

EMVERM[®] (MEBENDAZOLE)

PROVIDES A 95% CURE RATE

AGAINST PINWORM¹

- **EMVERM** contains **mebendazole**, the active ingredient that's been prescribed by physicians for more than **40 years**²
- Pinworm is approximately **3 times more common than head lice**^{3,4}
- The AAP *Red Book* recommends **mebendazole** as one of the **drugs of choice** for pinworm infection⁵
- The CDC recommends treating the **entire household** where more than one member is infected or where repeated, symptomatic infections occur⁶
- 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^{1,6}
 - One 100 mg tablet is the **same dose for adults and children** ages 2 and older¹
 - Chewable, kid-friendly tablet can also be swallowed whole or crushed and mixed with food¹



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.

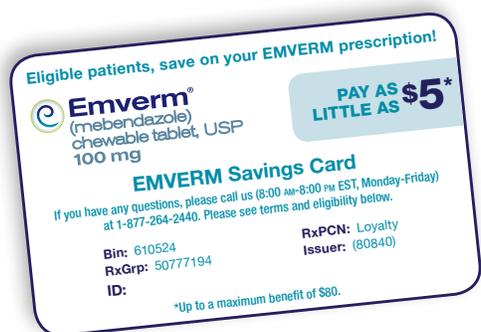
 **Emverm[®]**
(mebendazole)
chewable tablet, USP
100 mg

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



OPTION 2

Download a Savings Card Today

- Eligible patients can download the EMVERM Savings Card at EmvermSave.com
- Patients should show their savings card to the pharmacist when they pick up their prescription

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†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.

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.

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.

