

**PRODUCT MONOGRAPH**

**Pr MAR-METHIMAZOLE**

Methimazole Tablets USP  
5 mg and 10 mg

**Antithyroid Agent**

Marcan Pharmaceuticals Inc.,  
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**Pr MAR-METHIMAZOLE**

Methimazole Tablets USP

5 mg and 10 mg

**PART I: HEALTH PROFESSIONAL INFORMATION**

**SUMMARY OF PRODUCT INFORMATION**

<b>Route of Administration</b>	<b>Dosage Form / Strength</b>	<b>Clinically Relevant Non-medicinal Ingredients</b>
Oral	Tablet 5 mg and 10 mg	lactose monohydrate, magnesium stearate, starch and talc.

**INDICATIONS AND CLINICAL USE**

- MAR-METHIMAZOLE (methimazole) is indicated in the medical treatment of hyperthyroidism. Long- term therapy may lead to remission of the disease.
- MAR-METHIMAZOLE may be used to ameliorate hyperthyroidism in preparation for subtotal thyroidectomy or radioactive iodine therapy.
- MAR-METHIMAZOLE is also used when thyroidectomy is contraindicated or not advisable.

**CONTRAINDICATIONS**

- Patients who are hypersensitive to this drug or to any ingredient in the formulation or component of the container. For a complete listing, see the *Dosage Forms, Composition and Packaging* section of the product monograph.
- Nursing mothers, as the drug is excreted in breast milk.
- Patients with history of acute pancreatitis after administration of methimazole.

## WARNINGS AND PRECAUTIONS

### Serious Warning and Precautions

Agranulocytosis (see **Hematologic** section below)

Liver toxicity (see **Hepatic/Biliary/Pancreatic** section below)

### **General**

Patients who receive methimazole should be under close surveillance. Physicians should encourage patients to immediately report any evidence of illness or unusual clinical symptoms, particularly sore throat, skin eruptions, fever, headache or general malaise. In such cases, white blood cell and differential counts should be made to determine whether agranulocytosis has developed. Particular care should be exercised with patients who are receiving additional drugs known to cause agranulocytosis.

The development of arthralgias should prompt drug discontinuation, since this symptom may indicate a severe transient migratory polyarthritis known as “the antithyroid arthritis syndrome”.

### **Carcinogenesis and Mutagenesis**

Rats treated for 2 years with methimazole demonstrated thyroid hyperplasia and thyroid adenoma and carcinoma formation. Such findings are seen with continuous suppression of thyroid function by sufficient doses of a variety of antithyroid agents. Pituitary adenomas have also been observed.

### **Cardiovascular**

#### **Vasculitis**

Cases of vasculitis have been observed very rarely in patients receiving methimazole therapy. The cases of vasculitis include: leukocytoclastic cutaneous vasculitis, glomerulonephritis, and systemic vasculitis (with fatal outcome). Many cases were associated with anti-neutrophilic cytoplasmic antibodies (ANCA)-positive vasculitis. Early recognition of vasculitis is important to prevent long term organ damage and/or death. Inform patients to promptly report symptoms that may be associated with vasculitis including rash, hematuria or decreased urine output, dyspnea or hemoptysis. If vasculitis is suspected, discontinue methimazole therapy and initiate appropriate intervention.

### **Endocrine and Metabolism**

#### **Lactose**

Methimazole tablets contain lactose monohydrate. Patients with hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this product.

## **Hematologic**

Agranulocytosis is potentially the most serious side effect of therapy with methimazole. Patients should be instructed to report to their physicians any symptoms of agranulocytosis, such as fever or sore throat. Leukopenia, thrombocytopenia, and aplastic anemia (pancytopenia) may also occur. The drug should be discontinued in the presence of agranulocytosis or aplastic anemia (pancytopenia). The patient's bone marrow function should be monitored. **See Monitoring and Laboratory Tests.**

## **Anticoagulant Therapy**

Treating patients with both methimazole and warfarin necessitates intensive and frequent monitoring, in particular when initiating, discontinuing or changing doses of methimazole, since alterations in the thyroid function affect the response to anticoagulation. See Drug-Drug Interactions.

