

## **SUMMARY OF PRODUCT CHARACTERISTICS**

### **1. NAME OF THE VETERINARY MEDICINAL PRODUCT**

Bimectin Horse Oral Paste 18.7 mg/g

### **2. QUALITATIVE AND QUANTITATIVE COMPOSITION**

#### **Active substance:**

Active substance:  
Ivermectin 18.7 mg/g  
For a full list of excipients see section 6.1.

### **3. PHARMACEUTICAL FORM**

Oral paste.  
A yellow, gel-like paste of uniform consistency.

### **4. CLINICAL PARTICULARS**

#### **4.1 Target species**

Horses.

#### **4.2 Indications for use, specifying the target species**

The product is indicated for the treatment of nematode or arthropod infestations in horses due to:

#### **Large strongyles**

*Strongylus vulgaris* (adults and 4<sup>th</sup> larval [arterial] stages)  
*S. edentatus* (adults and 4<sup>th</sup> larval [tissue] stages)  
*S. equinus* (adults)  
*Triodontophorus* spp. (adults)  
*Triodontophorus brevicauda*  
*Triodontophorus serratus*

#### **Small Strongyles**

Adults and immatures (fourth stage larvae) small strongyles or cyathostomes unless otherwise stated. Ivermectin is not effective against the encysted larval stages of the small strongyles.

*Coronocyclus* spp.  
*Coronocyclus coronatus*  
*Coronocyclus labiatus*  
*Coronocyclus labratus*  
*Cyathostomum* spp.

Cyathostomum catinatum  
Cyathostomum pateratum  
Cylicocyclus spp.  
Cylicocyclus ashworthi  
Cylicocyclus elongatus  
Cylicocyclus insigne  
Cylicocyclus leptostomum  
Cylicocyclus nassatus  
Cylicostephanus spp.  
Cylicostephanus calicatus  
Cylicostephanus goldi  
Cylicostephanus longibursatus  
Cylicostephanus minutus  
Cylicodontophorus spp.  
Cylicodontophorus bicornatus  
Parapoteriostomum spp.  
Parapoteriostomum mettami  
Petrovinema spp.  
Petrovinema poculatum  
Poteriostomum spp.

**Lungworms** (adult and inhibited fourth stage larvae)

Dictyocaulus arnfieldi

**Pinworms** (adult and inhibited fourth stage larvae)

Oxyuris equi

**Ascarids** (adults and third & fourth stage larvae)

Parascaris equorum

**Hairworms** (adults)

Trichostrongylus axei

**Large-mouth stomach worms** (adults)

Habronema muscae

**Neck threadworms** (microfilariae)

Onchocerca spp.

**Intestinal threadworms** (adults)

Strongyloides westeri

**Stomach bots (oral and gastric stages)**

Gasterophilus spp.

### 4.3 Contraindications

None.

### 4.4 Special warnings for each target species

Care should be taken to avoid the following practices because they increase the risk of development of resistance and could ultimately result in ineffective therapy:

- Too frequent and repeated use of anthelmintics from the same class, over an extended period of time.
- Underdosing, which may be due to underestimation of body weight or misadministration of the product.

Suspected clinical cases of resistance to anthelmintics should be further investigated using appropriate tests (e.g. Faecal Egg Count Reduction Test). Where the results of the tests(s) strongly suggest resistance to a particular anthelmintic, an anthelmintic belonging to another pharmacological class and having a different mode of action should be used.

Resistance to ivermectin has been reported in *Parascaris equorum* in horses in a number of countries, including the EU.

Therefore, the use of this product should be based on local farm epidemiological information about susceptibility of nematodes and recommendations on how to limit further selection for resistance to anthelmintics.

#### **4.5 Special precautions for use**

##### **(i) Precautions for use in animals**

Special warning for non-target species: The product has been formulated for use in horses only. Cats, Dogs, especially Collies, Old English Sheepdogs and related breed or crosses, and also turtles and tortoises may be adversely affected by the concentration of ivermectin in this product if they are allowed to ingest spilled paste or have access to used syringes.

Parasite resistance to any particular class of anthelmintic may develop following frequent, repeated use of an anthelmintic of that class.

##### **(ii) Special precautions to be taken by the person administering the veterinary medicinal product to animals**

Do not eat, drink or smoke while handling the product. Avoid contact with skin and eyes. If accidental skin contact occurs, wash the affected area immediately with soap and water. If accidental eye exposure occurs, flush the eyes immediately with water and, if necessary, get medical attention. Wash hands after use.

#### **4.6 Adverse reactions (frequency and seriousness)**

Some horses carrying heavy infection of *Onchocerca microfilariae* have experienced oedema and pruritus following dosing, assumed to be the result of death of large numbers of microfilariae. These signs resolve within a few days but symptomatic treatment may be advisable.

#### **4.7 Use during pregnancy, lactation or lay**

Studies performed in laboratory animals showed no teratogenic or embryotoxic effect of ivermectin at the recommended doses during therapy.

