

OVACE FOAM, OVACE PLUS CREAM, AND OVACE PLUS SHAMPOO PA SUMMARY

STATUS: Non-Preferred

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

- ❖ Approvable for the diagnosis of secondary infection of the skin. Submit a written letter of medical necessity stating the reason(s) generic sulfacetamide sodium 10% wash or lotion (preferred agent) is not appropriate for the member.
- ❖ Approvable for the diagnosis of seborrheic dermatitis when the member has tried at least two other preferred products for seborrheic dermatitis.

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.