UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for Anthelmintics

Program	Prior Authorization
Medication	Albenza (albendazole), Emverm (mebendazole), Vermox (mebendazole)
Issue Date	2/2017
Pharmacy and Therapeutics Approval Date	4/2017
Effective Date	6/2017

1. Background:

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

Emverm is indicated for the treatment of *Enterobius vermicularis* (pinworm), *Trichuris trichiura* (whipworm), *Ascaris lumbricoides* (common roundworm), *Ancylostoma duodenale* (common hookworm), *Necator americanus* (American hookworm) in single or mixed infections.

Vermox is indicated for the treatment of patients one year of age and older with gastrointestinal infections caused by *Trichuris trichiura* (whipworm), *Ascaris lumbricoides* (roundworm).

CDC guidelines recommend use in several other parasitic infections.

2. Coverage Criteria:

A. *Enterobius vermicularis* (pinworm)

1. **Albenza, Emverm or Vermox** will be approved based on **all** of the following:

   a. Diagnsosis of *Enterobius vermicularis* (pinworm)

   -AND-

   b. History of failure, contraindication or intolerance to over-the-counter pyrantel pamoate

Authorization will be issued for one month.

B. *Taenia solium* (Neurocysticercosis)

1. Albenza will be approved based on the following criterion:

a. Diagnosis of Neurocysticercosis

Authorization will be issued for six months.

C. *Echinococcosis* (Tapeworm)

1. **Albenza, Emverm or Vermox** will be approved based on the following criterion:

    a. Diagnosis of Hydatid Disease [*Echinococcosis* (Tapeworm)]

Authorization will be issued for six months.

D. *Ancylostoma/Necatoriasis* (Hookworm)

1. **Albenza, Emverm or Vermox** will be approved based on the following criterion:

    a. Diagnosis of *Ancylostoma/Necatoriasis (Hookworm)*

Authorization will be issued for one month.

E. *Ascariasis* (Roundworm)

1. **Albenza, Emverm or Vermox** will be approved based on the following criterion:

    a. Diagnosis of *Ascariasis* (Roundworm)

Authorization will be issued for one month.

F. *Mansonella perstans* (Filariasis)

1. **Emverm or Vermox** will be approved based on the following criterion:

    a. Diagnosis of *Mansonella perstans* (Filariasis)

Authorization will be issued for one month.

G. *Toxocariasis* (Roundworm)

1. **Albenza, Emverm or Vermox** will be approved based on the following criterion:

    a. Diagnosis of *Toxocariasis* (Roundworm)

Authorization will be issued for one month.

H. *Trichinellosis*

1. **Albenza, Emverm or Vermox** will be approved based on the following criterion:

    a. Diagnosis of *Trichinellosis*

Authorization will be issued for one month.

I. *Trichuriasis* (Whipworm)

1. **Albenza, Emverm or Vermox** will be approved based on the following criterion:

    a. Diagnosis of *Trichuriasis* (Whipworm)

Authorization will be issued for one month.

J. *Capillariasis*

1. **Albenza, Emverm, or Vermox will be approved based on the following criterion:**

    a. Diagnosis of *Capillariasis.*

    Authorization will be issued for one month.

*****Compendia of current literature: • American Hospital Formulary Service Drug Information • National Comprehensive Cancer Network Drugs and Biologics Compendium • Thomson Micromedex DrugDex • Clinical Pharmacology

3. References:

1. CDC treatment guidelines. http://www.cdc.gov.
2. Albenza [prescribing information]. Amedra Pharmaceuticals LLC. Horsham, PA. June 2015.
3. Emverm [prescribing information]. Amedra Pharmaceuticals LLC. Horsham, PA. July 2015.
4. Vermox [prescribing information]. Janssen Pharmaceuticals, Inc. Titusville, NJ. October 2016.

Program	Prior Authorization – Anthelmintics
Change Control	
2/2017	New program.
3/2017	Updated background. Clarified "All Other Indications" section by adding that medication must be for an FDA-approved indication, supported by information from the appropriate compendia of current literature, or CDC treatment guidelines.
4/2017	Incorporated CDC and FDA labeled indications. Updated authorization time based on CDC and FDA recommendations.