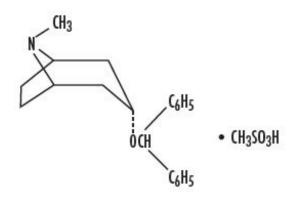
BENZTROPINE MESYLATE- benztropine mesylate tablet American Health Packaging

Benztropine Mesylate Tablets, USP 8435601/0318 Rx only

DESCRIPTION

Benztropine mesylate is a synthetic compound containing structural features found in atropine and diphenhydramine.

It is designated chemically as 3α -(Diphenylmethoxy)- 1α H, 5α H-tropane methanesulfonate. Its molecular formula is C $_{21}$ H $_{25}$ NO•CH $_4$ O $_3$ S, and its structural formula is:



Benztropine mesylate is a crystalline white powder, very soluble in water, and has a molecular weight of 403.54.

Each benztropine mesylate tablet USP for oral administration contains benztropine mesylate USP 0.5 mg, 1 mg or 2 mg.

Inactive ingredients: colloidal silicon dioxide, magnesium stearate, microcrystalline cellulose, pregelatinized starch.

CLINICAL PHARMACOLOGY

Benztropine mesylate possesses both anticholinergic and antihistaminic effects, although only the former have been established as therapeutically significant in the management of parkinsonism.

In the isolated guinea pig ileum, the anticholinergic activity of this drug is about equal to that of atropine; however, when administered orally to unanesthetized cats, it is only about half as active as atropine.

In laboratory animals, its antihistaminic activity and duration of action approach those of pyrilamine maleate.

INDICATIONS AND USAGE

Benztropine mesylate tablets USP are indicated for use as an adjunct in the therapy of all forms of parkinsonism.

Useful also in the control of extrapyramidal disorders (except tardive dyskinesia – see PRECAUTIONS) due to neuroleptic drugs (e.g., phenothiazines).

CONTRAINDICATIONS

Hypersensitivity to benztropine mesylate tablets or to any component of the tablets.

Because of its atropine-like side effects, this drug is contraindicated in pediatric patients under three years of age, and should be used with caution in older pediatric patients.

WARNINGS

Safe use in pregnancy has not been established.

Benztropine mesylate may impair mental and/or physical abilities required for performance of hazardous tasks, such as operating machinery or driving a motor vehicle.

When benztropine mesylate is given concomitantly with phenothiazines, haloperidol, or other drugs with anticholinergic or antidopaminergic activity, patients should be advised to report gastrointestinal complaints, fever or heat intolerance promptly. Paralytic ileus, hyperthermia and heat stroke, all of which have sometimes been fatal, have occurred in patients taking anticholinergic-type antiparkinsonism drugs, including benztropine mesylate, in combination with phenothiazines and/or tricyclic antidepressants.

Since benztropine mesylate contains structural features of atropine, it may produce anhidrosis. For this reason, it should be administered with caution during hot weather, especially when given concomitantly with other atropine-like drugs to the chronically ill, the alcoholic, those who have central nervous system disease, and those who do manual labor in a hot environment. Anhidrosis may occur more readily when some disturbance of sweating already exists. If there is evidence of anhidrosis, the possibility of hyperthermia should be considered. Dosage should be decreased at the discretion of the physician so that the ability to maintain body heat equilibrium by perspiration is not impaired. Severe anhidrosis and fatal hyperthermia have occurred.

PRECAUTIONS

General

Since benztropine mesylate has cumulative action, continued supervision is advisable. Patients with a tendency to tachycardia and patients with prostatic hypertrophy should be observed closely during treatment.

Dysuria may occur, but rarely becomes a problem. Urinary retention has been reported with benztropine mesylate.

The drug may cause complaints of weakness and inability to move particular muscle groups, especially in large doses. For example, if the neck has been rigid and suddenly relaxes, it may feel weak, causing some concern. In this event, dosage adjustment is required.

Mental confusion and excitement may occur with large doses, or in susceptible patients. Visual hallucinations have been reported occasionally. Furthermore, in the treatment of extrapyramidal disorders due to neuroleptic drugs (e.g., phenothiazines), in patients with mental disorders, occasionally there may be intensification of mental symptoms. In such cases, antiparkinsonian drugs can precipitate a toxic psychosis. Patients with mental disorders should be kept under careful observation, especially at the beginning of treatment or if dosage is increased.

