

miltefosine (IMPAVIDO)

Diagnoses Considered for Coverage:

- Leishmaniasis - cutaneous, mucosal, and visceral

Coverage Criteria:**1. For diagnosis listed above:**

- Dose does not exceed 150 mg daily for 28 days.

Coverage Duration: one year**References:**

1. Prescribing Information. Impavido. Paladin Therapeutics Inc. 2021
2. Center for Disease Control and Prevention. Parasites - Leishmaniasis. Resources for Health Professionals. 2.2020

Effective Date: 5/31/2023