



Commercial/Healthcare Exchange PA Criteria

Effective: January 1st, 2019

Prior Authorization: Utopic

Products Affected: Utopic External Cream 41% (Urea)

Covered Uses: This product is useful for the treatment of hyperkeratotic conditions such as dry, rough skin, xerosis, ichthyosis, skin cracks and fissures, dermatitis, eczema, psoriasis, keratoses and calluses.

Exclusion Criteria: N/A

Required Medical Information:

1. Diagnosis
2. Previous therapies tried with dates of treatment (documentation required)
3. Physician chart notes

Age Restrictions: N/A

Prescriber Restrictions: N/A

Coverage Duration: 12 months

Other Criteria: Patient has had adequate trials (of 2 weeks' duration) of any two prescription preparations containing an equivalent percentage of Urea.

References:

1. Utopic [package insert]. Artesa Labs, LLC. Austin, TX.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	1/1/19

Last Res. 1.1.19



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