Pharmacy Drug Policy & Procedure

Policy Name:	Crotan (crotamiton)	Policy#:	2416P

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 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;

December 2021.
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.

Created Date: 12/02/2015
Effective Date: 12/02/2015
Posted to Website: 01/01/2022
Revision Date: 04/02/2025