

**Pharmacy Prior Authorization  
Clinical Guideline – Stromectol (ivermectin) Exclusion Protocol**

**May be authorized when the following criteria are met:**

- Ivermectin shall be approved for FDA-approved indications only
  - Treatment of onchocerciasis due to the immature form of *Onchocerca volvulus*
  - Treatment of intestinal (non-disseminated) strongyloidiasis due to *Strongyloides stercoralis*
- Approval shall be for no more than six (6) 3mg tablets per ninety (90) days
- Higher doses can be approved with evidence of medical necessity

**Approval Duration and Quantity Limits:**

Up to six (6) 3mg tablets per ninety (90) days

References:

1. Stromectol prescribing information, Marck & Co. Inc., 2009
2. CDC Treatment Guidelines: [https://emergency.cdc.gov/han/2021/pdf/CDC\\_HAN\\_449.pdf](https://emergency.cdc.gov/han/2021/pdf/CDC_HAN_449.pdf)