Medicines & Healthcare products Regulatory Agency

MHRA Regulating Medicines and Medical Devices

Public Assessment Report

National Procedure

Ivermectin 3 mg tablets

ivermectin

PL 23218/0227

Laboratorios Liconsa S.A

LAY SUMMARY

Ivermectin 3 mg tablets
Ivermectin

This is a summary of the Public Assessment Report (PAR) for Ivermectin 3 mg tablets. It explains how this product was assessed and its authorisation recommended, as well as its conditions of use. It is not intended to provide practical advice on how to use this product.

This product will be referred to as Ivermectin in this lay summary for ease of reading.

For practical information about using Ivermectin, patients should read the Patient Information Leaflet (PIL) or contact their doctor or pharmacist.

What is Ivermectin and what is it used for?
This application is a full-dossier application. This means that the results of pharmaceutical, non-clinical and clinical studies have been submitted to show that this medicine is suitable for treating the specified indications.

Ivermectin contains a medicine called ivermectin. This is a type of medicine which is used for infections caused by some parasites.

It is used to treat:

- an infection in the gut called intestinal strongyloidiasis (anguillulosis). This is caused by a type of round worm called "Strongyloides stercoralis".
- a blood infection called microfilaraemia due to "lymphatic filariasis". This is caused by an immature worm called "Wuchereria bancrofti". Ivermectin does not work against adult worms, only against immature worms.
- skin mites (scabies). This is when tiny mites burrow under the skin. This can cause severe itching. Ivermectin should only be taken when a doctor has proven or thinks that a patient has scabies.

Ivermectin will not stop someone from getting one of these infections. It does not work against adult worms.

Ivermectin should only be taken when a doctor has proven or thinks that a patient has a parasite infection.

Ivermectin is not approved for use as a treatment for suspected or confirmed COVID-19.

How does Ivermectin work?
Ivermectin triggers an overload of neurotransmitters in the part of the nervous system of parasites. The current evidence suggests that this medicine works by paralysing the parasite or inactivating the parasite gut.

How is Ivermectin used?
The pharmaceutical form of this medicine is a tablet and the route of administration is by mouth (oral).

Dosage

Treatment of gastrointestinal strongyloidiasis (anguillulosis)

The recommended dosage is 200 microgrammes (µg) ivermectin per kg body weight, taken orally as a single dose. For guidance, the dose based on body weight is:

BODY WEIGHT (kg)	DOSE (number of 3 mg tablets)
15 to 24	one
25 to 35	two
36 to 50	three
51 to 65	four
66 to 79	five
≥ 80	six

Treatment of microfilaraemia caused by *Wuchereria bancrofti* (lymphatic filariasis)

The recommended dosage for mass treatment campaigns in *Wuchereria bancrofti* microfilaraemia (lymphatic filariasis) is approximately 150 to 200 µg ivermectin per kg body weight, taken as a single oral dose every 6 months.

In endemic areas where treatment can only be administered once every 12 months, the recommended dosage is 300 to 400 µg per kg body weight to maintain adequate suppression of microfilaraemia in treated patients.

For guidance, the dose based on body weight is:

BODY WEIGHT (kg)	DOSE administered every 6 Months (number of 3 mg tablets)	DOSE administered every 12 months (number of 3 mg tablets)
15 to 25	One	two
26 to 44	Two	four
45 to 64	Three	six
65 to 84	Four	eight

Alternatively, and in the absence of a set of weighing scales, the ivermectin dosage for administration in mass treatment campaigns can be determined by the patient's height, as follows:

HEIGHT (in cm)	DOSE administered every 6 months (number of 3 mg tablets)	DOSE administered every 12 months (number of 3 mg tablets)
90 to 119	One	two
120 to 140	Two	four
141 to 158	Three	six
> 158	Four	eight

Treatment of human scabies

- Take a dose of 200 micrograms for each kilogram of body weight.
- The patient will not know if the treatment has been successful for 4 weeks.
- The patient’s doctor may decide to give second single dose within 8 to 15 days.

