STEP THERAPY CRITERIA

BRAND NAME (generic)

SKLICE (RX AND OTC) (ivermectin)

Status: CVS Caremark Criteria

Type: Initial Step Therapy; Post Step Therapy Prior Authorization

POLICY

FDA-APPROVED INDICATIONS

Ivermectin (OTC)

Ivermectin 0.5% lotion is used to treat head lice

Sklice

Sklice Lotion is indicated for the topical treatment of head lice infestations in patients 6 months of age and older.

INITIAL STEP THERAPY*

*Include Rx and OTC products unless otherwise stated.

If the patient has filled a prescription for at least a 1 day supply of permethrin 1% within the past 60 days under a prescription benefit administered by CVS Caremark, then the requested drug will be paid under that prescription benefit. If the patient does not meet the initial step therapy criteria, then the claim will reject with a message indicating that a prior authorization (PA) is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for the topical treatment of head lice in a patient that is 6 months of age or older
 AND
 - The patient has experienced an inadequate treatment response to permethrin 1%
 - The patient has experienced an intolerance to permethrin 1%
 - The patient has a contraindication that would prohibit a trial of permethrin 1%
 - There is a local pattern of known or suspected resistance to permethrin 1%

REFERENCES

- 1. Sklice [package insert]. San Antonio TX: DPT Laboratories, Ltd; June 2017.
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- 3. Nix [package insert]. Tarrytown NY: Insight Pharmaceuticals LLC.; April 2020.
- 4. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2023; Accessed January 25, 2023.
- 5. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: https://www.micromedexsolutions.com. Accessed January 25, 2023.

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