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>
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<tr>
<td>Biltricide (praziquantel)</td>
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<tr>
<td>Pin-X (pyrantel)*</td>
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*Pin-X is available over-the-counter (OTC).

LENGTH OF AUTHORIZATION: Varies

PA CRITERIA:

Albenza

- Approvable for members with a diagnosis of microsporidiosis (microsporidia infection), cysticercosis or neurocysticercosis (pork tapeworm T. solium infection), hydatid cyst disease (dog tapeworm Echinococcus granulosus infection), ascariasis (roundworm Ascaris lumbricoides infection), trichuriasis (whipworm Trichuris trichiura infection) and trichinosis/trichinellosis (Trichinella infection).

- Approvable for members with a diagnosis of enterobiasis (pinworm Enterobius vermicularis infection), 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 (Pin-X).

Emverm

- Approvable for members 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 with a diagnosis of enterobiasis (pinworm Enterobius vermicularis infection) and 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 (Pin-X).

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.

Revised 12/16/2016
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 Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.