Tardive dyskinesia may appear in some patients on long-term therapy with phenothiazines and related agents, or may occur after therapy with these drugs has been discontinued. Antiparkinsonism agents do not alleviate the symptoms of tardive dyskinesia, and in some instances may aggravate them. Benztropine mesylate is not recommended for use in patients with tardive dyskinesia.

The physician should be aware of the possible occurrence of glaucoma. Although the drug does not

appear to have any adverse effect on simple glaucoma, it probably should not be used in angle-closure glaucoma.

Drug Interactions

Antipsychotic drugs such as phenothiazines or haloperidol; tricyclic antidepressants (see WARNINGS).

Pediatric Use

Because of the atropine-like side effects, benztropine mesylate should be used with caution in pediatric patients over three years of age (see CONTRAINDICATIONS).

ADVERSE REACTIONS

The adverse reactions below, most of which are anticholinergic in nature, have been reported and within each category are listed in order of decreasing severity.

Cardiovascular Tachycardia.

Digestive

Paralytic ileus, constipation, vomiting, nausea, dry mouth.

If dry mouth is so severe that there is difficulty in swallowing or speaking, or loss of appetite and weight, reduce dosage, or discontinue the drug temporarily.

Slight reduction in dosage may control nausea and still give sufficient relief of symptoms. Vomiting may be controlled by temporary discontinuation, followed by resumption at a lower dosage.

Nervous System

Toxic psychosis, including confusion, disorientation, memory impairment, visual hallucinations; exacerbation of preexisting psychotic symptoms; nervousness; depression; listlessness; numbness of fingers.

Special Senses Blurred vision, dilated pupils.

Urogenital Urinary retention, dysuria.

Metabolic/Immune or Skin

Occasionally, an allergic reaction, e.g., skin rash, develops. If this can not be controlled by dosage reduction, the medication should be discontinued.

Other Heat stroke, hyperthermia, fever.

OVERDOSAGE

Manifestations - May be any of those seen in atropine poisoning or antihistamine overdosage: CNS depression, preceded or followed by stimulation; confusion; nervousness; listlessness; intensification of mental symptoms or toxic psychosis in patients with mental illness being treated with neuroleptic drugs (e.g., phenothiazines); hallucinations (especially visual); dizziness; muscle weakness; ataxia; dry mouth; mydriasis; blurred vision; palpitations; tachycardia; elevated blood pressure; nausea; vomiting; dysuria; numbness of fingers; dysphagia; allergic reactions, e.g., skin rash; headache; hot, dry, flushed skin; delirium; coma; shock; convulsions; respiratory arrest; anhidrosis; hyperthermia; glaucoma; constipation.

Treatment - Physostigmine salicylate, 1 to 2 mg, SC or IV, reportedly will reverse symptoms of

anticholinergic intoxication. * A second injection may be given after 2 hours if required. Otherwise treatment is symptomatic and supportive. Induce emesis or perform gastric lavage (contraindicated in precomatose, convulsive, or psychotic states). Maintain respiration. A short-acting barbiturate may be used for CNS excitement, but with caution to avoid subsequent depression; supportive care for depression (avoid convulsant stimulants such as picrotoxin, pentylenetetrazol, or bemegride); artificial respiration for severe respiratory depression; a local miotic for mydriasis and cycloplegia; ice bags or other cold applications and alcohol sponges for hyperpyrexia, a vasopressor and fluids for circulatory collapse. Darken room for photophobia.

DOSAGE AND ADMINISTRATION

Benztropine mesylate tablets should be used when patients are able to take oral medication.

The injection is especially useful for psychotic patients with acute dystonic reactions or other reactions that make oral medication difficult or impossible. It is recommended also when a more rapid response is desired than can be obtained with the tablets.

Because of cumulative action, therapy should be initiated with a low dose which is increased gradually at five or six-day intervals to the smallest amount necessary for optimal relief. Increases should be made in increments of 0.5 mg, to a maximum of 6 mg, or until optimal results are obtained without excessive adverse reactions.

