

# STEP THERAPY CRITERIA

**BRAND NAME**

(generic)

**NATROBA**  
(spinosad)

**Status: CVS Caremark Criteria**

**Type: Initial Step Therapy; Post Step Therapy Prior Authorization**

## POLICY

### FDA-APPROVED INDICATIONS

#### Head Lice Infestations

Natroba is indicated for the topical treatment of head lice infestations in adult and pediatric patients 6 months of age and older.

Adjunctive Measures for Head Lice Infestations:

Natroba should be used in the context of an overall lice management program:

- Wash in hot water or dry-clean all recently worn clothing, hats, used bedding and towels.
- Wash personal care items such as combs, brushes and hair clips in hot water.
- A fine-tooth comb or special nit comb may be used to remove dead lice and nits.

#### Scabies Infestations

Natroba is indicated for the topical treatment of scabies infestations in adult and pediatric patients 4 years of age and older.

Adjunctive Measures for Scabies Infestations:

- Wash in hot water or dry-clean any bedding, clothing and towels used by anyone having scabies.

### 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% or permethrin 5% 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%  
**OR**
  - The patient has experienced an intolerance to permethrin 1%  
**OR**
  - The patient has a contraindication that would prohibit a trial of permethrin 1%  
**OR**
  - There is a local pattern of known or suspected resistance to permethrin 1%

**OR**

- The requested drug is being prescribed for the topical treatment of scabies in a patient that is 4 years of age or older  
**AND**
  - The patient has experienced an inadequate treatment response to permethrin 5%  
**OR**
  - The patient has experienced an intolerance to permethrin 5%  
**OR**
  - The patient has a contraindication that would prohibit a trial of permethrin 5%  
**OR**
  - There is a local pattern of known or suspected resistance to permethrin 5%

**REFERENCES**

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8. Scabies. Centers for Disease Control and Prevention. Available at: [https://www.cdc.gov/parasites/scabies/health\\_professionals/meds.html](https://www.cdc.gov/parasites/scabies/health_professionals/meds.html). Accessed January 27, 2022.
9. Gunning K, Kiraly B, Pippitt K. Lice and Scabies: Treatment Update. *Am Fam Physician*. 2019;99(10):635-642.