## **Hepatic/Biliary/Pancreatic**

Hepatotoxicity is a rare adverse reaction in patients treated with methimazole. Although there have been reports of hepatotoxicity (including acute liver failure) associated with methimazole, the risk of hepatotoxicity appears to be less with methimazole than with propylthiouracil, especially in the pediatric population. There have been rare reports of fulminant hepatitis, hepatic necrosis, encephalopathy and death. Cholestatic jaundice has occurred rarely. Patients should be instructed to report symptoms of hepatic dysfunction such as jaundice, anorexia, pruritus, and/or right upper-quadrant pain. Their presence should prompt evaluation of liver function tests and discontinuation of methimazole. Drug treatment should be discontinued promptly in the event of clinically significant evidence of liver abnormality, including hepatic transaminase values exceeding 3 times the upper limit of normal. **See Monitoring and Laboratory Tests.**

There have been post-marketing reports of acute pancreatitis in patients receiving methimazole. In case of acute pancreatitis, methimazole should be discontinued immediately. Do not start treatment in patients with a history of acute pancreatitis that has been attributed to methimazole. Re-exposure may result in recurrence of acute pancreatitis with decreased time to onset. (See **Post-Market Adverse Reactions** section).

## **Skin**

The drug should be discontinued in the presence of exfoliative dermatitis.

## **Special Populations**

**Pregnant Women:** Hyperthyroidism in pregnant women should be adequately treated to prevent serious maternal and fetal complications.

Methimazole can cause fetal harm when administered to a pregnant woman. Methimazole readily crosses the placental membranes and can induce goiter and hypothyroidism in the developing

fetus. Based on human experience from epidemiological studies and spontaneous reporting, methimazole is suspected to cause congenital malformations when administered during pregnancy, particularly in the first trimester of pregnancy and at high doses. Reported malformations include aplasia cutis congenital, craniofacial malformations (choanal atresia; facial dysmorphism), exomphalos, oesophageal atresia, omphalo mesenteric duct anomaly and ventricular septal defect.

Methimazole must only be administered during pregnancy after a strict individual benefit/risk assessment and only at the lowest effective dose, without additional administration of thyroid hormones. If methimazole is used during pregnancy or if the patient becomes pregnant while taking this drug, the patient should be warned of the potential hazard to the fetus. Close maternal, fetal and neonatal monitoring is recommended, with adjustment of methimazole as necessary.

**Women of Childbearing potential:** Women of childbearing potential should use effective methods of contraception during methimazole therapy.

**Nursing Women:** Methimazole is excreted in human breast milk and its use is contraindicated in nursing mothers.

**Pediatrics:** No formal studies have been conducted in the pediatric population.

**Geriatrics:** No formal studies have been conducted in the geriatric population.

### **Monitoring and Laboratory Tests**

The patient's liver function, hepatic transaminase levels, and the complete blood count should be closely monitored. See **Boxed Warning** and **Hematologic** section above. Because methimazole may cause hypoprothrombinemia and bleeding, prothrombin time/INR should also be monitored during therapy with the drug, especially before surgical procedures.

Periodic monitoring of thyroid function is warranted. A laboratory result indicating elevated TSH warrants a decrease in the dosage of methimazole.

## **ADVERSE REACTIONS**

### **Adverse Drug Reaction Overview**

Adverse reactions occur in less than 1 percent of patients.

Serious adverse reactions (which occur less frequently than the minor less serious adverse reactions) include inhibition of myelopoiesis (agranulocytosis, granulocytopenia and thrombocytopenia), aplastic anemia, drug fever, a lupus-like syndrome, insulin autoimmune syndrome (which can result in hypoglycemic coma), hepatitis (jaundice may persist for several weeks after discontinuation of the drug), periarteritis and hypoprothrombinemia. Nephritis occurs very rarely. Cholestatic jaundice, fulminant hepatitis, encephalopathy, hepatic necrosis and death have been rarely reported. (See **Warning and precautions** section)

Less serious adverse reactions include skin rash, urticaria, nausea, vomiting, epigastric distress, arthralgia, paresthesia, loss of taste, abnormal loss of hair, myalgia, headache, pruritus, drowsiness, neuritis, edema, vertigo, skin pigmentation, jaundice, sialadenopathy, anorexia, right upper-quadrant pain and lymphadenopathy.

