

**AllCare CCO - Prior Authorization Criteria Summary:****Criteria number: 047.1****Criteria title: albendazole**

Date of origin: 09/26/2013

**Classification: Drug Specific**

Date of Last Review: 02/04/2019

**Drug: albendazole (Albenza)**

Date of Next Review: 02/03/2021

## References:

- Oregon Health Authority, Department of Medical Assistance, OAR 410-120-0250 (3):
- Oregon Medicaid Pharmaceutical Services Prior Authorization Criteria :
- Albenza (albendazole) package insert. Hayward, CA: Impax Specialty Pharma; 2018 May.:
- Williams, J., & Nieuwsma, J. (2019). Enterobiasis (pinworm) and trichuriasis (whipworm). Edward T Ryan, MD, DTMH (Ed.), UpToDate. Retrieved Feb 2, 2019 ::

**FDA approved indication: hydatid cyst disease, neurocysticercosis Off-label indication: ascariasis, enterobiasis (pinworm infection), hookworm infection, or trichuriasis**

Purpose: To define the process for coverage of formulary Albenza (albendazole) to treat parasitic infections.

Clinical Rationale: Pyrantel pamoate has an efficacy of close to 100 percent (if two doses are given two weeks apart) for the treatment of enterobiasis

Policy: Cover albendazole for FDA approved or recommended off-label indications when use of a less expensive formulary agent is contraindicated. Other formulary agents in this class include pyrantel pamoate, ivermectin, and permethrin.

1st Line Agent(s): pyrantel pamoate (enterobiasis); ivermectin (when clinically appropriate)

**Approval Criteria for albendazole (Albenza):**

	<b>Met</b>	<b>Not Met</b>
Criteria #1: Is there objective documentation to support the member has a covered diagnosis	Go to #2	Deny
Criteria #2: Is there an FDA indication or recommended off-label use for albendazole to treat the diagnosis	Go to #3	Deny
Criteria #3: Is the diagnosis for pinworm	Go to #4	Go to #5
Criteria #4: Is there documentation the member failed or has a contraindication to pyrantel pamoate (Pin-X)	Approve x2 fills	Deny
Criteria #5: Is the diagnosis treatable with ivermectin	Go to #2	Approve up to 28 days
Criteria #6: Is there documentation the member failed or has a contraindication to ivermectin	Approve up to 28 days	Deny

Reviewed and approved by: Chief Medical Officer

Date: 10/28/2013