



**GEORGIA MEDICAID FEE-FOR-SERVICE
ANTHELMINTICS PA SUMMARY**

Preferred	Non-Preferred
Albendazole [^] Biltricide (praziquantel) Ivermectin tablets generic Pyrantel (OTC)*	Emverm (mebendazole) Stromectol (ivermectin)

* Pyrantel is available over-the-counter (OTC). [^]Preferred but requires PA.

LENGTH OF AUTHORIZATION: Varies

NOTES:

- Pyrantel is an OTC product.
- Albendazole generic is preferred but require prior authorization (PA).

PA CRITERIA:

Albendazole Generic

- ❖ Approvable for members with a diagnosis of cysticercosis or neurocysticercosis (pork tapeworm *T. solium* infection), hydatid cyst disease (dog tapeworm *Echinococcus granulosus* infection), ascariasis (roundworm *Ascaris lumbricoides* infection), capillariasis (*Capillaria* infection), clonorchiasis (*Clonorchis sinensis* infection), cutaneous larva migrans, giardiasis (*Gardia* infection), *Gnathostoma* infection, hymenolepis (*Hymenolepis nana* infection), loiasis (*Loa loa* infection), microsporidiosis (microsporidia infection), opisthorchiasis (*Opisthorchis* infection), strongyloidiasis (*Strongyloides* infection), toxocariasis (roundworm *Toxocara* infection), trichuriasis (whipworm *Trichuris trichiura* infection) and trichinosis/trichinellosis (*Trichinella* infection).
- ❖ Approvable for members with a diagnosis of enterobiasis (pinworm *Enterobius vermicularis* infection), ancylostomiasis or necatoriasis (hookworm infection (*Ancylostoma duodenale* [common hookworm], *Necator americanus* [American hookworm] infection) and trichostrongyliasis (*Trichostrongylus* infection) who have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect with pyrantel (OTC).

Emverm

- ❖ Approvable for members 2 years or older with a diagnosis of capillariasis (*Capillaria* infection).
- ❖ Approvable for members 2 years or older with a diagnosis of ascariasis (roundworm *Ascaris lumbricoides* infection), trichuriasis (whipworm *Trichuris trichiura* infection), trichinosis/trichinellosis (*Trichinella* infection) and toxocariasis (roundworm *Toxocara* infection) who have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect with albendazole (Albenza).
- ❖ Approvable for members 2 years or older with a diagnosis of enterobiasis (pinworm *Enterobius vermicularis* infection) and ancylostomiasis or necatoriasis (hookworm infection (*Ancylostoma duodenale* [common hookworm], *Necator americanus* [American hookworm]



infection) who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects with albendazole (Albenza) and pyrantel (OTC).

Stromectol

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic ivermectin tablets, is not appropriate for the member.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA AND APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.