What else must be observed when a patient is being treated for scabies
Everyone who comes into contact with the patient, especially members of their family and partners, should visit a doctor as soon as possible. The doctor will decide whether these persons should also be treated. If infected contact persons are not also treated promptly, there is a danger that they could re-infect the patient with scabies.

The patient should follow hygienic measures to prevent reinfection (i.e. keeping fingernails short and clean) and you should follow official recommendations regarding the cleaning of clothing and bedding closely.

If the patient has the impression that the effect of ivermectin is too strong or too weak the patient should talk to their doctor or pharmacist.

Method of administration
The patient should always follow the dosage stated by doctor.

In children under 6 years of age and weighing at least 15 kg, the tablets should be crushed before swallowing.

Treatment consists of a single dose. The number of prescribed tablets should be taken all at the same time as a single dose. The tablets should be taken with some water on an empty stomach. Food should not be eaten within two hours before or after taking this medicine because it is not known how food affects the absorption of this medicine in the body.

For further information on how Ivermectin is used, refer to the PIL and Summary of Product Characteristics (SmPC) available on the Medicines and Healthcare products Regulatory Agency (MHRA) website.

This medicine can only be obtained with a prescription.

The patient should always take the medicine exactly as their doctor/pharmacist has told them. The patient should check with their doctor or pharmacist if they are not sure.

What benefits of Ivermectin have been shown in studies?
Information on the results of published scientific literature including an overview of clinical pharmacology, clinical efficacy and safety. The references include monographs, reviews, published clinical studies, metanalyses, WHO recommendations and public assessment reports to show that ivermectin is safe and efficacious in the treatment of:

- gastrointestinal strongyloidiasis (anguillulosis).
- suspected or diagnosed microfilaraemia in patients with lymphatic filariasis due to *Wuchereria bancrofti*.
- human sarcoptic scabies.

In addition to literature references, studies in healthy volunteers have been limited to tests to determine that Ivermectin is bioequivalent to the European reference medicine. Two medicines are bioequivalent when they produce the same levels of the active substance in the body.

What are the possible side effects of Ivermectin?
For the full list of all side effects reported with this medicine, see Section 4 of the PIL or the SmPC available on the MHRA website.

If a patient gets any side effects, they should talk to their doctor, pharmacist or nurse. This includes any possible side effects not listed in the product information or the PIL that comes with the medicine. Patients can also report suspected side effects themselves, or a report can be made on their behalf by someone else who cares for them, directly via the Yellow Card scheme at https://yellowcard.mhra.gov.ukor search for 'MHRA Yellow Card' online. By reporting side effects, patients can help provide more information on the safety of this medicine.

Why was Ivermectin approved?
Information on the results of published scientific literature supported the conclusion that Ivermectin has been shown to be effective in the treatment of:

- gastrointestinal strongyloidiasis (anguillulosis).
- suspected or diagnosed microfilaraemia in patients with lymphatic filariasis due to *Wuchereria bancrofti*.
- human sarcoptic scabies.

It was also concluded that Ivermectin has been shown to be comparable in quality to and be bioequivalent to the European reference medicine Stromectol 3mg tablets.

The MHRA decided that the benefits are greater than the risks and recommended that Ivermectin can be approved for use.

What measures are being taken to ensure the safe and effective use of Ivermectin?
As for all newly-authorised medicines, a Risk Management Plan (RMP) has been developed for Ivermectin The RMP details the important risks of Ivermectin, how these risks can be minimised, any uncertainties about Ivermectin (missing information), and how more information will be obtained about the important risks and uncertainties.

The following safety concerns have been recognised for Ivermectin:

Summary of safety concerns	
Important identified risks	-none
Important potential risks	-Off label use
Missing information	-none

The information included in the SmPC and the PIL is compiled based on the available quality, non-clinical and clinical data, and includes appropriate precautions to be followed by healthcare professionals and patients. Side effects of Ivermectin are continuously monitored and reviewed including all reports of suspected side-effects from patients, their carers, and healthcare professionals.

An RMP and a summary of the pharmacovigilance system have been provided with this application and are satisfactory.

Other information about Ivermectin
A marketing authorisation was granted in the United Kingdom (UK) on 11 April 2023.

The full PAR for Ivermectin follows this summary.

This summary was last updated in July 2023.

