

SCABICIDES PA SUMMARY

PREFERRED	Natroba suspension, Generic Permethrin cream (includes Acticin), Generic Permethrin lotion, Ulesfia lotion
NON-PREFERRED	Eurax cream, Eurax lotion, Lindane lotion and shampoo, Generic Malathion lotion, Ovide lotion, Sklice lotion

LENGTH OF AUTHORIZATION: 1 Month

NOTE: If Ovide (malathion) is approved, the PA will be issued for the brand product. Natroba and Ulesfia do not require prior authorization if a permethrin product has been used within the past 60 days.

PA CRITERIA:

For Natroba suspension or Ulesfia lotion

- ❖ Approvable for lice in members 6 months or older (Ulesfia lotion) or in members 4 years or older (Natroba suspension)

AND:

- ❖ Provider must also submit documentation of allergies, contraindications/drug-drug interactions, or a history of intolerable side effects to Permethrin lotion

OR:

- ❖ Provider should submit documentation of treatment failure in the past 60 days with Permethrin lotion (live mites still present).

For Eurax cream or lotion

- ❖ Approvable for scabies

AND:

- ❖ Provider should submit documentation of allergies, contraindication, drug-to-drug interactions, or a history of intolerable side effects to permethrin or Acticin cream (Elimite cream)

OR:

- ❖ Provider should submit documentation of live mites following 2 courses of therapy with permethrin or Acticin cream (Elimite cream) for the same treatment episode.

For Lindane lotion and shampoo

- ❖ Approvable for lice or scabies

AND:

- ❖ Provider must also submit documentation of allergies, contraindications/drug-drug interactions, or a history of intolerable side effects to Permethrin lotion, Natroba, AND Ulesfia (if lice) or permethrin or Acticin cream (Elimite cream) (if scabies)

OR:

- ❖ Provider should submit documentation of live mites following 2 courses of therapy with Permethrin lotion, Natroba, OR Ulesfia (if lice) or permethrin

or Acticin cream (Elimite cream) (if scabies) for the same treatment episode.

For Malathion lotion, Ovide lotion, or Sklice

- ❖ Approvable for lice in members 6 years or older

AND:

- ❖ Provider must also submit documentation of allergies, contraindications/drug-drug interactions, or a history of intolerable side effects to Permethrin lotion, Natroba, AND Ulesfia

OR:

- ❖ Provider should submit documentation of live mites following 2 courses of therapy with Permethrin lotion, Natroba, OR Ulesfia for the same treatment episode.
- ❖ Sklice is also approvable in members age 6 months to 4 years for lice, but must fail or be unable to use Permethrin lotion and Ulesfia (approved for younger ages)

QLL CRITERIA:

For Permethrin (Elimite) Cream

- ❖ 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 **SXC Health Solutions at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

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