

5.01.042

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Subsection:	Anti-Infective Agents	Original Policy Date:	March 3, 2017
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Last Review Date: June 13, 2024

Anthelmintic Drugs

Description

Albenza (albendazole), Egaten* (triclabendazole), Emverm (mebendazole)

*This medication is included in this policy but is not available in the market as of yet

Background

Anthelmintics are agents used to eliminate intestinal worms (helminthes) from the body. Helminthes can be divided into three groups: cestodes, or tapeworms; nematodes, or roundworms; and trematodes, or flukes. The helminthes differ from other infectious organisms in that they have a complex body structure. They are multicellular and have partial or complete organ systems (e.g., muscular, nervous, digestive, and reproductive). Several of the drugs used to treat worm infections affect the nervous system of the parasite and result in muscle paralysis. Other drugs affect the uptake of glucose and thus energy stores. Anthelmintics are effective in eradicating worms but proper hygiene is necessary to prevent re-infection (1).

Regulatory Status

FDA-approved indications:

1. Albenza is an anthelmintic drug indicated for: (2)
 - a. Treatment of parenchymal neurocysticercosis due to active lesions caused by larval forms of the pork tapeworm, *Taenia solium*.
 - b. Treatment of cystic hydatid disease of the liver, lung, and peritoneum, caused by the larval form of the dog tapeworm, *Echinococcus granulosus*.
2. Emverm is an anthelmintic drug indicated for the treatment of *Enterobius vermicularis* (pinworm), *Trichuris trichiura* (whipworm), *Ascaris lumbricoides* (common roundworm),

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Ancylostoma duodenale (common hookworm), and *Necator americanus* (American hookworm) in single or mixed infections (3).

3. Egaten is an anthelmintic indicated for the treatment of fascioliasis (4).

World Health Organization and CDC guidelines recommend use in several other parasitic infections (1).

Related policies

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Anthelmintic drugs may be considered **medically necessary** if the conditions indicated below are met.

Anthelmintic drugs may be considered **investigational** for all other indications.

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)

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- 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 *Renewal* Requirements

Same as above

Policy Guidelines

Pre - PA Allowance

None

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	<i>Enterobius vermicularis</i> (pinworm)	1 month
	Other indications	6 months

Prior – Approval *Renewal* Limits

Same as above

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

Rationale

Summary

Anthelmintics are agents used to eliminate intestinal worms (helminthes) from the body. Several of the drugs used to treat worm infections affect the nervous system of the parasite and result in muscle paralysis. Other drugs affect the uptake of glucose and thus energy stores. Both

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Emverm and Albenza are indicated for the treatment of various types of helminthes. Anthelmintics are effective in eradicating worms but proper hygiene is necessary to prevent re-infection (1).

Prior authorization is required to ensure the safe, clinically appropriate, and cost-effective use of Anthelmintic drugs while maintaining optimal therapeutic outcomes.

References

1. World Health Organization. Preventive chemotherapy in human helminthiasis: a manual for health professionals. 2006.
2. Albenza [package insert]. Bridgewater, NJ: Amneal Pharmaceuticals LLC; September 2019.
3. Emverm [package insert]. Bridgewater, NJ: Amneal Pharmaceuticals LLC; August 2021.
4. Egaten [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; February 2022.

Policy History

Date	Action
March 2017	New addition to PA
June 2017	Annual review
December 2017	Annual review and reference update
November 2018	Annual review and reference update
March 2019	Addition of Egaten. Added renewal requirements and "The Service Benefit Plan's maximum benefit is 1 cycle of Anthelmintic therapy per 12 month period."
June 2019	Annual review
December 2019	Annual review and reference update
December 2020	Annual review and reference update
March 2021	Annual review
March 2022	Annual review and reference update
March 2023	Annual review and reference update. Changed policy number to 5.01.042
June 2023	Annual review
March 2024	Annual review
June 2024	Annual review

Keywords

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