BlueCross BlueShield
Federal Employee Program

ANTHELMINTIC DRUGS

ALBENZA (albendazole), EGATEN* (triclabendazole), EMVERM (mebendazole)

Pre - PA Allowance

None

Prior-Approval Requirements

Diagnoses

Patient must have **ONE** of the following:

1. *Enterobius vermicularis* (pinworm)
    a. Inadequate response, intolerance, or contraindication to over-the-counter pyrantel pamoate (Pin-X, Pinworm suspension)
2. *Trichuris trichiura* (whipworm)
3. *Ascaris lumbricoides* (common roundworm)
4. *Ancylostoma duodenale* (common hookworm)
5. *Necator americanus* (American hookworm)
6. *Strongyloides stercoralis* (threadworm)
7. *Dracunculus medinensis* (guinea worm)
8. *Onchocerca volvulus* (filarial worm)
9. *Echinococcus granulosus* (dog tapeworm)
10. *Taenia saginata* (beef tapeworm)
11. *Taenia solium* (pork tapeworm)
12. *Fasciola hepatica* (liver fluke)
13. *Schistosoma spp* (blood fluke)

AND the following for Egaten requests **only**:

1. Prescriber will be dosing the patient within the FDA labeled dose of up to 20 mg/kg/day

Prior - Approval Limits

Quantity	**Emverm**	12 tablets **OR**
	Albenza	120 tablets per 30 days **OR**
	Egaten	Maximum daily dose of 20 mg/kg/day
Duration	***Enterobius vermicularis* (pinworm)**	1 month
	Other indications	6 months

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Prior – Approval *Renewal* Requirements

Same as above

Prior – Approval *Renewal* Limits

Same as above

The Service Benefit Plan's maximum benefit is 1 cycle of Anthelmintic therapy per 12 month period.