



**GEORGIA MEDICAID FEE-FOR-SERVICE
PEDICULICIDES AND SCABICIDES PA SUMMARY**

| Preferred | Non-Preferred |
|---|---|
| Natroba (spinosad) suspension Permethrin cream 5% generic Permethrin lotion 1% generic* Sklice (ivermectin) lotion | Eurax (crotamiton) cream Eurax (crotamiton) lotion Lindane lotion and shampoo generic Malathion lotion generic Ovide (malathion) lotion Spinosad suspension generic Ulesfia (benzyl alcohol) lotion |

*Does not require prior authorization.

LENGTH OF AUTHORIZATION: 1 Month

NOTES:

- ❖ If Ovide is approved, the PA will be issued for generic malathion.
- ❖ Natroba and Ulesfia do not require prior authorization for members 6 months of age and older if permethrin 1% has been used within the past 30 days.

PA CRITERIA:

Permethrin 5% Generic

- ❖ Approvable for members with scabies.

Natroba and Sklice

- ❖ Approvable for members with lice who are 6 months of age or older

AND

- ❖ Member must have allergies, contraindications, drug-drug interactions or intolerable side effects to permethrin 1%

OR

- ❖ Member must have experienced treatment failure (live mites still present) in the past 30 days with permethrin 1%.

Eurax

- ❖ Approvable for members with scabies who are 2 months of age or older

AND

- ❖ Member must have allergies, contraindications, drug-to-drug interactions or intolerable side effects to permethrin 5%

OR

- ❖ Member must have experienced treatment failure (live mites still present) following 2 courses of therapy with permethrin 5% for the same treatment episode.

Lindane Generic

- ❖ Approvable for members with lice or scabies which are not excluded from use per the prescribing information

AND



- ❖ Member must have allergies, contraindications, drug-drug interactions or intolerable side effects to permethrin 1%, Natroba/spinosad, Ovide/malathion, Sklice AND Ulesfia if the member has lice or permethrin 5% if the member has scabies

OR

- ❖ Member must have experienced treatment failure (live mites still present) following at least 1 course of therapy with permethrin 1%, Natroba/spinosad, Ovide/malathion, Sklice AND Ulesfia if the member has lice or the member must have experienced treatment failure (live mites still present) following 2 courses of therapy with permethrin 5% if the member has scabies for the same treatment episode.

Malathion Generic and Ovide

- ❖ Approvable for members with lice who are 6 years of age or older

AND

- ❖ Member must have experienced allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to permethrin 1%, Natroba AND Sklice

OR

- ❖ Member must have experienced treatment failure (live mites still present) following at least 1 course of therapy with permethrin 1%, Natroba AND Sklice for the same treatment episode.

Spinosad Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reason(s) the preferred products, permethrin 1% lotion, brand Natroba AND Sklice, are not appropriate for the member

Ulesfia

- ❖ Approvable for members with lice who are 6 months of age or older

AND

- ❖ Member must have experienced allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to permethrin 1%, Natroba AND Sklice

OR

- ❖ Member must have experienced treatment failure (live mites still present) following at least 1 course of therapy with permethrin 1%, Natroba AND Sklice for the same treatment episode.

QLL CRITERIA:

For Permethrin 5%

- ❖ An authorization to exceed the QLL may be granted if the member has demonstrable living mites after 14 days (since application).

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.



PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.