The safety of the veterinary medicinal product has not been established during pregnancy and lactation. Use only according to risk/benefit analysis by the responsible veterinary surgeon.

Please refer also to 4.11.

#### **4.8 Interaction with other medicinal products and other forms of interaction**

The effects of GABA agonists are increased by ivermectin.

#### **4.9 Amounts to be administered and administration route**

Administer orally as a single dose rate to horses at the recommended dose level of 0.2mg ivermectin per kilogram of bodyweight. The smaller syringe delivers 120mg ivermectin, sufficient to treat 600kg of bodyweight. The bigger syringe delivers 160mg ivermectin, sufficient to treat 800kg of bodyweight.

To ensure administration of the correct dose, body weight should be determined as accurately as possible.

If animals are to be treated collectively rather than individually, they should be grouped according to their bodyweight and dosed accordingly, in order to avoid under- or over-dosing.

This is a single dose product. Discard after use.

Dosing Instructions:

Each weight marking on the syringe plunger will deliver sufficient paste to treat 100kg bodyweight. Unlock the knurled ring by making  $\frac{1}{4}$  turn and slide the knurled ring up the plunger shaft so that the side nearest the barrel is at the prescribed weight marking. Turn the knurled ring  $\frac{1}{4}$  turn to lock in place. Make sure the horse's mouth contains no feed. Remove the plastic cap from the tip of the nozzle. Insert the syringe into the horse's mouth at the interdental space. Advance the plunger as far as it will go, depositing the medication on the base of the tongue. Immediately raise the horse's head for a few seconds after dosing.

The treatment schedule should be based on the local epidemiological situation.

#### **4.10 Overdose (symptoms, emergency procedures, antidotes), if necessary**

Mild transitory signs (slowed pupillary light response and depression) have been seen at a dose of 1.8mg/kg (9 times the recommended dose level). Other signs seen at higher doses includes mydriasis, ataxia, tremors, stupor, coma and death. The less severe signs have been transitory. No antidote has been identified; however, symptomatic therapy may be beneficial.

#### **4.11 Withdrawal period(s)**

Meat and offal: 34 days.

Do not use in mares producing milk for human consumption.

### **5. PHARMACOLOGICAL or IMMUNOLOGICAL PROPERTIES**

Pharmacotherapeutic group: Endectocide

ATC vet code: QP54AA01

## 5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Endectocide ATC vet code: QP54AA01 Ivermectin is a member of the macrocyclic lactone class of endectocides. Compounds of the class bind selectively and with high affinity to glutamate-gated chloride ion channels which occur in invertebrate nerve and muscle cells. This leads to an increase in the permeability of the cell membrane to chloride ions and hyperpolarization of the nerve or muscle cell, resulting in paralysis and death of the parasite. Compounds of this class may also interact with other ligand-gated chloride channels, such as those gated by the neurotransmitter gamma-aminobutyric acid (GABA). The margin of safety for compounds of this class is attributable to the fact that mammals do not have glutamate-gated chloride channels, the macrocyclic lactones have a low affinity for other mammalian ligand-gated chloride and they do not readily cross the blood-brain barrier.

## 5.2 Pharmacokinetic particulars

Following administration of the product, ivermectin is rapidly absorbed to reach peak plasma concentration in several hours. This peak falls off gradually over several days. Ivermectin is eliminated primarily via the faeces. The highest residue levels are found in fat. At a dose rate of 0.2mg ivermectin per kilogram of bodyweight, plasma levels of ivermectin reach a mean  $C_{max}$  concentration of 40.44ng/ml and a mean  $T_{max}$  at 8.35 hours. This peak falls off gradually to an average level of 3 ng/ml at 10 days.

## 6. PHARMACEUTICAL PARTICULARS

### 6.1 List of excipients

Maize oil  
Polysorbate 80  
Apple flavour  
Colloidal anhydrous silica

### 6.2 Major incompatibilities

None known.

### 6.3 Shelf life

Shelf-life of the veterinary medicinal product as packaged for sale: 2 years. To be used immediately after first opening the oral syringe.

### 6.4 Special precautions for storage

This veterinary medicinal product does not require any special storage conditions.

## **6.5 Nature and composition of immediate packaging**

High density polyethylene pre-filled dose-graduated disposable syringe containing 6.42 g (smaller syringe) or 8.56 g (bigger syringe) of product.

## **6.6 Special precautions for the disposal of unused veterinary medicinal product or waste materials derived from the use of such products**

EXTREMELY DANGEROUS TO FISH AND AQUATIC LIFE. Do not contaminate surface waters or ditches with product or used containers. Any unused product or waste material should be disposed of in accordance with national requirements.

## **7. MARKETING AUTHORISATION HOLDER**

Bimeda Animal Health Limited  
2/3/4 Airton Close  
Tallaght  
Dublin 24  
Ireland

## **8. MARKETING AUTHORISATION NUMBER**

Vm 50146/4036

## **9. DATE OF FIRST AUTHORISATION**

25 September 2003

## **10. DATE OF REVISION OF THE TEXT**

November 2021

Approved 22 November 2021



A. Hunter.