

Moisturizers, topical

Goal(s):

- Limit use to funded conditions. Allow case-by-case review for members covered under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program.

Length of Authorization:

- 12 months

Requires PA:

- Non-preferred topical emollients, protectants, or moisturizers
- Formulations other than lotions, creams and ointments are not covered

Covered Alternatives:

- Covered products include: topical lotions, ointments, and creams
- Preferred alternatives listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD 10 code.	
2. Is the request for treatment of severe skin disease? Severe disease is defined by the prioritized list as: Having functional impairment as indicated by Dermatology Life Quality Index (DLQI) ≥ 11 or Children's DLQI ≥ 13 (or severe score on other validated tool) AND one or more of the following: <ol style="list-style-type: none"> 1. At least 10% body surface area involved OR 2. Hand, foot, face, or mucous membrane involvement 	Yes: Go to #4	No: If not eligible for EPSDT review: Pass to RPh. Deny; not funded by the OHP If eligible for EPSDT review: Go to #3
3. Is there documentation that the condition is of sufficient severity that it impacts the patient's health (e.g., quality of life, function, growth, development, ability to participate in school, perform activities of daily living, etc)?	Yes: Go to #4	No: Pass to RPh. Deny; medical necessity
4. Is the request for a preferred product?	Yes: Approve for 12 months	No: Go to #5
5. Has the patient failed to have benefit with (or have contraindications to) at least 2 preferred products?	Yes: Approve for 12 months	No: Pass to RPh. Deny; medical appropriateness.