

# 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 nana*.<sup>5,6</sup>

#### **Egaten**

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

Authorization may be granted for the requested drug when ALL of the following criteria are met:

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- The infection has been confirmed by a diagnostic or laboratory test (e.g., imaging scans, scotch tape test, blood, stool, or urine test)
- The patient meets ONE of the following:
  - The request is for mebendazole (Emverm) in a patient 2 years of age and 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 infections: *Ancylostoma duodenale* (hookworm), *Ascaris lumbricoides* (roundworm), *Enterobius vermicularis* (pinworm), *Necator americanus* (hookworm), *Trichuris trichiura* (whipworm).
  - 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.
  - The request is for praziquantel (Biltricide) in a patient 1 year of age and older for the treatment of schistosomiasis, clonorchiasis, or opisthorchiasis for ANY of the following: a quantity up to 36 tablets, 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 quantity up to 32 tablets, a second day or course of therapy (first course of therapy administered within the past year)

### **QUANTITY LIMITS APPLY**

Albenza (albendazole): 336 tablets per 365 days

Biltricide (praziquantel): 72 tablets per 365 days

Egaten (triclabendazole): 32 tablets per 365 days

Emverm (mebendazole): 12 tablets per 365 days

*\* This drug is indicated for short-term acute use.*

### **DURATION OF APPROVAL (DOA)**

- 1586-J:
  - Albenza (albendazole): DOA: 4 months
  - Biltricide (praziquantel): DOA: 1 month
  - Egaten (triclabendazole): DOA: 1 month
  - Emverm (mebendazole): DOA: 1 month

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