Postencephalitic and Idiopathic Parkinsonism

The usual daily dose is 1 to 2 mg, with a range of 0.5 to 6 mg orally or parenterally.

As with any agent used in parkinsonism, dosage must be individualized according to age and weight, and the type of parkinsonism being treated. Generally, older patients, and thin patients cannot tolerate large doses. Most patients with postencephalitic parkinsonism need fairly large doses and tolerate them well. Patients with a poor mental outlook are usually poor candidates for therapy.

In idiopathic parkinsonism, therapy may be initiated with a single daily dose of 0.5 to 1 mg at bedtime. In some patients, this will be adequate; in others 4 to 6 mg a day may be required.

In postencephalitic parkinsonism, therapy may be initiated in most patients with 2 mg a day in one or more doses. In highly sensitive patients, therapy may be initiated with 0.5 mg at bedtime, and increased as necessary.

Some patients experience greatest relief by taking the entire dose at bedtime; others react more favorably to divided doses, two to four times a day. Frequently, one dose a day is sufficient, and divided doses may be unnecessary or undesirable.

The long duration of action of this drug makes it particularly suitable for bedtime medication when its effects may last throughout the night, enabling patients to turn in bed during the night more easily, and to rise in the morning.

When benztropine mesylate is started, do not terminate therapy with other antiparkinsonian agents abruptly. If the other agents are to be reduced or discontinued, it must be done gradually. Many patients obtain greatest relief with combination therapy.

Benztropine mesylate may be used concomitantly with Carbidopa-Levodopa, or with levodopa, in which case periodic dosage adjustment may be required in order to maintain optimum response.

Drug-Induced Extrapyramidal Disorders

In treating extrapyramidal disorders due to neuroleptic drugs (e.g., phenothiazines), the recommended dosage is 1 to 4 mg once or twice a day orally or parenterally. Dosage must be individualized according to the need of the patient. Some patients require more than recommended; others do not need as much.

In acute dystonic reactions, 1 to 2 mL of the injection usually relieves the condition quickly. After that, the tablets, 1 to 2 mg twice a day, usually prevent recurrence.

When extrapyramidal disorders develop soon after initiation of treatment with neuroleptic drugs (e.g., phenothiazines), they are likely to be transient. One to 2 mg of benztropine mesylate tablets two or three times a day usually provides relief within one or two days. After one or two weeks, the drug should be withdrawn to determine the continued need for it. If such disorders recur, benztropine mesylate can be reinstituted.

Certain drug-induced extrapyramidal disorders that develop slowly may not respond to benztropine mesylate.

HOW SUPPLIED

Benztropine Mesylate Tablets USP, for oral use, are supplied in the following forms:

0.5 mg: Compressed tablet, white, round, flat-faced beveled edge tablets debossed "N" left of bisect "9" on one side and plain on other side, in unit dose packages of 100 (10 x 10) NDC 60687-356-01.

1 mg: Compressed tablet, white oval tablets debossed "N" left of bisect "10" on one side and plain on other side, in unit dose packages of 100 (10×10) NDC 60687-368-01.

2 mg: Compressed tablet, white, round, flat-faced beveled edge tablets debossed "N" left of bisect "11" on one side and plain on other side, in unit dose packages of 100 (10×10) NDC 60687-379-01.

Store at 25°C (77°F); excursions permitted to 15° to 30°C (59° to 86°F) [see USP Controlled Room Temperature].

FOR YOUR PROTECTION: Do not use if blister is torn or broken.

Keep out of reach of children.

*Duvoisin, R.C.; Katz, R.J.; Amer. Med. Ass. *206*: 1963–1965, Nov. 25, 1968.

PACKAGING INFORMATION

American Health Packaging unit dose blisters (see <u>How Supplied</u> section) contain drug product from Par Pharmaceutical as follows:

(0.5 mg / 100 UD) NDC 60687-356-01 packaged from NDC 0603-2437 (1 mg / 100 UD) NDC 60687-368-01 packaged from NDC 0603-2438 (2 mg / 100 UD) NDC 60687-379-01 packaged from NDC 0603-2439

Distributed by: **American Health Packaging** Columbus, OH 43217

8435601/0318

Package/Label Display Panel – Carton – 0.5 mg



NDC 60687- 356-01

Benztropine Mesylate Tablets, USP

0.5 mg

100 Tablets (10 x 10)00000000000 Rx Only

Each Tablet Contains:

Benztropine Mesylate, USP...... 0.5 mg

Usual Adult Dosage: For parkinsonism, 1 to 2 mg daily.For drug induced extrapyramidal disorders, 1 to 4 mg once or twice a day. See package insert for full prescribing information.

