

<b>Policy Name:</b>	<b>Crotan (crotamiton)</b>	<b>Policy#:</b>	<b>2416P</b>
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## Purpose of the Policy

The purpose of this policy is to define coverage criteria for Crotan (crotamiton).

## Statement of the Policy

Health Alliance Medical Plans and Health Alliance Northwest will approve the use of Crotan (crotamiton) if the following criteria are met.

## Criteria

### 1. Coverage Criteria for Scabies

- 1.1 Documented diagnosis of scabies
- 1.2 Documented previous trial and failure, intolerance, or contraindication to topical permethrin AND oral ivermectin
  - Contraindications to oral ivermectin include pregnant or lactating women and children less than 15kg

### 2. Coverage Criteria for Pruritus/Urticaria

- 2.1 Documented diagnosis of pruritus/urticarial (itchy rash or hives)
- 2.2 Documented previous trial and failure, intolerance, or contraindication to topical steroids AND antihistamines (hydrocortisone, cetirizine, loratadine, fexofenadine, etc)

### 3. Managed Dose Limit

- 3.1 All dermatological products have a Managed Dose Limit (MDL) in place allowing only the smallest package size of each product to process
- 3.2 Requests for larger package sizes will require documentation of medical necessity, including the following:
  - At least two previous paid claims for the product in the smallest package size within the previous month

### 4. Approval Period

- 4.1 6 months

## CPT Codes

## HCPCS Codes

## References

1. Crotan (crotamiton) [prescribing information]. Charleston, SC: Marnell Pharmaceuticals LLC;

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2. Johnstone P, Strong M. Scabies. *BMJ Clin Evid.* 2014;2014 Epub 2014 Dec 22.
3. Currie BJ, McCarthy JS. Permethrin and ivermectin for scabies. *N Engl J Med.* 2010;362(8):717.
4. Zuberbier T, Asero R, Bindslev-Jensen C, et al. EAACI/GA(2)LEN/EDF/WAO guideline: management of urticaria. *Allergy.* 2009;64(10):1427.
5. Grattan C, Powell S, Humphreys F, British Association of Dermatologists. Management and diagnostic guidelines for urticaria and angio-oedema. *Br J Dermatol.* 2001;144(4):708.

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#### DISCLAIMER

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