



Emverm (mebendazole)

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

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Summary

Emverm (mebendazole) is an antihelminthic medication used to treat various types of parasitic worm infections such as ascariasis, enterobiasis, hookworm infections, trichuriasis, angiostrongyliasis, baylisascariasis, capillariasis, toxocariasis, trichinellosis, and trichostrongyliasis. It functions by selectively and irreversibly blocking glucose uptake and other nutrients in susceptible adult intestine-dwelling helminths, leading to their eventual death and expulsion from the body. The medication is consumed as an oral chewable tablet, with dosage and duration varying based on the specific parasitic infection being treated.

Definitions

"Antihelminthic" refers to a class of medications that work against parasitic worms (helminths), expelling them from the body.

"Ascariasis," "Enterobiasis," "Hookworm Infections," "Trichuriasis," "Angiostrongyliasis," "Baylisascariasis," "Capillariasis," "Toxocariasis," "Trichinellosis," and "Trichostrongyliasis" are all different types of parasitic worm infections for which mebendazole is a recommended treatment.

"Documentation" refers to written information, including but not limited to:

- Up-to-date chart notes, relevant test results, and/or relevant imaging reports to support diagnoses; or
- Prescription claims records, and/or prescription receipts to support prior trials of formulary alternatives.

"Helminths" are parasitic worms, which can infest various parts of the body, causing a range of health problems.

"Microtubules" are components of a cell's structure that help maintain its shape and integrity. In helminths, these microtubules are disrupted by mebendazole, leading to the parasites' death.

"Nematodes" refer to a type of helminth, commonly known as roundworms, that mebendazole can effectively treat.

"[s]" indicates state mandates may apply.

Clinical Indications

Medical Necessity Criteria for Initial Clinical Review

Initial Indication-Specific Criteria

Gastrointestinal Infections

The Plan considers Emverm (mebendazole) medically necessary when ALL of the following criteria is met:

1. The member meets ONE of the following:
 - a. The member has a documented diagnosis of ONE (1) of the following:
 - i. Alveolar echinococcosis; *or*
 - ii. Ascariasis caused by *Ascaris lumbricoides* (roundworm); *or*
 - iii. Capillariasis caused by *Capillaria philippinensis* (Philippine threadworm); *or*
 - iv. Eosinophilic enterocolitis caused by *Ancylostoma caninum* (dog hookworm); *or*
 - v. Toxocariasis (visceral larva migrans) caused by *Toxocara canis* or *T. cati* (dog or cat roundworm); *or*
 - vi. Trichinellosis (trichinosis) caused by *Trichinella spiralis* (pork worm); *or*
 - vii. Trichuriasis caused by *Trichuris trichiura* (whipworm); *or*
 - b. The member meets BOTH of the following:
 - i. The member has a documented diagnosis of ONE (1) of the following:
 1. Baylisascariasis caused by *Baylisascaris procyonis* (raccoon roundworm); *or*
 2. Cystic echinococcosis (hydatid cyst disease); *and*
 - ii. Albendazole is unavailable, contraindicated, not tolerated, or prescriber rationale is provided to support Emverm (mebendazole) use^[s]; *or*
 - c. The member meets BOTH of the following:
 - i. The member has a documented diagnosis of ONE (1) of the following:
 1. Enterobiasis caused by *Enterobius vermicularis* (pinworm); *or*
 2. Intestinal hookworm infections caused by *Ancylostoma duodenale* or *Necator americanus* in single or mixed infections; *or*
 3. Trichostrongyliasis caused by *Trichostrongylus*; *and*
 - ii. The member is unable to use, or has tried and failed over-the-counter (OTC) pyrantel pamoate^[s]; *or*
 - d. The member meets BOTH of the following:
 - i. The member has a documented diagnosis of eosinophilic meningitis caused by *Angiostrongylus cantonensis*; *and*
 - ii. Emverm (mebendazole) will be used in conjunction with a corticosteroid^[s]; *AND*

2. Emverm (mebendazole) is being prescribed at a dose and frequency that is within FDA approved labeling OR is supported by compendia or evidence-based published dosing guidelines for the requested indication.

The requested medication is being used within the Plan's Quantity Limit of: 12 tablets every 365 days.

