Summary of product characteristics

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1. Name of the medicinal product

Wormin 100mg tablet

2. Qualitative and quantitative composition

Active substance: Mebendazole

Each tablet contains Mebendazole 100mg.

For the full list of excipients, see section 6.1.

3. Pharmaceutical form

Tablets

Light orange, smooth, round shaped, beveled edged, flat uncoated tablets plain on both sides.

4. Clinical particulars

4.1. Therapeutic indications

For the treatment of *Trichuris trichuria* (whipworm), *Enterobius vermicularis* (pinworm or threadworm), *Ascaris lumbricoides* (roundworm), *Ancylostoma duodenale* (common hookworm), *Necator americanus* (American hookworm) in single or mixed gastrointestinal infestations.

There is no evidence that Wormin100 Tablets are effective in the treatment of cysticercosis.

4.2. Posology and method of administration

Adults and children over 2 years:

For the control of trichuriasis, ascariasis and hookworm infections, one tablet twice a day for three consecutive days.

For the control of enterobiasis a single tablet is administered. It is highly recommended that a second tablet is taken after two weeks, if re-infection is suspected.

Tablets may be chewed or swallowed whole. Crush the tablet before giving it to a young child. Always supervise a child while they are taking this medicine.

Wormin100 oral suspension should be considered for patients such as young children who are unable to swallow the tablet.

Children under 2 years:

Wormin100 has not been extensively studied in children below the age of 2 years.

Currently available data are described in section 4.4, 4.8 and 5.2, but no recommendations on a posology can be made.

Because of the lack of sufficient safety data, Wormin100 should not be used in children below the age of 1 year (see section 4.4, 4.8 and 5.2).

Method of Administration

Oral use.

Wormin oral suspension should be considered for patients such as young children who are unable to swallow the tablet

4.3. Contra-indications

Wormin100 is contraindicated in pregnancy and in patients who have shown hypersensitivity to the product or any components.

4.4. Special warnings and special precautions for use

Not recommended in the treatment of children under 2 years

There have been rare reports of reversible liver function disturbances, hepatitis and neutropenia described in patients who were treated with mebendazole at standard dosages for indicated conditions (see section 4.8 'Undesirable effects'). These events, along with glomerulonephritis and agranulocytosis, have also been reported with dosages substantially above those recommended and with treatment for prolonged periods of time.

A case-control study of a single outbreak of Stevens-Johnson syndrome /toxic epidermal necrolysis (SJS/TEN) suggested a possible association with the concomitant use of metronidazole with mebendazole. Although there are no additional data on this potential interaction, concomitant use of mebendazole and metronidazole should be avoided.

Convulsions in children, including in infants below 1 year of age, have been reported very rarely during post-marketing experience (see section 4.8 'Undesirable effects'). Wormin100 has not been extensively studied in children below the age of 2 years. Therefore, Wormin100 should be used in children aged 1-2 years only if the potential benefit justifies the potential risk.

Because of the lack of sufficient safety data, Wormin100 should not be used in children below the age of 1 year.

Wormin100 should only be given to very young children if their worm infestation interferes significantly with their nutritional status and physical development.

4.5. Interaction with other medicinal products and other forms of interaction

Concomitant treatment with cimetidine may inhibit the metabolism of mebendazole in the liver, resulting in increased plasma concentrations of the drug.

Concomitant use of mebendazole and metronidazole should be avoided (see section 4.4).

4.6. Use during pregnancy and lactation

Pregnancy

Mebendazole is contraindicated in pregnancy. See section 4.3

Lactation

Limited data from case reports demonstrate that a small amount of mebendazole is present in human milk following oral administration. Therefore, caution should be exercised when Wormin100 is administered to breast-feeding women.

4.7. Effects on ability to drive and use machines

Wormin100 has no influence on the ability to drive and use machines

4.8. Undesirable effects

Transient symptoms of abdominal pain and diarrhea have occurred in cases of massive ingestion and expulsion of worms. Hypersensitivity reactions such as rash, urticaria and angioedema have been observed on rare occasions. Very rare cases of convulsions have been reported.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via EFDA yellow Card Scheme, online at https://primaryreporting.who-umc.org/ET or toll free call 8482 to Ethiopian food and drug authority (EFDA).

4.9. Overdose

In patients treated at dosages substantially higher than recommended or for prolonged periods of time, the following adverse reactions have been reported rarely: alopecia, reversible liver function disturbances, hepatitis, agranulocytosis, neutropenia and glomerulonephritis. With the exception of agranulocytosis and glomerulonephritis, these also have been reported in patients who were treated with mebendazole at standard dosages (see section 4.8).

Signs and symptoms

In the event of accidental over-dosage, abdominal cramps, nausea, vomiting and diarrhea may occur.

