

Generic Name: Ivermectin

Therapeutic Class or Brand Name: Stromectol®

Applicable Drugs (if Therapeutic Class): N/A

GPI Code: 1500000700

Preferred: Ivermectin oral tablets (generic)

Non-preferred: Stromectol®

Date of Origin: 5/19/2021

Date Last Reviewed / Revised: N/A

PRIOR AUTHORIZATION CRITERIA

EXCLUSION CRITERIA

- For treatment or prevention of Sars-CoV-2 infection (COVID-19).

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Non-disseminated strongyloidiasis:
 - Quantities of up to 200mcg/kg per day per four-day regimen every 12 months.
- Onchocerciasis:
 - Quantities of up to four (4) 3 mg tablets for one (1) single dose (OR for patients weighing 85 kg or more, up to 150 mcg/kg for one (1) single dose) every 90 days.

APPROVAL LENGTH

- **Authorization:** 6 months.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing that current prior authorization criteria are met and that the medication is effective.

APPENDIX

N/A

REFERENCES

1. <https://www.fda.gov/consumers/consumer-updates/why-you-should-not-use-ivermectin-treat-or-prevent-covid-19> .
2. https://www.accessdata.fda.gov/drugsatfda_docs/label/2009/050742s024s025lbl.pdf .

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3. https://www.merck.com/product/usa/pi_circulars/s/stromectol/stromectol_pi.pdf .
 4. <https://reference.medscape.com/drug/stromectol-ivermectin-342657> .

DISCLAIMER: Medication Policies are developed to help ensure safe, effective, and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.