Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	КҮ	MD	NJ	NV	NY	TN	TX	WA
Applicable	Χ	Х	NA	NA	Х	NA	Х	Х	Χ	Х	Χ	NA	NA	Χ

^{*}FHK- Florida Healthy Kids

Albenza (albendazole)

Override(s)	Approval Duration
Prior Authorization	1 year
Quantity Limit	

Medications	Quantity Limit						
Albenza (albendazole)	May be subject to quantity limit						

APPROVAL CRITERIA

Requests for Albenza (albendazole) may be approved if the following criteria are met:

- I. Individual is using for the treatment of one of the following:
 - A. Neurocysticercosis caused by *Taenia solium* (pork tapeworm); **OR**
 - B. Hydatid disease caused by Echinococcus granulosus (dog tapeworm); OR
 - C. Ascariasis caused by Ascaris lumbricoides (roundworm) (DrugPoints B IIa, AHFS); OR
 - D. Microsporidiosis (DrugPoints B IIa, AHFS); OR
 - E. Trichuriasis caused by *Trichuris trichiura* (whipworm) (DrugPoints B IIa, AHFS); **OR**
 - F. Baylisascariasis caused by Baylisascaris procyonis (raccoon roundworm) (AHFS);OR
 - G. Loiasis caused by Loa loa (AFHS); OR
 - H. Cutaneous larva migrans caused by dog and cat hookworms (AFHS); OR
 - I. Intestinal hookworm infection caused by *Ancylostoma duodenale*, *Ancylostoma caninum* or *Necator americanus* (AHFS); **OR**
 - J. Toxocariasis caused by *Toxocara canis* or *Toxocara cati* (dog and cat roundworm) (AHFS); **OR**
 - K. Strongyloidiasis caused by Strongyloides stercoralis (threadworm) (AFHS); OR
 - L. Trichinellosis caused by Trichinella spiralis (AHFS); OR
 - M. Capillariasis caused by Capillaria philippinensis (AHFS); OR
 - N. Gnathostomiasis caused by Gnathostoma spinigerum (AHFS); OR
 - O. Clonorchis sinensis (Chinese liver fluke) (AFHS); OR
 - P. Opisthorchis (liver fluke) (CDC-Opisthorcis);

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	КҮ	MD	NJ	NV	NY	TN	TX	WA
Applicable	Х	Х	NA	NA	Х	NA	Х	Х	Х	Х	Х	NA	NA	Χ

^{*}FHK- Florida Healthy Kids

OR

- II. Individual is using to treat enterobiasis caused by *Enterobius vermicularis* (pinworm) (AHFS); **AND**
- III. Individual has had a trial and inadequate response or intolerance to pyrantel pamoate (CDC-Parasites).

State Specific Mandates									
State name	Date effective	Mandate details (including specific bill if applicable)							
N/A	N/A	N/A							

Key References:

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