

### Clinical Pharmacy Program Guidelines for Biltricide

Program	Prior Authorization
Medication	Biltricide (praziquantel)
Issue Date	12/2013
Pharmacy and Therapeutics Approval Date	1/2017
Effective Date	11/2017

#### 1. Background:

The intent of the criteria is to ensure appropriate utilization of Biltricide within its FDA approved indications. Biltricide is a trematodicide indicated for the oral treatment of schistosome infections and infections due to liver fluke. Biltricide should not be used to treat ocular cysticercosis infections.

#### 2. Coverage Criteria:

##### A. Authorization

1. Biltricide will be approved based on the following criteria:

a. Patient is 4 years of age or older

**-AND-**

b. The agent is being prescribed for one of the following:

(1) Infections due to schistosoma

**-OR-**

(2) Infections due to the liver trematodes (flukes), *Clonorchis sinensis*/*Opisthorchis viverrini* (ie, clonorchiasis or opisthorchiasis)

**Authorization will be issued for 12 months.**

### 3. References:

1. Biltricide[package insert].. Whippany, NJ: Bayer Pharmaceuticals; Feb 2014.
2. Centers for Disease Control. Parasites-Schistosomiasis Resources for Health Professionals. November 7<sup>th</sup>, 2012. Retrieved from [https://www.cdc.gov/parasites/schistosomiasis/health\\_professionals/index.html](https://www.cdc.gov/parasites/schistosomiasis/health_professionals/index.html). Accessed May 19<sup>th</sup>, 2017.

Program	Prior Authorization - Biltricide (praziquantel)
<b>Change Control</b>	
Date	Change
Dec 2013	New criteria
Dec 2015	Removed Albenza from entire guideline. Policy is renamed to “Biltricide”
Oct 2016	Annual review, updated policy template
July 2017	Annual review, updated background and policy template.
September 2017	Updated authorization duration to 12 months to allow for Dx to Rx implementation