### **Abnormal Hematologic and Clinical Chemistry Findings**

It should be noted that about 10% of patients with untreated hyperthyroidism have leucopenia (white-blood-cell count of less than 4,000/mm<sup>3</sup>), often with relative granulopenia.

### **Post-Market Adverse Reactions**

The following adverse reactions have been reported from marketing experience with methimazole. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug.

Acute pancreatitis (see **Warnings and precautions** section).

Vasculitis (see **Warnings and precautions** section)

Cases of congenital anomalies have been reported in neonates, whose mothers were treated with methimazole during pregnancy: aplasia cutis congenital, craniofacial malformations (choanal atresia; facial dysmorphism), exomphalos, oesophageal atresia, omphalo-mesenteric duct anomaly, and ventricular septal defect (see **Warning and precautions** section).

## **DRUG INTERACTIONS**

### **Drug-Drug Interactions:**

Increases and decreases in warfarin-induced anticoagulation have been reported in patients taking methimazole. In hyperthyroid patients, the metabolism of vitamin K clotting factors is increased, resulting in increased sensitivity to oral anticoagulants. Antithyroid drugs, by reducing the extent of hyperthyroidism, decrease the metabolism of clotting factors and thus reduce the effects of oral anticoagulants. On the other hand, patients on anticoagulant therapy who are euthyroid due to antithyroid agents may develop marked hypoprothrombinemia if the antithyroid medications are ceased and they become thyrotoxic again. Treating patients with both methimazole and warfarin necessitates intensive and frequent monitoring, in particular when initiating, discontinuing or changing doses of methimazole, since alterations in thyroid function affect the response to anticoagulation.

### **Drug-Food Interactions**

Interactions with foods have not been studied.

### **Drug-Herb Interactions**

Interactions with herbal products have not been studied.

## **Drug-Laboratory Test Interactions**

Interactions with laboratory tests have not been studied.

## **DOSAGE AND ADMINISTRATION**

### **Dosing Considerations**

- Methimazole is administered orally.
- It is usually given in three equal doses a day at approximately eight-hour intervals.
- Patients should wash their hands with soap and water after handling the tablet, particularly if they have to break the tablet.
- Methimazole should not be handled by pregnant women and children.

### **Recommended Dose and Dosage Adjustment**

**Adult:** The initial daily dose is 15 mg for mild hyperthyroidism, 30 to 40 mg for moderately severe hyperthyroidism and 60 mg for severe hyperthyroidism, divided into three doses at eight-hour intervals. The maintenance dosage is 5 to 15 mg daily.

**Pediatric:** Initially, the daily dosage is 0.4 mg/kg of body weight divided into three doses and given at eight-hour intervals. The maintenance dosage is approximately ½ of the initial dose.

### **Missed Dose**

No data is available.

## **OVERDOSAGE**

For management of suspected drug overdose, contact your regional Poison Control Centre Immediately.
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**Symptoms:** Symptoms may include nausea, vomiting, epigastric distress, headache, fever, joint pain, pruritus and edema. Aplastic anemia (pancytopenia) or agranulocytosis may be manifested in hours to days. Less frequent events are hepatitis, nephrotic syndrome, exfoliative dermatitis, neuropathies and CNS stimulation or depression. Although not well studied, methimazole-induced agranulocytosis is generally associated with doses of 40 mg or more in patients older than 40 years of age.

No information is available on the median lethal dose of the drug or the concentration of methimazole in biologic fluids associated with toxicity and/or death.

**Treatment:** In managing overdose, consider the possibility of multiple drug overdoses, interaction among drugs, and unusual drug kinetics in your patient.

Protect the patient's airway and support ventilation and perfusion. Meticulously monitor and maintain, within acceptable limits, the patient's vital signs, blood gases, serum electrolytes, etc. The patient's bone marrow function should be monitored. Absorption of drugs from the

gastrointestinal tract may be decreased by giving activated charcoal, which, in many cases, is more effective than emesis or lavage; consider charcoal instead of or in addition to gastric emptying. Repeated doses of charcoal over time may hasten elimination of some drugs that have been absorbed. Safeguard the patient's airway when employing gastric emptying or charcoal.