Store at 20° to 25°C (68° to 77°F); excursions permitted between 15° to 30°C (59° to 86°F) [see USP Controlled Room Temperature].

Keep this and all drugs out of reach of children.

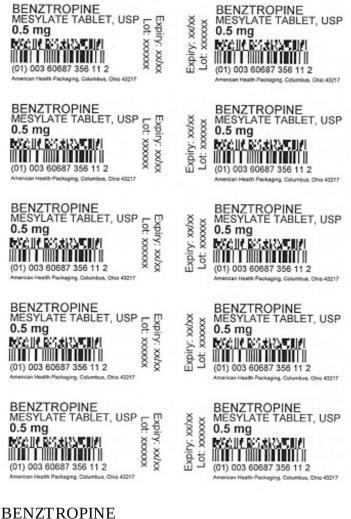
FOR YOUR PROTECTION: Do not use if blister is torn or broken.

The drug product contained in this package is from NDC # 0603-2437, Par Pharmaceutical.

Packaged and Distributed by: American Health Packaging Columbus, Ohio 43217

735601 0435601/0818

Package/Label Display Panel – Blister – 0.5 mg



MESYLATE TABLET, USP

0.5 mg

Package/Label Display Panel – Carton – 1 mg

NDC 60687- 368 -01 Benztropine Mesylate Tablets, USP
1 mg
100 Tablets (10 x 10) Rx Only Image: Control of the second
NDC 60687- 368 -01 Benztropine Mesylate Tablets, USP
1 mg
100 Tablets (10 x 10) Rx Only
Each Tablet Contains: Benztropine Mesylate, USP
American Health Packaging Columbus, Ohio 43217 736801 0436801/0818

NDC 60687- 368-01

Benztropine Mesylate Tablets, USP

1 mg

100 Tablets (10 x 10)0000000000 Rx Only

Each Tablet Contains:

Benztropine Mesylate, USP.....1 mg

Usual Adult Dosage: For parkinsonism, 1 to 2 mg daily. For drug induced extrapyramidal disorders, 1 to 4 mg once or twice a day. See package insert for full prescribing information.

Store at 20° to 25°C (68° to 77°F); excursions permitted between 15° to 30°C (59° to 86°F) [see USP Controlled Room Temperature].

Keep this and all drugs out of reach of children.

FOR YOUR PROTECTION: Do not use if blister is torn or broken.

The drug product contained in this package is from NDC # 0603-2438, Par Pharmaceutical.

Packaged and Distributed by: American Health Packaging Columbus, Ohio 43217

736801 0436801/0818

Package/Label Display Panel – Blister – 1 mg



MESYLATE TABLET, USP

1 mg

Package/Label Display Panel – Carton – 2 mg



NDC 60687- 379-01

Benztropine Mesylate Tablets, USP

2 mg

100 Tablets (10 x 10)0000000000 Rx Only

Each Tablet Contains:

Benztropine Mesylate, USP......2 mg

Usual Adult Dosage: For parkinsonism, 1 to 2 mg daily. For drug induced extrapyramidal disorders, 1 to 4 mg once or twice a day. See package insert for full prescribing information.

Store at 20° to 25°C (68° to 77°F); excursions permitted between

15° to 30°C (59° to 86°F) [see USP Controlled Room Temperature].

Keep this and all drugs out of reach of children.

FOR YOUR PROTECTION: Do not use if blister is torn or broken.

The drug product contained in this package is from NDC # 0603-2439, Par Pharmaceutical.

