Ivermectin for Scabies

Item	Practical clinician note
Oral ivermectin for classic scabies	**200 micrograms/kg PO with food**, repeat **once in 7–14 days**. CDC notes this is not FDA-approved for scabies in the US, but has similar efficacy to topical permethrin when used correctly.
Why repeat?	Ivermectin is poorly ovicidal/non-ovicidal, so the second dose covers newly hatched mites. Cure is best assessed around **day 28**, not immediately after treatment.
Common adult dose guide	15–24 kg: 3 mg; 25–35 kg: 6 mg; 36–50 kg: 9 mg; 51–65 kg: 12 mg; 66–79 kg: 15 mg; ≥80 kg: ~200 mcg/kg rounded to available tablet strength.
Avoid / caution	Safety not established in **pregnancy** or **children <15 kg** per CDC. Prefer topical permethrin in these groups unless specialist/public health advice supports otherwise.
First-line alternative	**Permethrin 5% cream** neck-down overnight, repeat in 7 days; include scalp/face in infants, elderly, immunocompromised, or crusted disease depending on local protocol.
Crusted scabies	Use **combined oral ivermectin + topical scabicide**, often multiple ivermectin doses depending on severity, plus keratolytics and infection-control measures. Guidelines support combination treatment for crusted scabies.
Contacts & decontamination	Treat all household/sexual/close contacts simultaneously, even if asymptomatic. Wash bedding/clothes/towels hot or isolate items in sealed bag for several days.
Counselling point	Pruritus can persist **2–4 weeks** post-eradication; persistent new burrows/papules after correct treatment suggests reinfestation, treatment failure, or misdiagnosis.

Bottom line: for uncomplicated scabies, oral ivermectin is typically **200 mcg/kg PO with food now and repeat in 7–14 days**, with simultaneous contact treatment.