sodium sulfacetamide 10% and sulfur 5% (cream, lotion, suspension, wash)
<b>NON-PREFERRED</b>	Clenia (sodium sulfacetamide/sulfur) Plexion, Plexion SCT, Plexion TS, Plexion Cleansing Cloths (10% sodium sulfacetamide, 5% sulfur topical cream, cleanser, suspension, and cleansing cloths) Prascion (sodium sulfacetamide/sulfur) Rosac (sodium sulfacetamide/sulfur) Rosanil Cleanser, Rosanil Kit (10% sodium sulfacetamide, 5% sulfur topical cleanser) Rosula (sodium sulfacetamide/sulfur) Sodium sulfacetamide/sulfur suspension, topical cleansing pads Sumaxin Pads (10% sodium sulfacetamide/4% sulfur topical cleansing pads) Sumaxin Wash (10% sodium sulfacetamide/4% sulfur wash)

**LENGTH OF AUTHORIZATION:** 1 Year

**NOTE:** PA is required for all non-preferred products for members of all ages.

**PA CRITERIA:**

- ❖ Approvable for diagnoses of acne vulgaris, acne rosacea, or seborrheic dermatitis if provider submits a written letter of medical necessity stating the reasons the preferred products (sodium sulfacetamide 10% and sulfur 5% cream, lotion, or wash) 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 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.