



# Pharmacy Update

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January 20, 2010

## Pediculicide Step Therapy

Step therapy requirements will take effect February 1, 2010.

### Approval Criteria:

- Approval of Tier 2 medication requires a trial with one Tier 1 medication with inadequate response or adverse effect.
- Age and Quantity Limits based on FDA labeling may apply.

Tier 1	Tier 2
Covered OTC Permethrin Products	Malathion (Ovide®) Lindane Lotion & Shampoo Crotamiton (Eurax®) Lotion Benzoyl Alcohol (Ulesfia™) Lotion

## Antiemetic Prior Authorization

Effective February 1, 2010, the following medications will require prior authorization:

### 1) Granisetron (Kytril® , Sancuso®), Dolasetron (Anzemet®), Aprepitant (Emend®)

Approval Criteria:

- Approved Diagnosis
- A recent (within the past 6 months) trial of ondansetron used for at least 3 days or one cycle that resulted in inadequate response.

### 2) Nabilone (Cesamet®), Dronabinol (Marinol®)

Approval Criteria:

- For the diagnosis of HIV related loss of appetite: approve for 6 months
- For chemotherapy induced nausea and vomiting: A recent (within the past 6 months) trial of ondansetron used for at least 3 days or one cycle that resulted in inadequate response

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