



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Anthelmintics

Page: 1 of 3

Effective Date: 5/9/2023

Last Review Date: 3/2023

Applies to:	<input type="checkbox"/> Illinois	<input checked="" type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input checked="" type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input checked="" type="checkbox"/> Virginia	<input type="checkbox"/> Texas

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for anthelmintics under the patient's prescription drug benefit.

Description:

This program applies to the anthelmintic products specified in this policy. Coverage for targeted products is provided based on clinical circumstances that would exclude the use of the preferred product and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to all members requesting treatment with a targeted product.

Each referral is reviewed based on all utilization management (UM) programs implemented for the client.

Applicable Drug List:

Preferred:

- Ivermectin tablet
- Pinworm Suspension (pyrantel pamoate)
- Praziquantel tablet

Targeted:

- Albendazole tablet
- Emverm chewable tablet (mebendazole)

Policy/Guideline:

Coverage for albendazole is provided when any of the following criteria are met:

A. Member has a documented inadequate response, intolerable adverse event, or contraindication with any of the preferred products that are indicated for the type of parasitic infection being treated (see Appendix A).

OR

B. Member has a diagnosis of echinococcosis (hydatid cyst disease or hydatidosis), capillariasis, loiasis, strongyloidiasis with confirmed or suspected concomitant Loa infection, trichinellosis (trichinosis), or toxocariasis.

OR

C. Albendazole is being prescribed for the presumptive treatment of a refugee.

Coverage for Emverm (mebendazole) is provided when any of the following criteria are met:



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A. Member has a documented inadequate response, intolerable adverse event, or contraindication with any of the preferred products that are indicated for the type of parasitic infection being treated (see Appendix A).

OR

B. Member has a diagnosis of capillariasis.

OR

C. Member has a diagnosis of hydatid cyst disease (hydatidosis), trichinellosis (trichinosis), or toxocariasis.

AND

1. Member has a documented inadequate response, intolerable adverse event, or contraindication with albendazole.

Approval Duration and Quantity Restrictions:

Approval: 6 months

References:

1. Parasites. Available at <https://www.cdc.gov/parasites/> Accessed February 2023.
2. Albendazole. Clinical Pharmacology powered by ClinicalKey. Philadelphia (PA): Elsevier. c2023. Available from: <http://www.clinicalkey.com>. Accessed February 2023.
3. Praziquantel. Clinical Pharmacology powered by ClinicalKey. Philadelphia (PA): Elsevier. c2023. Available from: <http://www.clinicalkey.com>. Accessed February 2023.
4. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <https://www.micromedexsolutions.com>. Accessed February 2023.
5. Presumptive Treatment and Screening for Strongyloidiasis, Infections Caused by Other Soil-Transmitted Helminths, and Schistosomiasis among Newly Arrived Refugees. Available at <https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/intestinal-parasites-domestic.html> Accessed February 2023.
6. Albenza [package insert]. Bridgewater, NJ: Amneal Pharmaceuticals LLC; September 2019.
7. Biltricide [package insert]. Whippany, NJ: Bayer HealthCare Pharmaceuticals Inc.; January 2019.
8. Emverm [package insert]. Bridgewater, NJ: Amneal Pharmaceuticals LLC; August 2021.

Appendix A:

Name of Infection	Common Causative Parasite(s)	Preferred and Alternative Treatment (per CDC)
Enterobiasis (pinworm)	<i>Enterobius vermicularis</i>	Pyrantel, albendazole, or Emverm
Ancylostomiasis (intestinal hookworm)	<i>Ancylostoma duodenale</i> <i>Ancylostoma ceylanicum</i>	Pyrantel, albendazole, or Emverm



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Ancylostomiasis (cutaneous larva migrans)	<i>Ancylostoma braziliense</i> <i>Ancylostoma caninum</i>	Pyrantel, albendazole, or Emverm
Necatoriasis (intestinal hookworm)	<i>Necator americanus</i>	Pyrantel, albendazole, or Emverm
Ascariasis	<i>Ascaris lumbricoides</i>	Ivermectin, albendazole, or Emverm
Trichuriasis (whipworm)	<i>Trichuris trichiura</i>	Ivermectin, albendazole, or Emverm
Gnathostomiasis	<i>Gnathostoma spinigerum</i>	Ivermectin or albendazole
Strongyloidiasis	<i>Strongyloides stercoralis</i>	Ivermectin Alternative: Albendazole (for confirmed or suspected coinfection with <i>Loa loa</i>)
Loiasis (African eye worm)	<i>Loa</i>	Diethylcarbamazine (DEC) *Only available through CDC Alternative: Albendazole may be prescribed prior to DEC
Echinococcosis (hydatidosis or hydatid disease)	<i>Echinococcus granulosus</i> <i>Echinococcus multilocularis</i>	Albendazole Alternative: Emverm
Trichinellosis (trichinosis)	<i>Trichinella spiralis</i> <i>Trichinella pseudospiralis</i>	Albendazole or Emverm
Toxocariasis (visceral larva migrans)	<i>Toxocara canis</i> <i>Toxocara cati</i>	Albendazole or Emverm
Capillariasis	<i>Capillaria philippinensis</i>	Emverm Alternative: Albendazole
Cysticercosis	<i>Taenia solium</i>	Albendazole or praziquantel
Taeniasis	<i>Taenia solium</i> <i>Taenia saginata</i> <i>Taenia asiatica</i>	Praziquantel
Schistosomiasis (bilharzia)	<i>Schistosoma mansoni</i> <i>Schistosoma haematobium</i> <i>Schistosoma japonicum</i>	Praziquantel
Clonorchiasis (Chinese liver fluke)	<i>Clonorchis sinensis</i>	Praziquantel
Paragonimiasis (lung fluke)	<i>Paragonimus</i>	Praziquantel
Opisthorchis	<i>Opisthorchis viverrini</i> <i>Opisthorchis felinus</i>	Praziquantel