April 25, 2008

Subject: OTC Pediculicides

Dear Provider:

Please note the following:

**OTC Pediculicides Now Covered**

OTC treatments for lice are now a covered benefit for all members. A prescription is required for coverage, and fills are limited to one individual package size for a seven day supply.

Currently, the following OTC products are covered:

<table>
<thead>
<tr>
<th>NDC Code</th>
<th>NDC Desc</th>
<th>Package Size</th>
<th>Drug Form</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>00472-5242-67</td>
<td>PERMETHRIN</td>
<td>59 ML</td>
<td>ML</td>
<td>PERMETHRIN TOPICAL 1% LIQUID</td>
</tr>
<tr>
<td>00472-5242-69</td>
<td>PERMETHRIN</td>
<td>118 ML</td>
<td>ML</td>
<td>PERMETHRIN TOPICAL 1% LIQUID</td>
</tr>
<tr>
<td>15127-0243-31</td>
<td>LICE TREATMENT</td>
<td>120 ML</td>
<td>ML</td>
<td>PERMETHRIN TOPICAL 1% LIQUID</td>
</tr>
<tr>
<td>49348-0143-30</td>
<td>LICE CREAM RINSE</td>
<td>120 ML</td>
<td>ML</td>
<td>PERMETHRIN TOPICAL 1% LIQUID</td>
</tr>
<tr>
<td>49348-0434-37</td>
<td>LICE KILLING</td>
<td>240 ML</td>
<td>ML</td>
<td>PERMETHRIN TOPICAL 1% LIQUID</td>
</tr>
<tr>
<td>49348-0460-30</td>
<td>LICE TREATMENT</td>
<td>60 ML</td>
<td>ML</td>
<td>PERMETHRIN TOPICAL 1% LIQUID</td>
</tr>
<tr>
<td>49348-0460-34</td>
<td>LICE TREATMENT</td>
<td>60 ML</td>
<td>ML</td>
<td>PERMETHRIN TOPICAL 1% LIQUID</td>
</tr>
</tbody>
</table>

**Prescription-Only Pediculicides Will Require Prior Authorization**

Effective May 1, 2008, prescription products in this category will require prior authorization.

**Lindane lotion & shampoo**

- Available only after first-line treatment with an OTC product has failed
- Member must be at least 13 years old or weigh at least 110 pounds
- Quantity limit of 60ml for 7 day supply
- One 7 day supply per 30 days maximum

**Malathion lotion (Ovide®)**

- Available only after treatment with an OTC product and lindane have failed
- Member must be at least 6 years old
- Lindane trial not required is member is 6 to 13 years old and weighs less than 110 pounds
- Quantity limit of 60ml for 7 day supply; may be repeated once if needed for current infestation after 7 days from original fill date

**Crotamiton lotion (Eurax®)**

- Available only after treatment with OTC product has failed
- Quantity limit of 60 grams or milliliters for 30 day supply

Pharmacy Help Desk Phone Numbers 405-522-6205 option 4 or 800-522-0114 option 4
Service Hours: Monday – Friday (8:30a – 7:00p); Saturday (9:00a – 5:00p); Sunday (11:00a – 5:00p)
Email: pharmacy@okhca.org  OHCA Website: www.okhca.org