TABLE OF CONTENTS

I INTRODUCTION

Based on the review of the data on quality, safety and efficacy, the Medicines and Healthcare products Regulatory Agency (MHRA) considered that the application for Ivermectin 3 mg tablets (PL 23218/0227) could be approved.

The product is approved for the following indications:

- Treatment of gastrointestinal strongyloidiasis (anguillulosis).
- Treatment of suspected or diagnosed microfilaraemia in patients with lymphatic filariasis due to *Wuchereria bancrofti*.
- Treatment of human sarcoptic scabies. Treatment is justified when the diagnosis of scabies has been established clinically and/or by parasitological examination. Without formal diagnosis treatment is not justified in case of pruritus.

  Official guidelines should be taken into consideration. Official guidelines will normally include WHO and public health authorities' guidelines.

This application was approved under Regulation 50 of The Human Medicines Regulation 2012, as amended (previously Article 8(3) of Directive 2001/83/EC, as amended), a full-dossier application.

Ivermectin is a known active substance discovered in the 1970s. It is an anthelmintic used to treat infections caused by various parasites. In the UK, ivermectin is currently only approved for topical use and is available as Soolantra 10m/g cream.

Ivermectin has been approved in oral form for human use in a few EU countries since 1988 (according to Martindale: France, Greece, Netherlands) in the treatment of strongyloidiasis, lymphatic filariasis, scabies and onchocerciasis.

Ivermectin (tablet form) is available as an unlicensed medicine in the UK on a named-patient basis from 'special order' manufacturers or specialist importing companies. According to the BNF, it could be used as an oral anthelmintic for cutaneous larva migrans as well as for onchocerciasis (river blindness), crusted or 'Norwegian' scabies and strongyloidiasis.

To note that whilst ivermectin is generally used as an anthelmintic, there has been recent interest in it as a potential treatment for COVID-19. The applicant has only requested approval for the anti-parasitic indications.

In the absence of convincing evidence of efficacy and safety for use of ivermectin as a treatment for COVID-19, ivermectin is not approved for the treatment of patients with or suspected to be infected with SARS-CoV-2.

The MHRA has been assured that acceptable standards of Good Manufacturing Practice (GMP) are in place for this product at all sites responsible for the manufacture, assembly and batch release of this product.

With the exception of the bioequivalence studies, no new clinical studies were conducted, which is acceptable. The bioequivalence study was conducted in-line with current Good Clinical Practice (GCP).

A Risk Management Plan (RMP) and a summary of the pharmacovigilance system have been provided with this application and are satisfactory.

Advice was sought from the Commission of Human Medicines (CHM) on 29 September 2022, following the acceptance of the CHM's proposals on the minor points which were raised, a marketing authorisation was granted in the United Kingdom (UK) on 11 April 2023.

II QUALITY ASPECTS

II.1 Introduction

The active substance is ivermectin. One tablet contains 3 mg ivermectin. The other ingredients are: cellulose microcrystalline, pre-gelatinised maize starch, citric acid, butylhydroxyanisole, and magnesium stearate.

The finished product is either presented in blister packs packed in boxes containing 1, 4, 8, 10 or 20 tablets, 7 blisters are packed in a folding carton box, or HDPE bottles with silica gel dessicant containing 250 tablets. The bottle is packed in folding carton box.

Satisfactory specifications and Certificates of Analysis have been provided for all packaging components. All primary packaging complies with the current regulations concerning materials in contact with food.

