



Lice/Scabies Treatment Step Therapy

Drug(s) Applied:	Malathion 0.5% Lotion, Spinosad 0.9% Suspension
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Criteria:

Drug(s) Applied will be approved when the requested medication is being used for an FDA approved indication and all of the following criteria are met:

I. Initial Approval Criteria

A. Lice

1. Patient's medication history includes use of one or more OTC treatments for lice of pyrethrins shampoo or permethrin creme rinse 1% (OTC Nix, RID, or Lice shampoo) or preferred prescription permethrin within the past 90 days **or**
2. Patient has an intolerance to OTC agents or preferred prescription permethrin **or**
3. Patient has an FDA labeled contraindication to OTC agents or preferred prescription permethrin that is not expected to occur with the requested agent

Approval Duration: 2 months

B. Scabies

1. Patient's medication history includes use of permethrin 5% cream within the past 90 days **or**
2. Patient has an intolerance or an FDA labeled contraindication to permethrin 5% cream

Approval Duration: 2 months

Policy Owned by: PBM team