Forced diuresis, peritoneal dialysis, hemodialysis or charcoal hemoperfusion have not been established as beneficial for an overdose of methimazole.

## **ACTION AND CLINICAL PHARMACOLOGY**

### **Mechanism of Action**

Methimazole inhibits the synthesis of thyroid hormones and thus is effective in the treatment of hyperthyroidism. The drug does not inactivate existing thyroxine and triiodo-thyroxine that are stored in the thyroid or circulating in the blood, nor does it interfere with the effectiveness of thyroid hormones given by mouth or by injection.

The actions and use of methimazole are similar to those of propylthiouracil. On a weight basis, the drug is at least ten times as potent as propylthiouracil, but methimazole may be less consistent in action.

### **Pharmacokinetics**

**Absorption:** Methimazole is readily absorbed from the gastrointestinal tract.

**Metabolism:** It is metabolized rapidly and requires frequent administration.

**Excretion:** Methimazole is excreted in the urine.

## **STORAGE AND STABILITY**

Store at room temperature (15 to 30 °C). Protect from light. Keep tightly closed.

## **DOSAGE FORMS, COMPOSITION AND PACKAGING**

### **MAR-METHIMAZOLE 5 mg tablets:**

Round white to off white bi-convex tablet. Debossed **HP bisect 70** on one side and plain on reverse side.

Available in bottles of 100.

### **MAR-METHIMAZOLE 10 mg tablets:**

Round white to off white bi-convex tablet. Debossed **HP bisect 71** on one side and plain on reverse side

Available in bottles of 100.

**Non-medicinal ingredients:** lactose monohydrate, magnesium stearate, starch and talc.

## PART II: SCIENTIFIC INFORMATION

### PHARMACEUTICAL INFORMATION

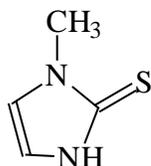
#### Drug Substance

Proper name: Methimazole / Thiamazole

Chemical name: 2*H*-Imidazole-2-thione

Molecular formula and molecular mass: C<sub>4</sub>H<sub>6</sub>N<sub>2</sub>S  
114.2 g / mol

Structural formula:



Physicochemical properties:

**Description:**

White to pale buff crystalline powder with a characteristic odour. It differs chemically from the drugs of the thiouracil series primarily because it has a five- instead of a six-membered ring.

**Melting range:**

143 - 146°C

**Solubility:**

Freely soluble in water, alcohol and in acetone

## CLINICAL TRIALS

### Bioequivalence summary:

A randomized, double-blind, balanced, two-treatment, two-period, two-sequence, single dose, two-way crossover, bioequivalence study of Mar-Methimazole (Methimazole) 10 mg tablets (Marcan Pharmaceuticals Inc.) with PrTAPAZOLE® (Methimazole) 10 mg tablets (Paladin Labs Inc.) in 34 healthy, adult, human male subjects, under fasting conditions.

Methimazole (1 x 10 mg) From measured data Geometric Mean Arithmetic Mean (CV %)				
Parameter	Test*	Reference†	% Ratio of Geometric Means	90% Confidence Interval
AUC <sub>T</sub> (ng.h/mL)	1925.58 1952.39 (16.85)	1915.94 1944.09 (17.65)	100.50	97.97 – 103.11
AUC <sub>I</sub> (ng.h/mL)	2163.70 2201.02 (18.90)	2157.42 2200.10 (20.67)	100.29	97.29 – 103.38
C <sub>max</sub> (ng/mL)	274.57 282.06 (23.44)	292.92 300.08 (22.52)	93.74	86.26 – 101.86
T <sub>max</sub> § (h)	0.50 (0.17-1.50)	0.50 (0.33-1.50)		
T <sub>1/2</sub> € (h)	7.62 (15.65)	7.75 (21.43)		

\* Mar-Methimazole 10 mg tablets; Manufactured by Marcan Pharmaceuticals Inc., Ottawa, Canada

† PrTapazole (Methimazole 10 mg tablets); Manufactured by Paladin Labs Inc., Canada, was purchased in Canada.

§ Expressed as the median (range) only

€ Expressed as the arithmetic mean (CV%) only

## DETAILED PHARMACOLOGY

No data is available.

## TOXICOLOGY

No data is available.

