

New Hampshire Medicaid Fee-for-Service Program

Stromectol® (ivermectin) Criteria

Approval Date: June 29, 2023

Pharmacology

Ivermectin is a broad-spectrum antiparasitic agent that is used to treat onchocerciasis, helminthiases, and scabies. In response to coronavirus disease 2019 (COVID-19), unsubstantiated prescribing of ivermectin in high doses has occurred across the US. Per National Institutes of Health (NIH) guidance, there is insufficient evidence to recommend ivermectin for the treatment of COVID-19 until well-designed, adequately powered, and well-conducted clinical trials are completed to establish efficacy.

Medication

Brand Name	Generic Name	Dosage Strengths
Stromectol®	ivermectin	3 mg tablets

Criteria for Approval

1. Diagnosis of a parasitic infection; **OR**
2. Diagnosis of scabies with failure of at least one topical treatment:
 - a. Permethrin cream 5%
 - b. Crotamiton lotion or cream 10%
 - c. Sulfur ointment 5–10%
 - d. Lindane lotion 1%; **AND**
3. Length of therapy for up to 1 month with a maximum of 10 tablets.

Criteria for Denial

1. Prior approval will be denied if the approval criteria are not met

Length of Authorization: 1 month

References

Available upon request.

Revision History

Reviewed by	Reason for Review	Date Approved
DUR Board	New	12/02/2021
Commissioner Designee	New	01/14/2022
DUR Board	Review	06/19/2023
Commissioner Designee	Revision	06/29/2023