

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Mebendazole (Emverm)

Initiation (new start) criteria: Non-formulary **mebendazole (Emverm)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by Infectious Disease
-OR-
- Diagnosis of *enterobius vermicularis* (pinworm) AND patient has had a trial or contraindication to both pyrantel pamoate and albendazole
-OR-
- Confirmed diagnosis of *ascarsis lumbricoides* (common roundworm) AND patient has had a trial or contraindication to both pyrantel pamoate and albendazole
-OR-
- Confirmed diagnosis of *trichuris trichiura* (whipworm) AND patient has had a trial or contraindication to albendazole
-OR-
- Confirmed diagnosis of *ancylostoma duodenale* (common hookworm) AND patient has had a trial or contraindication to albendazole
-OR-
- Confirmed diagnosis of *necator americanus* (American hookworm) AND patient has had a trial or contraindication to albendazole
-OR-
- Cystic hydatid disease AND treatment failure or contraindication to albendazole