II.2 ACTIVE SUBSTANCE

rINN: Ivermectin

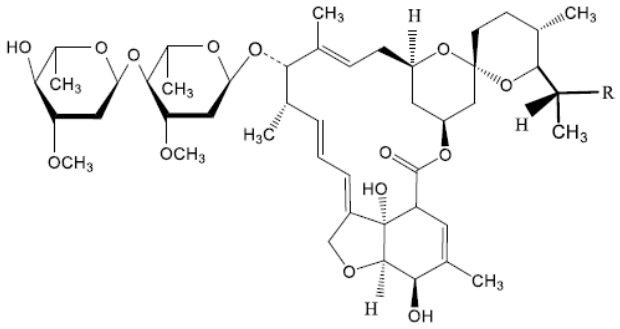
Chemical Name: Mixture of:
(2aE,4E,5′S,6S,6′R,7S,8E,11R,13R,15S,17aR,20R,20aR,20bS)-7-[[2,6-dideoxy-4-O-(2,6-dideoxy-3-O-methyl-α-l-arabino-hexopyranosyl)-3-O-methyl-α-l-arabino-hexopyranosyl]oxy]-20,20b-dihydroxy-5′,6,8,19-tetramethyl-6′-[(1S)-1-methylpropyl]-3′,4′,5′,6,6′,7,10,11,14,15,17a,20,20a,20b-tetradecahydrospiro[11,15-methano-2H,13H,17H-furo[4,3,2-pq][2,6]benzodioxacyclooctadecene-13,2′-[2H]pyran]-17-one
(or 5-O-demethyl-22,23-dihydroavermectin A1a) (**component H2B1a**)

and

(2aE,4E,5′S,6S,6′R,7S,8E,11R,13R,15S,17aR,20R,20aR,20bS)-7-[[2,6-dideoxy-4-O-(2,6-dideoxy-3-O-methyl-α-l-arabino-hexopyranosyl)-3-O-methyl-α-l-arabino-hexopyranosyl]oxy]-20,20b-dihydroxy-5′,6,8,19-tetramethyl-6′-(1-methylethyl)-3′,4′,5′,6,6′,7,10,11,14,15,17a,20,20a,20b-tetradecahydrospiro[11,15-methano-2H,13H,17H-furo[4,3,2-pq][2,6]benzodioxacyclooctadecene-13,2′-[2H]pyran]-17-one (or 5-O-demethyl-25-de(1-methylpropyl)-25-(1-methylethyl)-22,23-dihydroavermectin A1a) (**component H2B1b**).

Molecular Formula: H_2B_{1a} : $C_{48}H_{74}O_{14}$
H_2B_{1b} : $C_{47}H_{72}O14$

Chemical Structure:



Compound H_2B_{1a} R = $CH_2.CH_3$

Compound H_2B_{1b} R= CH_3

Molecular Weight: H_2B_{1a} : 875
H_2B_{1b} : 861

Appearance: White to yellowish-white crystalline powder.
Solubility: Freely soluble in methyl alcohol and methylene chloride; soluble in acetone and acetonitrile and practically insoluble in hexane and water.

Synthesis of the active substance from the designated starting materials has been adequately described and appropriate in-process controls and intermediate specifications are applied. Satisfactory specifications are in place for all starting materials and reagents, and these are supported by relevant Certificates of Analysis.

Appropriate proof-of-structure data have been supplied for the active substance. All potential known impurities have been identified and characterised.

An appropriate specification is provided for the active substance. Analytical methods have been appropriately validated and are satisfactory for ensuring compliance with the relevant specifications. Batch analysis data are provided and comply with the proposed specification. Satisfactory Certificates of Analysis have been provided for all working standards.

Suitable specifications have been provided for all packaging used. The primary packaging has been shown to comply with current regulations concerning materials in contact with food.

Appropriate stability data have been generated supporting a suitable retest period when stored in the proposed packaging.

II.3 DRUG PRODUCT

Pharmaceutical development

A satisfactory account of the pharmaceutical development has been provided.

All excipients comply with either their respective European/national monographs, or a suitable in-house specification. Satisfactory Certificates of Analysis have been provided for all excipients.

No excipients of animal or human origin are used in the finished product.

Confirmation has been given that the starch and magnesium stearate used in the tablets are of vegetable origin.

This product does not contain or consist of genetically modified organisms (GMO).

Manufacture of the product
A description and flow-chart of the manufacturing method has been provided.

Satisfactory batch formulation data have been provided for the manufacture of the product, along with an appropriate account of the manufacturing process. The manufacturing process has been validated and has shown satisfactory results.

Finished Product Specifications
The finished product specifications at release and shelf-life are satisfactory. The test methods have been described and adequately validated. Batch data have been provided that comply with the release specifications. Certificates of Analysis have been provided for any working standards used.

