# Georgia Medicaid Fee-For-Service
## Anthelmintics PA Summary

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albenza (albendazole)^</td>
<td>Emverm (mebendazole)</td>
</tr>
<tr>
<td>Biltricide (praziquantel)</td>
<td>Stromectol (ivermectin)</td>
</tr>
<tr>
<td>Egaten (triclabendazole)^</td>
<td></td>
</tr>
<tr>
<td>Ivermectin tablets generic</td>
<td></td>
</tr>
<tr>
<td>Pyrantel (OTC)*</td>
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</tbody>
</table>

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

## Length of Authorization:
Varies

## Notes:
- Pyrantel is an OTC product.
- Albenza and Egaten are preferred but require prior authorization (PA).

## PA Criteria:

### Albenza

- 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), hookworm infection, hymenolepis (Hymenolepis nana infection), loasis (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).

### Egaten

- Approvable for members 6 years or older with a diagnosis of fascioliasis (flukeworm Fasciola gigantica or Fasciola hepatica infection).

### Emverm

- 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), capillariasis (Capillaria 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, 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.