



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

| Preferred   | Non-Preferred                                   |
|---|---|
| Albenza (albendazole)^<br>Biltricide (praziquantel)<br>Egaten (triclabendazole)^<br>Ivermectin tablets generic<br>Pyrantel (OTC)* | Emverm (mebendazole)<br>Stromectol (ivermectin) |

\* 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), 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).

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](http://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](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.