



ULTRAVATE PAC (KIT), ULTRAVATE X PA SUMMARY

PREFERRED	Halobetasol propionate 0.05% topical cream/ointment, Ammonium lactate 12% topical lotion
NON-PREFERRED	Ultravate PAC Kit, Ultravate X cream/ointment

STATUS: Non-Preferred

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

For Ultravate PAC Kit

- ❖ Submit a written letter of medical necessity stating the reasons the preferred products (generic halobetasol propionate 0.05% topical ointment and generic ammonium lactate 12% topical lotion) are not appropriate for the member.

For Ultravate X cream or ointment

- ❖ Submit a written letter of medical necessity stating the reasons the preferred products (generic halobetasol propionate 0.05% topical ointment or cream and generic lactic acid emollient product [Rx or OTC ammonium lactate or lactic acid]) 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, 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, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.