

ALMINTH PLUS

For the use of a Registered Medical Practitioner or a Hospital or a Laboratory Only

Abbreviated Prescribing information for ALMINTH PLUS (Ivermectin & Albendazole Tablets)

[Please refer the complete prescribing information available at www.torrentpharma.com]

PHARMACOLOGICAL PROPERTIES:

MECHANISM OF ACTION: *Ivermectin*: Ivermectin probably binds to glutamate-activated Cl⁻ channels found in nematode nerve or muscle cells, which causes hyperpolarization by increasing permeability of chloride ions through the cell membrane; this results in paralysis of the parasite. *Albendazole*: Benzimidazoles are thought to act against nematodes by inhibiting microtubule synthesis. Albendazole also has larvicidal effects in hydatid disease, cysticercosis, ascariasis, and hookworm infection and ovicidal effects in ascariasis, ancylostomiasis, and trichuriasis.

INDICATIONS: For the treatment of intestinal helminthes and suppression of microfilaraemia especially with bancrofti infections.

DOSAGE AND ADMINISTRATION: *Suppression of microfilaraemia*: daily one tablet once a day. *Intestinal Helminths*: one tablet as a single dose for infection with intestinal helminths.

CONTRAINDICATION: *Ivermectin*: Ivermectin is contraindicated in patients who are hypersensitive to any component of this product. *Albendazole*: Albendazole is contraindicated in patients with known hypersensitivity to the benzimidazole class of compounds or any components of Albendazole.

WARNINGS & PRECAUTIONS: *Ivermectin*: Microfilaricidal drugs, i.e. diethylcarbamazine citrate (DEC-C), might cause the Mazzotti reaction and ophthalmological reactions in patients with onchocerciasis. Onchocerciasis: Repeated follow-up and retreatment is usually required. Strongyloidiasis: Repeated stool examinations is required. *Albendazole*: Hepatic dysfunction: It cause bone marrow suppression, aplastic anemia, and agranulocytosis. Decreased blood cell counts: Discontinuation in patients with significant decreased blood cell counts. Pregnancy: If a patient becomes pregnant while taking this drug, albendazole should be discontinued immediately. Patients should not become pregnant for at least 1 month following cessation of albendazole therapy. Neurocysticercosis: Patients should receive appropriate steroid and anticonvulsant therapy as required.

DRUG INTERACTIONS: *Ivermectin*: It reported interaction with warfarin. *Albendazole*: It reported interaction with dexamethasone, praziquantel, cimetidine and theophylline.

ADVERSE REACTIONS: *Ivermectin*: Asthenia/Fatigue, Abdominal pain, Anorexia, Constipation, Diarrhea, Nausea, Vomiting, Dizziness, Somnolence, Vertigo, Tremor, Pruritus, Rash and Urticaria. *Albendazole*: Leukopenia, Granulocytopenia, Pancytopenia, Agranulocytosis, Or Thrombocytopenia, Bone marrow suppression, Hypersensitivity reactions, Rash, Urticarial, Erythema Multiforme, Stevens Johnson Syndrome, Acute renal failure.

MARKETED BY:



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(Additional information is available on request)