

Member Name: \_\_\_\_\_ Member ID: \_\_\_\_\_ Member DOB: \_\_\_\_\_  
Drug Name: \_\_\_\_\_ Strength: \_\_\_\_\_ Directions: \_\_\_\_\_  
Physician Name: \_\_\_\_\_ Physician Phone #: \_\_\_\_\_ Specialty: \_\_\_\_\_  
Physician Fax #: \_\_\_\_\_ Pharmacy Name: \_\_\_\_\_ Pharmacy Phone: \_\_\_\_\_

**Horizon NJ Health**  
***Malathion (Ovide) – Medical Necessity Request***

**Complete this section for members 6 years of age and older.**

1. Has the member tried OTC permethrin (e.g., Nix, Rid)? **Yes or No**  
- If No, can the member try OTC permethrin instead? **Yes or No**  
- If yes, please call the prescription in to the pharmacy.  
- If no, please provide the clinical reason why permethrin cannot be tried.
- \_\_\_\_\_

2. What is the diagnosis?  
 Head Lice  
 Pediculosis Pubis (Pubic Lice)  
 Pediculosis Corporis (Body Lice)  
- Is the condition severe? **Yes or No**  
 Other: \_\_\_\_\_
- 

**Complete this section for members less than 6 years of age.**

1. Has the member tried OTC permethrin (e.g., Nix, Rid)? **Yes or No**  
- If no, can the member try OTC permethrin instead? **Yes or No**  
- If yes, please call the prescription in to the pharmacy.  
- If no, please provide the clinical reason why permethrin cannot be tried.
- \_\_\_\_\_

2. For members not being switched to OTC permethrin: Ovide is not indicated for use in children less than 6 years of age. Can the member try Ulesfia? **Yes or No**

- If no, please provide clinical rationale as to why the member cannot try any of these medications. \_\_\_\_\_

3. What is the diagnosis?  
 Head Lice  
 Pediculosis Pubis (Pubic Lice)  
 Pediculosis Corporis (Body Lice)  
- Is the condition severe? **Yes or No**  
 Other: \_\_\_\_\_

Physician office's signature\* \_\_\_\_\_ Print Name \_\_\_\_\_

\*Form must be completed and signed by physician or licensed representative from the physician's office