



INLAND EMPIRE HEALTH PLAN

IEHP UM Subcommittee Approved Authorization Guidelines
Molluscum Contagiosum – Adult

Policy:

Treatment under primary care provider does not require pre-authorization. Minor cases usually resolve in 6 to 18 months, unless the patient has immune deficiencies or is undergoing chemotherapy. Referral to dermatologist is recommended if resolution has not occurred within 18 months, or there are concurrent complicating factors such as an immunal compromised state and/or the lesions become painful and are extensive. Urgent referral to an ophthalmologist is recommended if lesions extend to the eyelid and are associated with red eye.

Complicating Factors:

- Bacterial super infection of the lesion, especially in individuals with atopic dermatitis or a compromised immune state.
- Cosmetic scarring leading to psychological distress.
- Conjunctivitis and keratitis may complicate lesions that are around the eyelids.

Treatment:

- A. Evaluation by Primary Care Provider (PCP) to determine number of lesions, aggravating factors, and to rule out eczema or a bacterial skin infection.
- B. Molluscum Contagiosum is self limiting and usually resolves within 18 months; treatment is typically not recommended.
- C. Lesions which are small in number typically resolve without treatment.
- D. PCP first line therapies:
 1. Watchful waiting; refer to a specialist if treatment fails.
 2. Topical 5% acidified nitrate co-applied with 5% salicylic acid
- E. Dermatologist first line therapies:
 1. Curettage
 2. Cryotherapy
 3. Laser Surgery
 4. Trichloroacetic acid

10801 Sixth St, Suite 120, Rancho Cucamonga, CA 91730
Tel (909) 890-2000 Fax (909) 890-2003
Visit our web site at: www.iehp.org

A Public Entity

IEHP UM Subcommittee Approved Authorization Guidelines

Molluscum Contagiosum - Adult

Page 2 of 2

5. Topical Imiquimod
6. Topical Retinoid
7. Immune compromised Members may be treated with topical cydofovir or interferon alpha.

Background:

Molluscum Contagiosum is a skin infection caused by a virus. Transmission can be directly from close personal contact, or indirectly from contaminated surfaces (fomites) such as shared towels or clothing. Lesions can be found anywhere on the surface of the body except palms and soles.

Effective Date: *July 21, 2005*

Reviewed Annually: *November 9, 2016*

Revised:
March 5, 2014

Bibliography:

1. Clinical Knowledge Summaries: Molluscum Contagiosum
<http://cks.nice.org.uk/molluscum-contagiosum#!topicsummary> Accessed Jan 21, 2014.
2. Cochrane data base of systematic reviews
<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0013007/> Accessed Jan 21, 2014.
3. American Academy of Dermatology
<http://www.aad.org/dermatology-a-to-z/diseases-and-treatments/m---p/molloscum-contagiosum/diganosis-treatment> Accessed Jan 21, 2014.
4. Aetna clinical guidelines
http://www.aetna.com/cpb/medical/data/600_699/0650.html Accessed Jan 21, 2014.

Disclaimer

IEHP Clinical Authorization Guidelines (CAG) are developed to assist in administering plan benefits, they do not constitute a description of plan benefits. The Clinical Authorization Guidelines (CAG) express IEHP's determination of whether certain services or supplies are medically necessary, experimental and investigational, or cosmetic. IEHP has reached these conclusions based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). IEHP makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in the Clinical Authorization Guidelines (CAG). IEHP expressly and solely reserves the right to revise the Clinical Authorization Guidelines (CAG), as clinical information changes.