

## Sklice (ivermectin) 0.5% topical lotion

### Disclaimer

*Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.*

*Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.*

### Summary

Sklice (ivermectin) is a single use topical lotion approved for the treatment of Pediculosis capitis, a common condition caused by infestation of the hair and scalp by head lice. There are various topical pediculicides that are effective for treating head lice. Drug treatment choice should be made based on several factors including local resistance patterns, consideration of adverse effects, and patient age.

There is growing resistance to topical therapies varying by geographical region. Therefore, geographic resistance patterns should be considered when selecting a topical head lice treatment.

There are many medications for the treatment of head lice that are available over-the-counter (OTC) without a prescription at a local pharmacy or drugstore. Below are a list of treatment options for head lice that have been FDA-approved:

**Table 1: Drugs to treat head lice infestations**

Drug		FDA-indicated age	Availability	Retreatment
generic	Brand			
Abametapir <sup>#</sup>	Xeglyze	6 months and older	Rx only	No retreatment
Benzyl Alcohol <sup>#</sup>	Ulesfia	6 months and older	Rx only	7 days after the first treatment
Ivermectin	Sklice	6 months and older	Rx & OTC	No retreatment without consulting a healthcare provider
Lindane	None available	Although FDA approved, Lindane Shampoo should be used with caution in patients who weigh less than approximately 110 lbs (50 kg) and especially in infants.	Rx only	Retreatment should be avoided
Malathion	Ovide	6 years and older	Rx only	As needed, 7–9 days after treatment
Permethrin	Nix	2 months and older	OTC	Often needed on day 9
Pyrethrins	Rid	2 years and older	OTC	Recommended 9 to 10 days after the first treatment
Spinosad	Natroba	6 months and older	Rx only	As necessary, 7 days after the first treatment

<sup>#</sup> available as Brand only. Generic(s) currently not available.

## Definitions

**“Pediculicides”** are anti-parasite medications used to treat head lice.

**“Permethrin”** is a topical anti-parasite medication available in multiple 1% lotion OTC (over the counter) formulations.

**“Pyrethrin”** is a topical anti-parasite medication available in multiple OTC formulations. It is formulated to include Piperonyl Butoxide.

### Medical Necessity Criteria for Initial Authorization

The Plan considers Sklice (ivermectin) 0.5% topical lotion medically necessary when **ALL** of the following criteria are met:

1. The member is 6 months of age or older; **AND**
2. The member has a documented diagnosis of pediculosis capitis (head lice infestation); **AND**
3. The member is unable to use or has tried and failed ALL of the following:
  - a. initial and a second treatment (retreatment) with either Permethrin 1% Topical Lotion OTC OR Pyrethrins combined with piperonyl butoxide OTC; **and**
  - b. Malathion 0.5% Topical Lotion; **and**
  - c. Ivermectin 0.5% Topical Lotion Lice Treatment OTC; **AND**
4. Clinical chart documentation is provided for review to substantiate the above listed requirements.

If the above prior authorization criteria is met, Sklice (ivermectin) 0.5% topical lotion will be approved for 14 days.

### Medical Necessity Criteria for Reauthorization

All prior authorization renewals will be reviewed on a case-by-case basis to determine if continuation of therapy is medically necessary. Prior Authorization may be extended based on the diagnosis and documentation of the response to the previous course of treatment on a case-by-case basis.

### Experimental or Investigational / Not Medically Necessary

Sklice (ivermectin) 0.5% topical lotion for any other indication is considered not medically necessary by the Plan, as it is deemed to be experimental, investigational, or unproven.

### References

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#### Clinical Guideline Revision / History Information

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