

ARMIZOL- 400

Each tablet contains:
Albendazole 400mg

www.greencrossindia.com

ARMIZOL Suspension

Each 5 ml contains:
Albendazole 200 mg

INDICATIONS

ARMIZOL is indicated for the treatment of the following infections:

Neurocysticercosis

ARMIZOL is indicated for the treatment of parenchymal neurocysticercosis due to active lesions caused by larval forms of the pork tapeworm, *Taenia solium*. Lesions considered responsive to albendazole therapy appear as nonenhancing cysts with no surrounding edema on contrast-enhanced computerized tomography. Clinical studies in patients with lesions of this type demonstrate a 74% to 88% reduction in number of cysts; 40% to 70% of albendazole-treated patients showed resolution of all active cysts.

Hydatid Disease

ARMIZOL is indicated for the treatment of cystic hydatid disease of the liver, lung, and peritoneum, caused by the larval form of the dog tapeworm, *Echinococcus granulosus*. This indication is based on combined clinical studies which demonstrated non-infectious cyst contents in approximately 80-90% of patients given albendazole for 3 cycles of therapy of 28 days each. Clinical cure (disappearance of cysts) was seen in approximately 30% of these patients, and improvement (reduction in cyst diameter of $\geq 25\%$) was seen in an additional 40%.

ARMIZOL can be indicated in the treatment of single or mixed intestinal parasites. Clinical studies have shown albendazole to be effective in the treatment of *Ascaris lumbricoides* (roundworm), *Trichuris trichiura* (whipworm), *Enterobius vermicularis* (pinworm/threadworm), *Ancylostoma duodenale* and *Necator americanus* (hookworm), *Taenia spp.* (tapeworm) and *Strongyloides stercoralis*.

NOTE:

- When medically feasible, surgery is considered the treatment of choice for hydatid disease. When administering albendazole in the pre- or post-surgical setting, optimal killing of cyst contents is achieved when 3 courses of therapy have been given.
- The efficacy of albendazole in the therapy of alveolar hydatid disease caused by *Echinococcus multilocularis* has not been clearly demonstrated in clinical studies.
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DOSAGE AND ADMINISTRATION

Hydatid disease (Echinococcosis)

Patients 60 kg or greater: 400 mg BID, with meals. Patients less than 60 kg: 15 mg/kg/day given in divided doses twice daily with meals (maximum total daily dose 800 mg).

Treatment interval: 28-day cycle followed by a 14-day **ARMIZOL**-free interval, for a total of 3 cycles. When administering albendazole in the pre- or post-surgical setting, optimal killing of cyst contents is achieved when 3 courses of therapy have been given.

Neurocysticercosis

Patients 60 kg or greater: 400 mg BID, with meals.

Patients less than 60 kg: 15 mg/kg/day given in divided doses twice daily with meals (maximum total daily dose 800 mg).

Treatment interval: 8–30 days.

Patients being treated for neurocysticercosis should receive appropriate steroid and anticonvulsant therapy as required. Oral or intravenous corticosteroids should be considered to prevent cerebral hypertensive episodes during the first week of treatment.

CONTRAINDICATIONS

ARMIZOL is contraindicated in patients with known hypersensitivity to the benzimidazole class of compounds or any components of **ARMIZOL**.

PACKAGING INFORMATION

ARMIZOL 400 TABblister pack of 1 tablet

ARMIZOL SUSPENSION10ml Pet Bottle

FOR USE OF REGISTERED MEDICAL PRACTITIONER OR A HOSPITAL ONLY