Stability
Finished product stability studies have been conducted in accordance with current guidelines, using batches of the finished product stored in the packaging proposed for marketing. Based on the results, a shelf-life of 36 months, with the general instructions of "Store in the original package in order to protect the product from light" and without any special temperature storage conditions, is acceptable.

Suitable post approval stability commitments have been provided to continue stability testing on batches of finished product.

II.4 Discussion on chemical, pharmaceutical and biological aspects
The grant of a marketing authorisation is recommended.

III NON-CLINICAL ASPECTS

III.1 Introduction
As the pharmacodynamic, pharmacokinetic and toxicological properties of ivermectin are well known, no new non-clinical studies are required, and none have been provided. An overview based on the literature review is, thus, appropriate.

III.2 Pharmacology
The literature provided has a primary focus on the indication of treatment of gastrointestinal strongyloidiasis (anguillulosis), treatment of suspected or diagnosed microfilaraemia in patients with lymphatic filariasis due to Wuchereria bancrofti and for the treatment of human sarcoptic scabies.

III.3 Pharmacokinetics
No new pharmacokinetic data were provided and none were required for this application.

III.4 Toxicology
No new toxicology data were provided and none were required for this application.

III.5 Ecotoxicity/Environmental Risk Assessment
A full Environmental Risk Assessment (ERA) was submitted with this application. The effects of the finished product on the environment have been fully characterised, in-line with current guidance.

III.6 Discussion on the non-clinical aspects
The grant of a marketing authorisation is recommended.

IV CLINICAL ASPECTS

IV.1 Introduction
The applicant has provided information on the results of published scientific literature including an overview of clinical pharmacology, clinical eficacy and safety. The references include monographs, reviews, published clinical studies, metanalysies, WHO recommendations and public assessment reports.

These provide adequate information on the safety and efficacy of ivermectin including PK, PD, dosing recommendations etc. It is further noted that ivermectin has been approved for the treatment of the proposed indications in many countries globally and been available on these markets for many decades.

According to the recent paper in the Lancet (Alvarez-Moreno etal, Dec 2021), ivermectin is integral to neglected tropical disease programmes. It is safe and effective for the treatment and control of lymphatic filariasis, scabies, and onchocerciasis, sometimes as part of a mass drug administration, as recognised in the WHO road map for neglected tropical diseases 2021–30. It is also listed on the WHO essential medicines list for use as an anthelmintic, antifilarial, and antiectoparasitic treatment.

The clinical assessment was based on all the available data (the scientific literature and the BE studies).

IV. 2 Pharmacokinetics
In support of the application, the following was submitted **ARL/17/488.**

A randomised, open label, balanced, two-treatment, four period, two sequence, single dose, fully replicate, crossover, bioequivalence study of the test product, Ivermectin 3mg tablets compared with the (European) reference product, Stromectol® (ivermectin) 3 mg tablets in normal, healthy, adult, male and female human subjects under fasting conditions.

A single oral dose (3mg) of the assigned formulation in the fasting state was administered to each subject.

Blood samples were collected in each period at pre-dose and up to 72 hours post-dose. There was a washout period of 7/10 days between the two periods of the study

A summary of the pharmacokinetic results are presented below:

Parameters	*Geometric mean		% Ratio	90% Confidence Interval for T/R ratio	
	Test (T)	Reference (R)	T/R	Lower Limit	Upper Limit
$^{\#}AUC_{0\text{-}inf}$	366.0982	347.0435	105.4906	95.0660	117.0583
$AUC_{0\text{-}t}$	280.1684	265.1653	105.6580	94.8457	117.7030
C_{max}	16.2611	14.8180	109.7384	97.7928	123.1433

Formulations		C_{max} (ng/mL)	AUC_{0-t} (ng *hr/mL)	AUC_{0-inf} (ng *hr/mL)	T_{max} (hrs)	K_{el} (hrs^{-1})	$t_{1/2}$ (hrs)	AUC_{0-t}/ AUC_{0-inf} Ratio (%)	Residual Area (%)
Test Product T (N*=50)	Arithmetic Mean ± SD	16.548 ± 5.920	288.793 ± 107.021	374.057 ± 143.778	4.375 ± 1.239	0.021 ± 0.007	36.944 ± 13.030	77.766 ± 7.504	22.234 ± 7.504
Reference Product R (N*=49)	Arithmetic Mean ± SD	16.628 ± 6.876	287.661 ± 123.424	379.128 ± 169.860	4.226 ± 1.061	0.020 ± 0.007	38.583 ± 11.857	76.983 ± 6.723	23.017 ± 6.723

A large number of pre-dose samples contained detectable levels of ivermectin indicating that the length of wash-out period was inadequate. It was considered that the study conclusions need to be confirmed in an additional bioequivalence study to be conducted in a different centre and country.

