SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE FINISHED PHARMACEUTICAL PRODUCT:

Name of product

Mzole (Mebendazole Tablets USP 100 mg)

Strength:

100 mg

Pharmaceutical form:

Uncoated tablets

2. QUALITATIVE AND QUANTITATIVE COMPOSITION:

Name of Product	:	Mzole (Mebendazole Tablets Usp 100 mg)
Batch Size	:	5, 00,000 Tablets
Composition	:	Each Uncoated Tablet contains Mebendazole USP … 100 mg Excipients … qs
Description	:	Buff coloured circular bevelled uncoated tablet with a breakline on one side and plain on other side.
Product Expiry	:	36 Months
Packing	:	Blister pack of 40 x 6 Tablets

ACTIVE INGREDIENT

Mebendazole	Anthelmintic

INACTIVE INGREDIENTS

Ingredients
Maize Starch
Croscarmellose Sodium
Colloidal Anhydrous silica
Sodium lauryl sulphate
Sodium Methyl hydroxybenzoate
Sodium Propyl hydroxybenzoate
Polyvinyl Pyrollidone K-30
Purified Talc
Magnesium Stearate
Erythrosine
Purified Water

3. PHARMACEUTICAL FORM:

Buff coloured circular bevelled uncoated tablet with a breakline on one side and plain on other side.

4. CLINICAL PARTICULARS:

i) 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 mebendazole Tablets are effective in the treatment of cysticercosis.

ii) 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.

Method of Administration

Oral use.

iii) Contraindications:

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

iv) Special warnings and precautions for use:

Not recommended in the treatment of children under 2 years.

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.

v) Interaction with other FPPs 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 .

vi) Fertility, pregnancy and lactation:

Since mebendazole is contra-indicated in pregnancy, patients who think they are, or may be, pregnant should not take this preparation.

Lactation

As it is not known whether mebendazole is excreted in human milk, it is not advisable to breast feed following administration of mebendazole tablet 100 mg.

vii) Effects on ability to drive and use machines:

Mebendazole tablet 100 mg has no influence on the ability to drive and use machines.

viii) Undesirable effects:

Throughout this section adverse reactions are reported. Adverse reactions are adverse events that were considered to be reasonably associated with the use of Mebendazole based on the comprehensive assessment of the available adverse event information. A causal relationship with Mebendazole cannot be reliably established in individual cases. Further, because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in clinical practice.

The safety of Mebendazole was evaluated in 6276 subjects who participated in 39 clinical trials for the treatment of single or mixed parasitic infestations of the gastrointestinal tract. In these 39 clinical trials, no adverse drug reactions (ADRs) occurred in ≥1% of Mebendazole -treated subjects.

ADRs identified from clinical trials and post-marketing experience with Mebendazole are included in Table 1. The displayed frequency categories use the following convention:

Very common (≥1/10); Common (≥1/100 to <1/10); Uncommon (≥1/1000 to <1/100); Rare (≥1/10,000 to <1/1000); Very rare (<1/10,000), Not known (cannot be estimated from the available data).

Table 1: Adverse Drug Reactions Reported in Clinical Trials and Post-marketing Experience for Mebendazole.

System Organ Class	Adverse Drug Reactions		
	Frequency Category		
	Common (≥ 1/100 to < 1/10)	**Uncommon** (≥1/1000 to <1/100)	**Rare** (≥1/10,000 to <1/1000)
Blood and lymphatic system disorder			Neutropenia
Immune system disorder			Hypersensitivity including anaphylactic reaction and anaphylactoid reaction
Nervous system disorder			Convulsions Dizziness
Gastrointestinal disorder	Abdominal pain	Abdominal discomfort; Diarrhoea; Flatulence	
Hepatobiliary disorder			Hepatitis; Abnormal liver function tests
Skin and subcutaneous tissue disorder			Rash toxic epidermal necrolysis; Stevens-Johnson syndrome; Exanthema; Angioedema; Urticaria; Alopecia

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:

United Kingdom

Yellow Card Scheme

Website: www.mhra.gov.uk/yellowcard

ix) 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 .

Signs and symptoms

In the event of accidental overdosage, abdominal cramps, nausea, vomiting and diarrhoea may occur.

Treatment

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

5 PHARMACOLOGICAL PROPERTIES

i) 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 mebendazole is effective in the treatment of cysticercosis.

ii) Pharmacokinetic properties:

Absorption

Following oral administration, < 10% of the dose reaches the systemic circulation, due to incomplete absorption and to extensive pre-systemic metabolism (first-pass effect). Maximum plasma concentrations are generally seen 2 to 4 hours after administration. Dosing with a high fat meal leads to a modest increase in the bioavailability of mebendazole.

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.

Metabolism

Orally administered mebendazole is extensively metabolised primarily by the liver. Plasma concentrations of its major metabolites (amino and hydroxylated amino forms of mebendazole) are substantially higher than those of mebendazole. Impaired hepatic function, impaired metabolism, or impaired biliary elimination may lead to higher plasma levels of mebendazole.

Elimination

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.

6 PHARMACEUTICAL PARTICULARS:

i) List of Excipients:

Colloidal Anhydrous Silica
Croscarmellose sodium
Erythromycine
Magnesium stearate
Maize starch
Polyvinyl pyrolidone K-30
Purified talc
Sodium Lauryl Sulphate
Sodium Methyl hydroxybenzoate
Sodium Propyl Hydroxybenzoate

ii) Incompatibilities:

Not applicable.

iii) Shelf life:

36 Months

iv) Special precautions for storage:

Store in dry place at a temperature below 30°C .

v) Nature and contents of container:

Blister pack of 40 x 6 tablets

vi) Special precautions for disposal:

Not applicable.

7. MARKETING AUTHORIZATION HOLDER:

OFFICE **:** 7/1, Corporate Park,
Sion-Trombay Road,
Chembur,
Mumbai 400 071.
INDIA
Phone Nos: 91-22- 30009205/04/202.
Fax: 91-22-25233085.
E.mail: ashf@giasbm01.vsnl.net.in
Website: www.flamingopharma.com

FACTORY **:** E-28, Opp. Fire Brigade Station,
M.I.D.C. Taloja. Dist. Raigad.
INDIA.
Tel: 91-22-39257758
Fax: 91-22-39257741

8. Number(s) in the National register of finised pharmaceutical products:

04912/06884/REN/2018

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

05/01/2012

Last renewal date : Jan 13, 2020

10. Date of revision of the text :

10/01/2015