



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2024 P 1369-3
Program	Prior Authorization/Notification
Medication	Stromectol® (ivermectin) oral dosage form
P&T Approval Date	9/2021, 12/2022, 1/2024
Effective Date	4/1/2024

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 recommends against the use of ivermectin for treatment of COVID-19¹.

2. Coverage Criteria^a:

<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> <p>^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.</p>

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. National Institute of Health. COVID-19 Treatment Guidelines. Updated March 6, 2023. Accessed November 7, 2023.
2. Ivermectin [package insert]. Parsipany, NJ: Edenbridge Pharmaceuticals, LLC.; March, 2022.



3. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; 2022. URL: [Ivermectin Indications - Clinical Pharmacology \(clinicalkey.com\)](https://clinicalkey.com) Updated March, 2022.

Program	Prior Authorization/Notification - Stromectol (ivermectin)
Change Control	
9/2021	New program.
12/2022	Updated references, added state mandate footnote, revised language in background to align with updated NIH reference.
1/2024	Annual review. Updated references.