



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2021 P 1369-1
Program	Prior Authorization/Notification
Medication	Stromectol (ivermectin) oral dosage form
P&T Approval Date	9/2021
Effective Date	9/10/2021 Oxford only: N/A

1. Background:

Ivermectin (oral dosage form) is indicated for the treatment of parasitic infections including strongyloidiasis and onchocerciasis. Ivermectin may also be used for other compendia supported parasitic infections including but not limited to scabies, hookworm disease, and ascariasis. Most infections are treated with a single weight-based dose. The National Institutes of Health’s (NIH) COVID-19 Treatment Guidelines Panel has also determined that there are currently insufficient data to recommend ivermectin for treatment of COVID-19¹.

2. Coverage Criteria:

<p>A. Stromectol (ivermectin) will be approved based on the following criterion:</p> <p>1. Diagnosis of one of the following:</p> <ul style="list-style-type: none">a. Onchocerciasis due to nematode parasite.b. Pediculosisc. Strongyloidiasisd. Ascariasise. Scabies (including crusted scabies)f. Cutaneous larva migrans (hook worm disease)g. Enterobiasish. Filariasisi. Trichuriasis <p>Authorization will be issued for 1 month</p>
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3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits, Medical Necessity and/or Step Therapy may be in place.



4. References:

1. CDC Health Advisory. [CDC_HAN_449.pdf](#) Published August 26th, 2021. Accessed September 2, 2021.
2. Ivermectin [package insert]. Parsipany, NJ: Edenbridge Pharmaceuticals, LLC.; January, 2014.
3. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; 2021. URL: [CP - Ivermectin - Indications/Dosage \(clinicalpharmacology-ip.com\)](#) Updated June, 2021.

Program	Prior Authorization/Notification - ivermectin
Change Control	
9/2021	New program.

