



STATE OF WEST VIRGINIA
DEPARTMENT OF HUMAN SERVICES
BUREAU FOR MEDICAL SERVICES

Cynthia A. Persily, Ph.D.
Cabinet Secretary

Cynthia Beane
Commissioner

**Office of Pharmacy Services
Prior Authorization Criteria
Albenza® (albendazole) and Emverm® (mebendazole)
Effective 5/24/2024**

[Prior Authorization Request Form](#)

Albenza (albendazole):

Albenza (albendazole) may be approved for FDA approved indications or common off-label indications. Diagnoses must accompany all requests; unrecognized off-label requests may require supporting literature references.

Emverm (mebendazole):

1. Emverm may be approved for an FDA approved diagnosis for the treatment of patients with gastrointestinal infections caused by any of the following:
 - A. Ancylostoma duodenale or Necator americanus (hookworms); **OR**
 - B. Treatment of Ascaris lumbricoides (roundworm).
 - C. Treatment of Enterobius vermicularis (pinworm); **OR**
 - D. Treatment of Trichuris trichiura (whipworm); **OR**
2. For the treatment of Ancylostoma duodenale or Necator americanus (hookworms), Ascaris lumbricoides (roundworm) or Enterobius vermicularis (pinworms), a clinically significant, patient-specific reason why a more cost-effective anthelmintic therapy, such as albendazole, cannot be used must be provided.

Updated PS 5/24/2024 @ DUR Board Meeting
Original DUR Board Approval: 9/28/2016