If the above prior authorization criteria are met, Emverm (mebendazole) will be approved for up to 1 month.^[s] Prior Authorization may be extended based on the documentation provided, current treatment guidelines, and individual member needs (see [Appendix A](#)).

Continued Care

[Medical Necessity Criteria for Subsequent Clinical Review](#)

Subsequent Indication-Specific Criteria

Gastrointestinal Infections

The Plan considers Emverm (mebendazole) medically necessary when the following criterion is met:

1. All reauthorization renewals will be reviewed on a case-by-case basis to determine if continuation of therapy is medically necessary. The following should be provided for reauthorization:
 - a. Current clinical documentation supporting the need for continued therapy; *and*
 - b. Response to the previous course of treatment; *and*
 - c. Plan for the duration of continued treatment.

Prior Authorization may be extended based on the documentation provided, current treatment guidelines, and individual member needs (see [Appendix A](#)).^[s]

[Experimental / Investigational, unproven](#)^[s]

Emverm (mebendazole) for any other use is considered experimental, investigational, or unproven.

[References](#)

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Appendix A

Table 1: Dosage and Retreatment Information for Emverm (mebendazole) by Indication

Indication	Dosage	Duration and Retreatment
Alveolar echinococcosis	Adults and children (2 to 17 years): 40-50 mg/kg orally daily.	1 to 6 months for cystic disease and for at least 2 years in those being monitored for at least 10 years for alveolar disease.
Ascariasis caused by <i>Ascaris lumbricoides</i> (roundworm)	Adults and children: 500 mg orally	Single dose
	Adults and children: 100 mg orally twice daily	3 days; if not cured 3 weeks after treatment, a second course of therapy is recommended
	Children 1 year: 100 mg orally twice daily	3 days
Baylisascariasis caused by <i>Baylisascaris procyonis</i> (raccoon roundworm)	mebendazole can be used until albendazole is obtained	mebendazole can be used until albendazole is obtained

Indication	Dosage	Duration and Retreatment
Capillariasis caused by <i>Capillaria philippinensis</i> (Philippine threadworm)	Adults and children (2 to 17 years): 200 mg orally twice daily	20 days
Cystic echinococcosis (hydatid cyst disease)	Adults and children (2 to 17 years): 40-50 mg/kg orally daily.	1 to 6 months for cystic disease and for at least 2 years in those being monitored for at least 10 years for alveolar disease.
Enterobiasis caused by <i>Enterobius vermicularis</i> (pinworm)	Adults and children (1 to 17 years): 100 mg orally	Single dose; repeat dose in 2 weeks
Eosinophilic enterocolitis caused by <i>Ancylostoma caninum</i> (dog hookworm)	Adults: 100 mg orally twice daily	3 days
	Alternative dosing: 500 mg	Single-dose
Eosinophilic meningitis caused by <i>Angiostrongylus cantonensis</i>	Adults: 10 mg/kg orally daily	14 days
Intestinal hookworm infections caused by <i>Ancylostoma duodenale</i> or <i>Necator americanus</i> in single or mixed infections	Adults and children: 500 mg orally	Single-dose
	Adults and children (1 to 17 years): 100 mg orally twice daily	3 days; if not cured 3 weeks after treatment, a second course of therapy is recommended
Toxocariasis (visceral larva migrans) caused by <i>Toxocara canis</i> or <i>T. cati</i> (dog or cat roundworm)	Adults and children (2 to 17 years): 100-200 mg orally twice daily	5 days
Trichinellosis (trichinosis) caused by <i>Trichinella spiralis</i> (pork worm)	Adults and children (2 to 17 years): 200-400 mg orally three times daily for 3 days, then 400-500 mg three times daily for 10 days	Total duration of 13 days
Trichuriasis caused by <i>Trichuris trichiura</i> (whipworm)	Adults and children: 500 mg orally	Single-dose
	Adults and children (2 to 17 years): 100 mg orally twice daily	3 days; if not cured 3 weeks after treatment, a second course of therapy is recommended

Indication	Dosage	Duration and Retreatment
	Children 1 year: 100 mg orally twice daily	3 days
Trichostrongyliasis caused by Trichostrongylus	Adults: 100 mg orally twice daily	3 days

Clinical Guideline Revision / History Information

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