



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

Preferred	Non-Preferred
Albenza (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:

- ❖ **Note:** Pyrantel is an OTC product.
- ❖ **Note:** Albenza is preferred but requires PA.

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 (OTC).

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 (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 Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.