Study No: 0693-19
A randomised, open label, balanced, two-treatment, four period, two sequence, single dose, fully replicate, crossover, bioequivalence study of the test product, Ivermectin 3mg tablets compared with the (European) reference product, Stromectol® (ivermectin) 3 mg tablets in normal, healthy, adult, male and female human subjects under fasting conditions.

A single oral dose (3mg) of the assigned formulation in the fasting state was administered to each subject.

Blood samples were collected in each period at pre-dose and up to 72 hours post-dose. There was a washout period of 28 days between the two periods of the study

A summary of the pharmacokinetic results are presented below:

Relative Bioavailability Results for Ivermectin B_{1a} (N = 43)

Parameters	Geometric Least Squares Means			90% Confidence Interval	Acceptance Criteria (%)	Power (%)
	Test Product-T (N = 86 Observations)	Reference Product-R (N = 85 Observations)	Ratio (T/R) %			
lnC_{max}	13.183	13.048	101.0	92.43 - 110.45	72.47 - 137.99	100.0
lnAUC_{0-72}	175.093	176.826^	99.0	92.20 - 106.34	80.00 – 125.00	100.0

In accordance with the regulatory requirements, the Test/Reference ratios and their 90% confidence intervals were within the specified limits to show bioequivalence between the test product and the European reference product.

IV.3 Pharmacodynamics
Data from published literature support the information on pharmacodynamics and is considered acceptable.

IV.4 Clinical efficacy
No new efficacy studies were submitted with this application. Data from published literature support the efficacy of ivermectin in the proposed indications and is considered acceptable.

IV.5 Clinical safety

No new safety studies were submitted with this application. Data from published literature and the bioequivalence studies support the safety of ivermectin in the proposed indications and is considered acceptable.

The safety data from the bioequivalence studies showed that the test and European reference product was equally well tolerated. No new or unexpected safety issues were raised from the bioequivalence studies.

IV.6 Risk Management Plan (RMP)

The applicant has submitted an RMP, in accordance with the requirements of Regulation 182 of The Human Medicines Regulation 2012, as amended. The applicant proposes only routine pharmacovigilance and routine risk minimisation measures for all safety concerns. This is acceptable.

IV.7 Discussion on the clinical aspects

The grant of a marketing authorisation was recommended for this application.

V USER CONSULTATION

A full colour mock-up of the Patient Information Leaflet (PIL) has been provided with the application in accordance with legal requirements.

The PIL has been evaluated via a user consultation study in accordance with legal requirements. The results show that the PIL meets the criteria for readability as set out in the guideline on the readability of the label and package leaflet of medicinal products for human use.

VI OVERALL CONCLUSION, BENEFIT/RISK ASSESSMENT AND RECOMMENDATION

The quality of the product is acceptable, and no non-clinical or clinical safety concerns have been identified. Clinical experience with ivermectin is considered to have demonstrated the therapeutic value of the compound. The benefit/risk is, therefore, considered to be positive.

The Summary of Product Characteristics (SmPC), Patient Information Leaflet (PIL) and labelling are satisfactory, and in line with current guidelines.

In accordance with legal requirements, the current approved UK version of the SmPC and PIL for this product are available on the MHRA website.

Representative copies of the labels at the time of licensing are provided below.

PARTICULARS TO APPEAR ON THE OUTER PACKAGING AND THE INMEDIATE PACKAGING

CARTON BOX FOR BLISTER

1. NAME OF THE MEDICINAL PRODUCT

Ivermectin 3 mg tablets

Ivermectin

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each tablet contains 3 mg of Ivermectin.