There is no specific antidote. Activated charcoal may be given if considered appropriate.

5. Pharmacological properties

5.1. Pharmacodynamic properties

Pharmacotherapeutic group: anthelmintic for oral administration, benzimidazole derivatives; ATC code: P02CA01.

In vitro and *in vivo* work suggests that mebendazole blocks the uptake of glucose by adult and larval forms of helminths, in a selective and irreversible manner. Inhibition of glucose uptake appears to lead to endogenous depletion of glycogen stores within the helminth. Lack of glycogen leads to decreased formation of ATP and ultrastructural changes in the cells.

There is no evidence that Wormin100 is effective in the treatment of cysticercosis.

5.2. Pharmacokinetic properties

Absorption

Following oral administration, < 10% of the dose reaches the systemic circulation, due to incomplete absorption and pre-systemic metabolism (first-pass effect). The majority of an orally administered dose remains in the gastrointestinal tract. Maximum plasma concentrations are generally seen 2 to 4 hours after administration. Administration with a high fat meal increases the bioavailability of mebendazole, but the overall effect of food on the amount of drug remaining in the gastrointestinal tract is not expected to be substantial.

Distribution

The plasma protein binding of mebendazole is 90 to 95%. The volume of distribution is 1 to 2 L/kg, indicating that mebendazole penetrates areas outside the vascular space. This is supported by data in patients on chronic mebendazole therapy (e.g., 40 mg/kg/day for 3-21 months) that show drug levels in tissue.

Excretion

Mebendazole, the conjugated forms of mebendazole, and its metabolites likely undergo some degree of enterohepatic recirculation and are excreted in the urine and bile. The apparent elimination half-life after an oral dose ranges from 3 to 6 hours in most patients.

Steady-state pharmacokinetics

During chronic dosing (e.g., 40 mg/kg/day for 3-21 months), plasma concentrations of mebendazole and its major metabolites increase, resulting in approximately 3-fold higher exposure at steady-state compared to single dosing.

Paediatric population

Limited data of the mebendazole concentrations in plasma are available in children and adolescents 1 to 16 years of age. These data do not indicate substantially higher systemic exposure to mebendazole in subjects 3 to 16 years of age compared to adults.

In subjects 1 to <3 years of age, systemic exposure is higher than in adults due to higher mg/kg dose relative to adults.

5.3. Preclinical safety data

In animal reproduction studies, adverse developmental effects (i.e., skeletal malformations, soft tissue malformations, decreased pup weight, embryolethality) were observed when mebendazole was administered to pregnant rats and mice throughout the period of organogenesis or as a single oral dose as low as 10 mg/kg in rats (approximately 0.2-fold the maximum recommended human dose (MRHD)). Maternal toxicity was present at the highest of these doses. Dosing of hamsters and rabbits did not result in embryotoxicity or teratogenicity. Doses up to 40 mg/kg in rats (0.8-fold the MRHD, based on mg/m^2), given to males for 60 days and to females for 14 days prior to gestation, had no effect upon fetuses and offspring.

No mutagenic activity was observed with mebendazole in bacterial reverse mutation tests. Mebendazole was mutagenic when tested in the mouse lymphoma thymidine kinase assay and aneugenic in vitro in mammalian somatic cells. In the in vivo mouse micronucleus assay, orally administered mebendazole induced an increased frequency of micronucleated polychromatic erythrocytes with evidence suggestive of aneugenicity.

Mebendazole had no carcinogenic effects at doses as high as 40 mg/kg/day when administered daily in the diet over 2 years in carcinogenicity tests in mice and rats (0.4 to 0.8-fold the MRHD, based on mg/m^2)

6. Pharmaceutical particulars

6.1. List of Excipients

Calcium hydrogen phosphate, maize starch, Gelatin, Color sunset yellow, Purified Talc, Magnesium Stearate, sodium lauryl sulphate, vanillin and orange flavor.

6.2. Incompatibilities

Not applicable.

6.3. Shelf life

48 Months.

6.4. Special precautions for storage

Store below 30°C. Protect from light & moisture.

6.5. Nature and content of container

Glamide tablets are packed in blister packs of 0.02mm Printed Aluminum foil and .025mm non-toxic transparent PVC film.

Pack size: 6 tablets in blister

6.6. Instructions for use and handling, and disposal (if appropriate)

No specific instructions for use/handling.

7. Marketing authorization holder

CADILA PHARMACEUTICALS (ETHIOPIA) PLC
GELAN CITY, OROMIA REGION
ETHIOPIA

8. NUMBER (S) IN THE NATIONAL REGISTER OF FINISHED PHARMACEUTICAL PRODUCTS :

Certificate No: 0429/NMR/LD

9. Date of first authorization / renewal of the authorization:

Feb 25, 1998

10. Date of revision of the text:

August, 2023