Packaged and Distributed by: American Health Packaging Columbus, Ohio 43217

737901 0437901/0818

Package/Label Display Panel – Blister – 2 mg



BENZTROPINE MESYLATE TABLET, USP

2 mg

BENZTROPINE MESYLATE

benztropine mesylate tablet

Product Information

Product Type

HUMAN PRESCRIPTION DRUG Item Code (Source) NDC:60687-356(NDC:0603-2437)

	ctive Ingredient	t/Active	e Moiety						
			Ingredient Name			Basis of S	trength	Strength	
в	ENZTROPINE MESY	LATE (U	NII: WMJ8TL7510) (BEN	ZTROPINE - UNII:1NHL2.	J4X8K)	BENZTROPINE	MESYLATE	0.5 mg	
T	antina Inguadia	mta							
1	nactive Ingredie	nts	T . 11	4 NT			.		
0			Ingredier	it Name			Str	ength	
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	AGNESIUM STEARA			(T T)					
			LOSE (UNII: OP1R32D6	10)					
S	STARCH, CORN (UNII: 08232NY3SJ)								
			1333)						
			1337)						
			1337)						
P	roduct Characte		1555)						
_	roduct Characte		white	Score		2	2 pieces		
C				Score Size			2 pieces 5mm		
C S	olor		white			e	-		
C S F	olor hape		white	Size		e	5mm		
C S F	olor hape avor		white	Size		e	5mm		
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	19)		
Marketing Info Marketing Category ANDA		ion Marketing Start Date 08/31/2018	e Marketing End Date

Product Information									
Product Type	HUMAN PRESCRIPTION DRUG	Item Code (Source	e) NDC:60687-368(NDC:	0603-2438)					
Route of Administration	ORAL								
Active Ingredient/Active Mo	iety								
	iety gredient Name		Basis of Strength	Strength					
	gredient Name	III:1NHL2J4X8K) E	Basis of Strength ENZTROPINE MESYLATE	Strength 1 mg					

Inactive Ingredients

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	552521(1553)			
Product Characte	ristics			
Color	white	Score		2 pieces
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Packaging # Item Code	Package	Description	Marketing Start Date	e Marketing End Date
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			10	
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04/03/2018

benztropine mesylate	tablet							
Product Informati	ion							
Product Type		HUMAN PRESCI	RIPTION DRUG	Ite m Co	de (Sour	ce) NDC:606	87-379(NDC:	0603-2439)
Route of Administrat	ion	ORAL						
Active Ingredient/	Active Moi	ety						
	Ingredient Name Basis of Stre						Strength	Strengt
BENZTRO PINE MES YI	L ATE (UNII: WI	/J8TL7510)(BEN	ZTROPINE - UN	NII:1NHL2J	4X8K)	BENZTROPINI	E MESYLATE	2 mg
Inactive Ingredier	ıts							
		Ingredier	nt Name				Str	ength
SILICON DIOXIDE (UN								
MAGNESIUM STEARATE (UNII: 70097M6I30)								
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MICROCRYSTALLINE	CELLULOSE		1U)					
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MICROCRYSTALLINE STARCH, CORN (UNII: Product Characte)	CELLULOSE		1U) Score				2 pieces	
MICROCRYSTALLINE STARCH, CORN (UNII: Product Characte) Color	CELLULOSE 08232NY3SJ) ristics	(UNII: OP1R32D6					2 pieces 7mm	
MICROCRYSTALLINE STARCH, CORN (UNII: Product Characte) Color Shape	CELLULOSE 08232NY3SJ) ristics white	(UNII: OP1R32D6	Score	de			-	
MAGNESIUM STEARA MICRO CRYSTALLINE STARCH, CORN (UNII: Product Characte) Color Shape Flavor Contains	CELLULOSE 08232NY3SJ) ristics white	(UNII: OP1R32D6	Score Size	de			7mm	
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MICRO CRYSTALLINE STARCH, CORN (UNII: Product Characte) Color Shape Flavor Contains Packaging	CELLULOSE 08232NY3SJ) ristics white	(UNII: OP1R32D6	Score Size Imprint Co	de	Marketii	ng Start Date	7mm N;11	g End Dat
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Labeler - American Health Packaging (929561009)

Establishment							
Name	Address	ID/FEI	Business Operations				

American Health Packaging 929561009 repack(60687-356, 60687-368, 60687-379)	
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Revised: 10/2019

American Health Packaging