

SmartPA Criteria Proposal

Drug/Drug Class:	Antiparasitics, Topical PDL Edit
First Implementation Date:	August 15, 2013
Revised Date:	July 1, 2021
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	<input type="checkbox"/> Existing Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> 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:	Preferred Agents	Non-Preferred Agents
	<ul style="list-style-type: none"> Natroba™ Permethrin OTC/Rx Crm Piperonyl butoxide/Pyrethrin (gen Rid® Shampoo OTC) Piperonyl butoxide/Pyrethrin/Permethrin (gen Rid® Lice Complete Kit OTC) VanaLice™ OTC 	<ul style="list-style-type: none"> Crotan™ Elimite™ Eurax® Ivermectin Lot Lindane Malathion Lot Ovide® Sklice® Spinosad Ulesfia®

Type of Criteria: ☐ Increased risk of ADE
☐ Appropriate Indications

☒ Preferred Drug List
☐ 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

- Lack of adequate trial on required preferred agents
- Therapy will be denied if all approval criteria are not met

Required Documentation

Laboratory Results:

☐
☐

Progress Notes:

☐
☐

MedWatch Form:

Other:

Disposition of Edit

Denial: Exception Code "0160" (Preferred Drug List)
Rule Type: PDL

Default Approval Period

1 year

References

1. Evidence-Based Medicine and Fiscal Analysis: "Topical Antiparasitics – Therapeutic Class Review", Conduent Business Services, L.L.C., Richmond, VA; March 2021.
2. Evidence-Based Medicine Analysis: "Topical Antiparasitic Agents", UMKC-DIC; January 2021.
3. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2021.
4. USPDI, Micromedex; 2021.
5. Facts and Comparisons eAnswers (online); 2021 Clinical Drug Information, LLC.