An electronic edit will be applied at the point of sale. System will look for age less than 18 years. If found, claim will approve. If electronic criteria are not met, the following guidelines will be applied:

1. Is the member 2 years of age or older?
   - If yes, continue to #3.
   - If no, do not approve.
2. Is the member’s diagnosis atopic dermatitis (eczema)?
   - If yes, continue #3.
   - If no, do not approve.
3. Has the member experienced inadequate response or intolerable side effects to one or more topical steroids?
   - If yes, approve for 6 months.
   - If no, do not approve.

**FDA Approved Indications:**

Short-term and intermittent long-term therapy in the treatment of mild to moderate atopic dermatitis in non-immunocompromised patients \( \geq 2 \) years of age in whom the use of alternative, conventional therapies is deemed inadvisable because of potential risks, or in the treatment of patients who are not adequately responsive to or intolerant of alternative, conventional therapies.

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**References:**