

Prescriber Criteria Form
Stromectol Tab 2026 PA Fax 4922-A v1 010126.docx
Stromectol (ivermectin tab)
Coverage Determination

This fax machine is located in a secure location as required by HIPAA regulations. Complete/review information, sign and date. Fax signed forms to CVS Caremark at **1-855-633-7673**. Please contact CVS Caremark at **1-866-785-5714** with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Stromectol (ivermectin tab).

Drug Name:
Stromectol (ivermectin tab)

Patient Name:		
Patient ID:		
Patient DOB:	Patient Phone:	
Prescriber Name:		
Prescriber Address:		
City:	State:	Zip:
Prescriber Phone:	Prescriber Fax:	
Diagnosis:	ICD Code(s):	

Please circle the appropriate answer for each question.

1	Is the requested drug being prescribed for the prevention or treatment of coronavirus disease 2019 (COVID-19)?	Yes	No
2	Is the requested drug being prescribed for treatment of any of the following: A) Strongyloidiasis of the intestinal tract, B) Onchocerciasis, C) Ascarisiasis, D) Cutaneous larva migrans, E) Mansoneliasis, F) Scabies, G) Gnathostomiasis, H) Pediculosis?	Yes	No

Comments: _____

Prescriber (or Authorized) Signature: _____ **Date:** _____