



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	March 18, 2025

Emverm[®] (mebendazole) Chewable Tablets

LENGTH OF AUTHORIZATION: Date of Service

REVIEW CRITERIA:

- Patient must be ≥ 2 years of age; **AND**
- Patient must have a documented gastrointestinal infection caused by any of the following:
 - *Ancylostoma duodenale* (hookworm)
 - *Ascaris lumbricoides* (roundworm)
 - *Enterobius vermicularis* (pinworm)
 - *Necator americanus* (hookworm)
 - *Trichuris trichiura* (whipworm)
- Patient has documented trial and failure on the preferred alternative (i.e., albendazole) demonstrated by an inadequate response, intolerance or contraindication to therapy.
- The patient will **not** be taking metronidazole concomitantly with Emverm.

DOSING AND ADMINISTRATION:

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>
- Available as a 100 mg chewable tablet.