

<b>DRUG (S)</b>	Lac-hydrin (ammonium lactate 12%)
<b>POLICY #</b>	13105
<b>INDICATIONS</b>	Lac-hydrin is indicated for lubricating and moisturizing of the skin, counteracting dryness and itching.
<b>CRITERIA</b>	<p>ConnectiCare considers <b>Lac-hydrin</b> medically necessary when the following criteria are met:</p> <p>Patient has had adequate trials (of 2 weeks’ duration) of any <b>two</b> OTC preparations containing ammonium lactate.</p> <p>Examples include:</p> <ul style="list-style-type: none"> <li>• AL12</li> <li>• AmLactin</li> <li>• Carbo Lac HP</li> <li>• Geri Hydrolac—12%</li> <li>• Kerasal AL</li> </ul>
<b>LIMITATIONS</b>	<p><b>This Document applies to Freedom Drug List Members ONLY</b>                  (Connecticut Exchange members and most ConnectiCare SOLO Plan members)</p> <hr/>
<b>REFERENCES</b>	<ol style="list-style-type: none"> <li>1. Facts and Comparisons online</li> </ol>
<b>P&amp;T REVIEW HISTORY</b>	5/17, 7/18
<b>REVISION RECORD</b>	