



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

Preferred	Non-Preferred
Permethrin cream 5% generic Permethrin lotion 1% generic	Eurax (crotamiton) cream Eurax (crotamiton) lotion Ivermectin lotion generic Lindane shampoo generic Malathion lotion generic Natroba (spinosad) suspension Ovide (malathion) lotion Spinosad suspension generic

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

- ❖ Prescriber 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.