3. LIST OF EXCIPIENTS

4. PHARMACEUTICAL FORM AND CONTENTS

Tablet.

Blister containing:
1 tablet
4 tablets
8 tablets
10 tablets
20 tablets

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Oral use.
Read the package leaflet before use.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP {MM/YYYY}

9. SPECIAL STORAGE CONDITIONS

This medicinal product does not require any special temperature storage conditions. Store in the original package in order to protect the product from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Laboratorios Liconsa S.A
Calle Dulcinea s/n
28805 Alcalá de Henares – Madrid- Spain

12. MARKETING AUTHORISATION NUMBER(S)

PL 23218/0227

13. BATCH NUMBER

Batch

14. GENERAL CLASSIFICATION FOR SUPPLY

Use as directed by a doctor

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

Ivermectin 3 mg tablets

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

< PC: {number}
SN: {number}
NN: {number} >

PARTICULARS TO APPEAR ON THE OUTER PACKAGING AND THE INMEDIATE PACKAGING

CARTON BOX FOR BOTTLE

1. NAME OF THE MEDICINAL PRODUCT

Ivermectin 3 mg tablets

Ivermectin

2. STATEMENT OF ACTIVE SUBSTANCE(S)

Each tablet contains 3 mg of Ivermectin.

3. LIST OF EXCIPIENTS

4. PHARMACEUTICAL FORM AND CONTENTS

Tablet.

Bottle containing:
250 tablets

5. METHOD AND ROUTE(S) OF ADMINISTRATION

Oral use.
Read the package leaflet before use.

6. SPECIAL WARNING THAT THE MEDICINAL PRODUCT MUST BE STORED OUT OF THE SIGHT AND REACH OF CHILDREN

Keep out of the sight and reach of children.

7. OTHER SPECIAL WARNING(S), IF NECESSARY

8. EXPIRY DATE

EXP {MM/YYYY}

9. SPECIAL STORAGE CONDITIONS

This medicinal product does not require any special temperature storage conditions. Store in the original package in order to protect the product from light.

10. SPECIAL PRECAUTIONS FOR DISPOSAL OF UNUSED MEDICINAL PRODUCTS OR WASTE MATERIALS DERIVED FROM SUCH MEDICINAL PRODUCTS, IF APPROPRIATE

3

11. NAME AND ADDRESS OF THE MARKETING AUTHORISATION HOLDER

Laboratorios Liconsa S.A
Calle Dulcinea s/n
28805 Alcalá de Henares – Madrid- Spain

12. MARKETING AUTHORISATION NUMBER(S)

PL 23218/0227

13. BATCH NUMBER

Batch

14. GENERAL CLASSIFICATION FOR SUPPLY

Use as directed by a doctor

15. INSTRUCTIONS ON USE

16. INFORMATION IN BRAILLE

Ivermectin 3 mg tablets

17. UNIQUE IDENTIFIER – 2D BARCODE

2D barcode carrying the unique identifier included.

18. UNIQUE IDENTIFIER – HUMAN READABLE DATA

< PC: {number}
SN: {number}
NN: {number} >

MINIMUM PARTICULARS TO APPEAR ON BLISTERS OR STRIPS

ALUMINIUM/ALUMINIUM BLISTERS

1. NAME OF THE MEDICINAL PRODUCT

Ivermectin 3 mg tablets

Ivermectin

2. NAME OF THE MARKETING AUTHORISATION HOLDER

Laboratorios Liconsa S.A

3. EXPIRY DATE

EXP

4. BATCH NUMBER

Batch

5. OTHER

TABLE OF CONTENT OF THE PAR UPDATE

Steps taken after the initial procedure with an influence on the Public Assessment Report (non-safety variations of clinical significance).

Please note that only non-safety variations of clinical significance are recorded below and in the annexes to this PAR. The assessment of safety variations where significant changes are made are recorded on the MHRA website or European Medicines Agency (EMA) website. Minor changes to the marketing authorisation are recorded in the current SmPC and/or PIL available on the MHRA website.

Application type	**Scope**	**Product information affected**	**Date of grant**	**Outcome**	**Assessment report attached Y/N**