



SmartPA Criteria Proposal

Drug/Drug Class:	Antiparasitics, Topical PDL Edit	
First Implementation Date:	August 15, 2013	
Proposed Date:	April 18, 2023	
Prepared For:	MO HealthNet	
Prepared By:	MO HealthNet/Conduent	
Criteria Status:	□Existing Criteria ☑Revision of Existing Criteria □New Criteria	

Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

Why Issue Selected:

Pediculosis is an infestation of lice, tiny parasites that feed on blood and live in the skin or scalp of warm-blooded animals including humans. They lay their eggs and deposit waste matter on the skin, clothing, or scalp. Lice infestation presents with severe itching and usually leaves red bumps on the skin or scalp. About 6-12 million people, mainly children, are treated for head lice in the United States annually. Head lice infestation is most frequent in children ages 3-11 years and their families. Females are more frequently infested than males. Head lice are spread through direct head-to-head contact with an infested person. There is no product or method which assures 100% destruction of the eggs and hatched lice after a single treatment, however there are several treatment modalities that can be used.

Total program savings for the PDL classes will be regularly reviewed.

Program-Specific Information:

C	Preferred Agents	Non-Preferred Agents
:	 Natroba[™] 	 Crotan[™]
	Nix® Ultra Solution	 Elimite[™]
	 Permethrin OTC/Rx Crm 	Eurax [®]
	 Piperonyl butoxide/Pyrethrin (gen Rid[®] 	Ivermectin Lot OTC
	Shampoo OTC)	Lindane
	 Piperonyl butoxide/Pyrethrin/ 	Malathion Lot
	Permethrin (gen Rid® Lice Complete	Ovide®
	Kit OTC)	Spinosad
	Sklice® OTC	-
	 VanaLice[™] OTC Gel 	

Type of Criteria:	☐ Increased risk of ADE	☑ Preferred Drug List
	☐ Appropriate Indications	☐ Clinical Edit
Data Sources:	☐ Only Administrative Databases	☑ Databases + Prescriber-Supplied

Setting & Population

- Drug class for review: Antiparasitic Agents, Topical
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
 - Documented trial period of preferred agents OR
 - Documented ADE/ADR to preferred agents

Denial Criteria

 Therapy will be denied if all approval criteria are not met Lack of adequate trial on required preferred agents 			
Required Documentation			
Laboratory Results: Progress Notes: Other:			
Disposition of Edit			
Denial: Exception Code "0160" (Preferred Drug List) Rule Type: PDL			

Default Approval Period

1 year

References

- Evidence-Based Medicine and Fiscal Analysis: "Therapeutic Class Review: DERMATOLOGIC AGENTS: Topical Antiparasitics, Treatment of Lice & Scabies", Gainwell Technologies; Last updated February 28, 2023.
- Evidence-Based Medicine Analysis: "Topical Antiparasitic Agents", UMKC-DIC; Last updated November 2022.
- USPDI, Micromedex; 2023.
- Facts and Comparisons eAnswers (online); 2023 Clinical Drug Information, LLC.