## References:

1. Product Monograph Pr TAPAZOLE®, date of revision April 28, 2020; Paladin Labs Inc., Control Number 233764.

**PART III: CONSUMER INFORMATION**

PrMAR-METHIMAZOLE  
Methimazole Tablets USP

**This leaflet is part III of a three-part "Product Monograph" published when Mar-Methimazole was approved for sale in Canada and is designed specifically for Consumers. This leaflet is a summary and will not tell you everything about Mar-Methimazole. Contact your doctor or pharmacist if you have any questions about the drug.**

**ABOUT THIS MEDICATION****What the medication is used for:**

- MAR-METHIMAZOLE is used in the treatment of hyperthyroidism (overactive thyroid gland).
- MAR-METHIMAZOLE is used for treating and preparing the overactive thyroid gland for surgical removal or for radioactive iodine treatment.
- MAR-METHIMAZOLE is also used when the overactive thyroid gland cannot be removed.

**What it does:**

- Mar-Methimazole inhibits the synthesis (production) of thyroid hormones.
- The drug does not affect the levels of the thyroid hormones that are already present in the thyroid gland or are circulating in the blood.

**When it should not be used:**

- If you are hypersensitive (allergic) to methimazole or any of the ingredients in Mar-Methimazole.
- If you are breastfeeding.
- If you have had problems with your pancreas after taking methimazole.

**What the medicinal ingredient is:**

Methimazole

**What the important nonmedicinal ingredients are:**

lactose monohydrate, starch, magnesium stearate and talc.

**What dosage form it comes in:**

5 mg and 10 mg tablets.

**WARNINGS AND PRECAUTIONS****Serious Warnings and Precautions Possible serious side effects include:**

- **agranulocytosis (a marked decrease in white blood cell counts)**
- **liver toxicity**

**BEFORE you use MAR-METHIMAZOLE talk to your doctor or pharmacist if:**

- you have a low white blood cell count
- you have joint pain. MAR-METHIMAZOLE may result in antithyroid arthritis syndrome
- you have liver disease
- you have a skin disease
- you are intolerant to milk sugar. MAR-METHIMAZOLE contains a milk sugar (lactose).

- you have had pancreatitis caused by methimazole in the past. In this case do not take MAR-METHIMAZOLE. It can make acute pancreatitis come back very quickly. Stop taking MAR-METHIMAZOLE and tell your doctor right away if you develop abdominal pain, fever, nausea or vomiting.
- Female patients – talk to your doctor if:
  - you are breastfeeding or planning to breastfeed
  - you are pregnant or planning to become pregnant.
    - This is because methimazole may harm your unborn baby. Your doctor will decide if continuing to take methimazole is right for you and your baby.
    - Avoid becoming pregnant while you are taking methimazole. You should use effective methods of birth control during your treatment. If you do become pregnant while taking methimazole, tell your doctor right away.

**INTERACTIONS WITH THIS MEDICATION**

**Drugs that may interact with MAR-METHIMAZOLE include:** anticoagulants (blood thinning drugs)

Talk to your doctor or pharmacist if you are taking any other medicine, prescription or non-prescription

**PROPER USE OF THIS MEDICATION**

You should follow the dose and directions given by your doctor.  
MAR-METHIMAZOLE daily dose should be divided into the three equal doses, taken orally every 8 hours.

Patients should wash their hands with soap and water after handling the tablet, particularly if they have to break the tablet.

Methimazole should not be handled by pregnant women and children.

**Usual Adult dose:**

Initial daily dose:

15 mg for mild hyperthyroidism

30 mg to 40 mg for moderately severe hyperthyroidism

60 mg for severe hyperthyroidism

Maintenance daily dose: 5 mg to 15 mg

**Usual children dose:**

Initial daily dose: 0.4 mg/kg of body weight

Maintenance daily dose: approximately ½ the initial dose.

**Overdose:**

Symptoms may include nausea, vomiting, stomach discomfort, headache, fever, joint pain, rash and edema (fluid retention or swelling).

If you think you have taken too much MAR-METHIMAZOLE, contact your healthcare professional, hospital emergency department or

regional poison control centre immediately, even if there are no symptoms.

**Missed dose:**

Talk to your doctor or pharmacist if you miss one of your scheduled doses of Mar-Methimazole.

