



## Ivermectin Prior Authorization

<b>Drug Applied:</b>	ivermectin tablet
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### Criteria:

Drug Applied will be approved when all of the following criteria are met:

- I. Initial Therapy Criteria
    - A. **FDA-approved or compendia-supported indication** as indicated by chart notes within past 90 days
      1. ONE of the following diagnoses:
        - a) Strongyloidiasis due to *Strongyloides stercoralis* **or**
        - b) Onchocerciasis due to *Onchocerca volvulus* **or**
        - c) Patient has scabies or lice and has failed 2 (two) treatments of topical permethrin **or**
        - d) Patient has documented close-contact with crusted scabies-infected individual in the past week **or**
        - e) Patient has demodex blepharitis **or**
        - f) Patient has another compendia-supported indication **and**
      2. Chart notes do not provide documentation of *Loa loa* co-infection
- Approval Duration:** 1 month

**Policy Owned by:** Curative PBM team