

PHARMACY PRE-AUTHORIZATION CRITERIA



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| DRUG (S) | Ovace Plus (sodium sulfacetamide foam 9.8%) |
| POLICY # | 13127 |
| INDICATIONS | Ovace Plus is indicated for the treatment of bacterial infections of the skin. |
| CRITERIA | <p>ConnectiCare considers Ovace Plus to be medically necessary in adult patients over age 12 who meet the following criteria:</p> <ul style="list-style-type: none">• Patient must have had previous treatment with at least two generic sulfacetamide preparations (lotion, liquid, shampoo, suspension, or gel) |
| LIMITATIONS | If the above criteria are met, authorization will be granted for 14 days. |
| REFERENCES | Facts & Comparisons Online |
| P&T REVIEW HISTORY | 8/16, 8/17, 7/18 |
| REVISION RECORD | |