**SIDE EFFECTS AND WHAT TO DO ABOUT THEM**

Common side effects are:

- skin rash, hives (urticaria), itching, skin pigmentation
- nausea, vomiting, heart burn, loss of taste, anorexia (eating disorder)
- joint pain, muscle pain, numbness
- hair loss
- headache, drowsiness, dizziness
- neuritis (inflammation of a nerve, often with pain or tenderness), edema (swelling due to fluid buildup)
- a disease of the lymph node (sialadenopathy and lymphadenopathy)

If you notice any side effects not mentioned above, or any above-mentioned side effects persist or become bothersome, please contact your doctor or pharmacist.

SERIOUS SIDE EFFECTS, HOW OFTEN THEY HAPPEN AND WHAT TO DO ABOUT THEM			
Symptom / effect	Talk with your healthcare professional		Stop taking drug and get immediate medical help
	Only if severe	In all cases	
<b>Rare</b>			
Lower than normal numbers of red and white blood cells as well as platelets (Aplastic anaemia) Symptoms may include: fatigue, pale skin, fevers, frequent infection, tendency to bruise and bleed easily.		√	
Drug fever. Symptoms may include: fever greater than 105°F (40.5°C).		√	
Inflammation of the kidney (Nephritis). Symptoms may include: Reduced urine, cloudy urine, blood in urine.		√	
<b>Very Rare</b>			
Inflammation of blood vessels (vasculitis). Symptoms may include fever, headache, fatigue, weight loss, night sweats, rash, blood in urine, coughing up blood, shortness of breath.		√	

SERIOUS SIDE EFFECTS, HOW OFTEN THEY HAPPEN AND WHAT TO DO ABOUT THEM			
Symptom / effect	Talk with your healthcare professional		Stop taking drug and get immediate medical help
	Only if severe	In all cases	
<b>Unknown</b>			
Local destruction of skin cells (Lupus-like syndrome). Symptoms may include: Rash (especially when exposed to sun), fever, joint pain.		√	
A syndrome where the body produces an immune response against its own cells (Insulin autoimmune syndrome). Symptoms may include: Numbness in the extremities, low levels of blood sugar.		√	
Liver problems (including Hepatitis). Symptoms may include: Jaundice, brownish or discoloured urine and abdominal pain.		√	
Inflammation of the tissue surrounding an artery (Periarteritis). Symptoms may include: Pain in the muscles and joints.		√	
Abnormally low levels of thrombin, a component of the Blood (Hypoprothrombinemia). Symptoms may include: Bleeding problems, easy bruising.		√	
A decrease in white blood cells (Agranulocytosis). Symptoms may include: Sudden fever, rigors and sore throat.			√
Inflammation of the pancreas (acute pancreatitis): Abdominal pain. Severe stomach pain that last and gets worse when you lie down. Fever, nausea, vomiting.			√

*This is not a complete list of side effects. If you have any unexpected effects after receiving MAR-METHIMAZOLE, contact your doctor or pharmacist.*

*Talk to your doctor or pharmacist if these symptoms are persistent or severe*

## **REPORTING SIDE EFFECTS**

You can report any suspected side effects associated with the use of health products to Health Canada by:

- Visiting the Web page on Adverse Reaction Reporting (<http://www.canada.ca/en/health-canada/services/drugs-health-products/medeffect-canada.html>) for information on how to report online, by mail or by fax; or
- Calling toll-free at 1-866-234-2345

*NOTE: Contact your health professional if you need information about how to manage your side effects. The Canada Vigilance Program does not provide medical advice.*

## **HOW TO STORE IT**

Store at room temperature (15-30 °C). Protect from light. Keep tightly closed.

***Keep out of reach and sight of children.***

## **MORE INFORMATION**

If you want more information about MAR-METHIMAZOLE:

- Talk to your healthcare professional
- Find the full product monograph that is prepared for healthcare professionals and includes this Patient Medication Information by visiting the <https://health-products.canada.ca/dpd-bdpp/index-eng.jsp> ; Marcan Pharmaceuticals Inc.'s website [www.marcanpharma.com](http://www.marcanpharma.com), or by calling 1-855-627-2261.

This leaflet was prepared by Marcan Pharmaceuticals Inc.

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