

**Table 2: Current Treatments for scabies\***

Generic Drug Name	FDA Approval for treatment of scabies	Dose	FDA Pregnancy category †	Major side effects or Contraindications	Comments
<i>Topical treatment‡</i>					
Permethrin§	Yes	5% Cream, rinsed off after 8–14 hr	B	Itching and stinging on application; may be used in infants and nursing mothers	First-line topical therapy in the United States; a second administration 1 wk after the first often routinely prescribed; treatment failure potentially attributable to incorrect application or a failure to treat all contacts
Lindane	Yes	1% Lotion or cream, rinsed off after 8hr	C (drugs.com)	Seizures, muscle spasms, aplastic anemia; not for use in infants or pregnant or breast-feeding women	Second- or third-line topical therapy; available by prescription in the United States and some parts of Europe
Benzyl benzoate¶	No	10% or 25% Lotion, rinsed off after 24 hr several other regimens possible)	N/A	Burning and stinging when applied to excoriated skin, pruritic cutaneous xerosis, or eczematous lesions post-treatment	Not currently available in the United States; approved in Europe
Allethrin	No	0.6% Aerosol, rinsed off after 12 hr	Should be B	Not for use in patients with asthma	Not currently available in the United States; approved in Europe
Crotamiton	Yes	10% Cream applied to the nodules for 24 hr, rinsed off, and then reapplied for an additional 24 hr	C	NONE	Not very effective; often used on scabies nodules in children
Precipitated sulfur	No	3–6% Lotion or 5%, 10%, or 40% in petrolatum applied for 24 hr and then reapplied every 24 hr for the next 2 days (with a bath taken between each application)	N/A	NONE	Often used in children under 2 mo of age and pregnant and breast-feeding women; limited data to support efficacy and safety
<i>Oral treatment</i>					
Ivermectin**	No	Single dose of 200 µg/kg of body weight (commercially available as 3-mg tablets); 2nd dose recommended 14 days later	C	Excess risk of death for elderly patients not confirmed	Approved in France, the Netherlands, and Mexico; cost may vary widely and could be a limitation for use; post-marketing surveillance of various age groups (e.g., children and the elderly) and large populations needed

\* FDA denotes Food and Drug Administration.

† For drugs in FDA pregnancy category B, there is no evidence of risk in humans. Drugs in pregnancy category C have had toxic effects in studies of animals, but the results of studies in humans are inadequate.

‡ The correct application of topical drugs is crucial to a cure. After the patient dries off after a tepid bath or shower, the product should be applied from head to toe (because scalp involvement may be a cause of relapse), including the groin. Special care should be taken at the mucocutaneous junctions to avoid contact between the agent and the mucosa.

§ **Permethrin has been approved for use in infants two months of age or older.** When a nursing mother with scabies infestation of the breasts has to be treated with permethrin, she should bottle-feed her infant and discard pumped breast milk until residual cream has been thoroughly washed off.

¶ No alcoholic beverages should be consumed for at least 48 hours after application, because of a potential disulfiram-like effect of the interaction.

|| Pyrethrin is in FDA pregnancy category B. Since allethrin belongs to the family of pyrethrins, it too should probably be in category B.

\*\* The single dose of 200 µg per kilogram equals a dose of 12 mg for a person weighing 60 kg. The absorption of ivermectin may be improved if taken with a fatty meal. The regimen is not approved for children weighing less than 15 kg or for pregnant or lactating women. The drug could be useful in patients with classic scabies, and multiple doses in combination with topical therapy could be useful in patients with the acquired immunodeficiency syndrome who have extensive scabies and in patients with crusted scabies.