# PRIOR AUTHORIZATION CRITERIA

BRAND NAME (generic)

ALBENZA (albendazole)

BILTRICIDE (praziquantel)

**EGATEN** 

(triclabendazole)

**EMVERM** 

(mebendazole)

Status: CVS Caremark Criteria

Type: Post Limit Prior Authorization

## **POLICY**

## FDA-APPROVED INDICATIONS

#### Albenza

Neurocysticercosis

Albenza is indicated for the treatment of parenchymal neurocysticercosis due to active lesions caused by larval forms of the pork tapeworm, Taenia solium.

Hydatid Disease

Albenza is indicated for the treatment of cystic hydatid disease of the liver, lung, and peritoneum, caused by the larval form of the dog tapeworm, Echinococcus granulosus.

#### **Biltricide**

Biltricide is indicated in patients aged 1 year and older for the treatment of the following infections:

Schistosomiasis due to all species of schistosoma (for example, Schistosoma mekongi, Schistosoma japonicum,
Schistosoma mansoni and Schistosoma hematobium), and Clonorchiasis and Opisthorchiasis due to the liver flukes,
Clonorchis sinensis/Opisthorchis viverrini (approval of this indication was based on studies in which the two species were not differentiated)

### Compendial Uses

Treatment of intestinal infections caused by Taenia solium, Taenia saginata, Diphyllobothrium latum and Hymenolepis

#### Egaten

Egaten is indicated for the treatment of fascioliasis in patients 6 years of age or older

#### **Emverm**

Emverm is indicated for the treatment of patients two years of age and older with gastrointestinal infections caused by Ancylostoma duodenale (hookworm), Ascaris lumbricoides (roundworm), Enterobius vermicularis (pinworm), Necator americanus (hookworm), and Trichuris trichiura (whipworm).

## **COVERAGE CRITERIA**

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The requested drug will be covered with prior authorization when the following criteria are met:

• The infection has been confirmed by a diagnostic or laboratory test (e.g. imaging scans, blood, stool, or urine test)

AND

The request is for mebendazole (Emverm) in a patient 2 years of age or older for a second course of therapy (first course of therapy administered within the past year) at a dose up to 2 tablets per day for two 3 day treatments for any of the following: A) Ancylostoma duodenale (hookworm), B) Ascaris lumbricoides (roundworm), C) Enterobius vermicularis (pinworm), D) Necator americanus (hookworm), E) Trichuris trichiura (whipworm).

OR

 The request is for albendazole (Albenza) for the treatment of Hydatid Disease for a second course of therapy (first course of therapy administered within the past year) at a dose up to 4 tablets per day for three 28-day cycles with 14-day free intervals

OR

 The request is for praziquantel (Biltricide) in a patient 1 year of age or older for the treatment of schistosomiasis, clonorchiasis, or opisthorchiasis for any of the following: A) a quantity up to 36 tablets, B) a second day or course of therapy (first course of therapy administered within the past year)

 The request is for triclabendazole (Egaten) in a patient 6 years of age or older for the treatment of fascioliasis for any of the following: A) a quantity up to 32 tablets, B) a second day or course of therapy (first course of therapy administered within the past year)

Quantity Limits apply.

Emverm (mebendazole): 12 tablets per 365 days

Albenza (albendazole): 336 tablets per 365 days

Biltricide (praziquantel): 72 tablets per 365 days

Egaten (triclabendazole): 32 tablets per 365 days

## **REFERENCES**

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