GEORGIA MEDICAID FEE-FOR-SERVICE
ANTIPARASITICS, TOPICAL PA SUMMARY

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permethrin cream 5% generic</td>
<td>Eurax (crotamiton) cream</td>
</tr>
<tr>
<td>Permethrin lotion 1% generic</td>
<td>Eurax (crotamiton) lotion</td>
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<td></td>
<td>Ivermectin lotion generic</td>
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<td></td>
<td>Lindane shampoo generic</td>
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<td></td>
<td>Malathion lotion generic</td>
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<td></td>
<td>Natroba (spinosad) suspension</td>
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<td></td>
<td>Ovide (malathion) lotion</td>
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<td></td>
<td>Spinosad suspension generic</td>
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LENGTH OF AUTHORIZATION:  1 month

NOTES:
- If Ovide is approved, the PA will be issued for generic malathion.
- If generic spinosad is approved, the PA will be issued for brand Natroba.

PA CRITERIA:

**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.

**Ivermectin Generic and Natroba**
- Approvable for members with lice who are 6 months of age or older
- **AND**
  - Member must have experienced allergy, contraindication, drug-drug interaction or intolerable side effect to permethrin lotion 1%
- **OR**
  - Member must have experienced treatment failure (live mites still present) following at least 1 course of therapy with permethrin lotion 1% for the same treatment episode.

**Lindane Generic**
- Approvable for members with lice or scabies who 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% lotion, Natroba/spinosad, Ovide/malathion and Sklice/ivermectin if the member has lice or permethrin cream 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 lotion 1%, Natroba/spinosad, Ovide/malathion and Sklice/ivermectin if the member has lice or the member must have experienced treatment failure (live mites still present) following 2 courses of therapy with permethrin cream 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 allergy, contraindication, drug-drug interaction or intolerable side effect to permethrin lotion 1%

OR

Member must have experienced treatment failure (live mites still present) following at least 1 course of therapy with permethrin lotion 1% for the same treatment episode.

Spinosad Generic

Member must submit a written letter of medical necessity stating the reasons, permethrin lotion 1% and brand Natroba, are not appropriate for the member

QLL CRITERIA:

Permethrin Cream 5% Generic

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 Pharmacy and click on Other Documents, then select the most recent quarters QLL list.