

## EMVERM (mebendazole, oral)

### Diagnoses Considered for Coverage:

- Ancylostomiasis (hookworm)
- Acariasis (roundworm)
- Enterobiasis (pinworm)
- Necatoriasis (hookworm)
- Trichuriasis (whipworm)

### Coverage Criteria:

#### For covered diagnosis:

- Inadequate response, intolerable side effect, or contraindication to albendazole, and
- Dose does not exceed FDA approved dosing.

### Coverage Duration: short term

Effective Date: 5/3/2023