

# EMVERM<sup>®</sup> (MEBENDAZOLE)

## PROVIDES A 95% CURE RATE

### AGAINST PINWORM<sup>1</sup>

- **EMVERM contains mebendazole**, the active ingredient that's been prescribed by physicians for more than **40 years**<sup>2</sup>
- Pinworm is approximately **3 times more common than head lice**<sup>3,4</sup>
- The AAP *Red Book* recommends **mebendazole** as one of the **drugs of choice** for pinworm infection<sup>5</sup>
- The CDC recommends treating the **entire household** where more than one member is infected or where repeated, symptomatic infections occur<sup>6</sup>
- Patients should be **prescribed 2 tablets**. EMVERM can often cure pinworm infection with a **single tablet**. However, a *second* tablet may be necessary after 3 weeks to prevent reinfection and to kill any worms that hatched after the first treatment<sup>1,6</sup>
  - One 100 mg tablet is the **same dose for adults and children** ages 2 and older<sup>1</sup>
  - Chewable, kid-friendly tablet can also be swallowed whole or crushed and mixed with food<sup>1</sup>



AAP, American Academy of Pediatrics; CDC, Centers for Disease Control and Prevention; FDA, US Food and Drug Administration.

### INDICATION

EMVERM is indicated for the treatment of patients two years of age and older with gastrointestinal infections caused by *Ancylostoma duodenale* (hookworm), *Ascaris lumbricoides* (roundworm), *Enterobius vermicularis* (pinworm), *Necator americanus* (hookworm), and *Trichuris trichiura* (whipworm).

### IMPORTANT SAFETY INFORMATION

**Contraindication:** EMVERM is contraindicated in persons with a known hypersensitivity to the drug or its excipients (mebendazole, microcrystalline cellulose, corn starch, anhydrous lactose, sodium starch glycolate, magnesium stearate, stearic acid, sodium lauryl sulfate, sodium saccharin, and FD&C Yellow #6).

#### Warnings and Precautions:

- Risk of convulsions: Convulsions in infants below the age of 1 year have been reported
- Hematologic effects: Neutropenia and agranulocytosis have been reported in patients receiving mebendazole at higher doses and for prolonged duration. Monitor blood counts in these patients
- Metronidazole and serious skin reactions: Stevens-Johnson syndrome/toxic epidermal necrolysis (SJS/TEN) have been reported with the concomitant use of mebendazole and metronidazole

**Adverse Reactions from Clinical Trials\*:** Anorexia, abdominal pain, diarrhea, flatulence, nausea, vomiting, rash.

**Adverse Reactions from Postmarketing Experience with Mebendazole\*:** Agranulocytosis, neutropenia, hypersensitivity including anaphylactic reactions, convulsions, dizziness, hepatitis, abnormal liver tests, glomerulonephritis, Stevens-Johnson syndrome/toxic epidermal necrolysis, exanthema, angioedema, urticaria, alopecia.

\*Includes mebendazole formulations, dosages and treatment duration other than EMVERM 100 mg chewable tablet.

Please see additional Important Safety Information on reverse side and accompanying Full Prescribing Information.

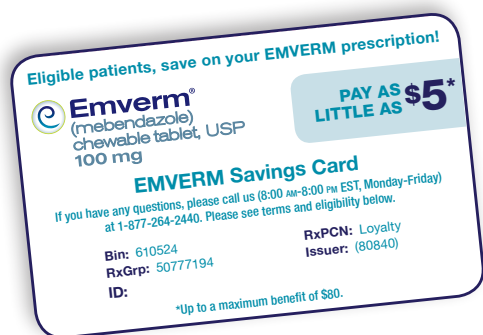
 **Emverm<sup>®</sup>**  
(mebendazole)  
chewable tablet, USP  
**100 mg**

## NOW THERE ARE 2 WAYS FOR PATIENTS TO SAVE!

### OPTION 1

#### eVoucherRx™ Program

- No cards or coupons needed for most patients with commercial insurance at participating pharmacies
- List of participating pharmacies available at [evoucherrx.relayhealth.com/storelookup](http://evoucherrx.relayhealth.com/storelookup)



### OPTION 2

#### Download a Savings Card Today

- Eligible patients can download the EMVERM Savings Card at [EmvermSave.com](http://EmvermSave.com)
- Patients should show their savings card to the pharmacist when they pick up their prescription

**LEARN MORE AT [EmvermSave.com](http://EmvermSave.com)**

†Subject to eligibility. Individual out-of-pocket costs may vary. Not valid for patients covered under Medicare, Medicaid, or other federal or state programs. Please see full terms, conditions, and eligibility criteria at [EmvermSave.com](http://EmvermSave.com).

### IMPORTANT SAFETY INFORMATION (continued)

**Drug Interactions:** Concomitant use of EMVERM and metronidazole should be avoided.

#### Use in Specific Populations:

- **Pregnancy:** Mebendazole use in pregnant women has not reported a clear association between mebendazole and a potential risk of major birth defects or miscarriages. However, there are risks to the mother and fetus associated with untreated helminthic infection during pregnancy.
- **Lactation:** Limited data from case reports demonstrate that a small amount of mebendazole is present in human milk following oral administration. There are no reports of effects on the breastfed infant.
- **Pediatric Use:** The safety and effectiveness of EMVERM 100 mg chewable tablet has not been established in pediatric patients less than two years of age.
- **Geriatric Use:** Clinical studies of mebendazole did not include sufficient numbers of subjects aged 65 and older to determine whether they respond differently from younger subjects.

**Overdosage:** In patients treated at dosages substantially higher than recommended or for prolonged periods of time, the following adverse reactions have been reported: alopecia, reversible transaminase elevations, hepatitis, agranulocytosis, neutropenia, and glomerulonephritis.

- **Symptoms and signs of overdose:** In the event of accidental overdose, gastrointestinal signs/symptoms may occur
- **Treatment of overdose:** There is no specific antidote

**Patient Counseling:** Healthcare professionals should advise the patient to read the FDA-approved patient labeling (Patient Information). Advise patients that:

- Taking EMVERM and metronidazole together may cause serious skin reactions and should be avoided.
- EMVERM can be taken with or without food.

**To report SUSPECTED ADVERSE REACTIONS, contact Amneal Specialty, a division of Amneal Pharmaceuticals LLC at 1-877-835-5472 or FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).**

**Please see additional Important Safety Information on reverse side and accompanying Full Prescribing Information.**

**References:** 1. EMVERM [prescribing information]. 2. Friedman AJ, Ali SM, Albonico M. [published online December 24, 2012.] *J Trop Med*. 2012;2012:590463. 3. Enterobiasis. Centers for Disease Control and Prevention website. <https://www.cdc.gov/dpdx/enterobiasis/index.html>. Updated December 8, 2017. Accessed June 13, 2019. 4. Epidemiology & risk factors. Centers for Disease Control and Prevention website. <http://www.cdc.gov/parasites/lice/head/epi.html>. Updated September 24, 2013. Accessed June 13, 2019. 5. American Academy of Pediatrics. *Red Book: 2018-2021 Report of the Committee on Infectious Diseases*. 31st ed. Itasca, IL: American Academy of Pediatrics; 2018:634-635, 994. 6. Treatment. Centers for Disease Control and Prevention website. <https://www.cdc.gov/parasites/pinworm/treatment.html>. Updated August 30, 2016. Accessed June 13, 2019.

