



## Commercial/Healthcare Exchange PA Criteria

Effective: January 1<sup>st</sup>, 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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