DESCRIPTION
MITABAN® Liquid Concentrate contains (2S,4S)-[4-(2,4-dimethylphenyl)dimethylamino]methyl]methylphosphonate, and a pickling, stabilizing, and preservative package, and is a colorless to light amber, neutral pH liquid.

CLINICAL PHARMACOLOGY
MITABAN is a highly water-soluble, and N-O dimethylformamide (NODMF) of mitaban; these reactions must be further validated in a pharmacokinetic profile of these animals after repeat dosing. The area under the curve (AUC) was the principal indicator in the urine and feces.

Intradermal extracts were administered to dogs as a single end point at a level of 4 mg/kg. Pratt blood levels were reached between 1.5 and 6 hours posttreatment. The half-life was 7 hours. Pratt blood levels were also measured following the MITABAN (amitraz) administration. The MITABAN (amitraz) plasma half-life was 7 hours.

Studies have not been conducted to quantitatively determine absorption by the MITABAN (amitraz) thoroughly and completely wetted with the mixture, and then allowed to air dry. Studies have not been conducted to quantitatively determine absorption by the MITABAN (amitraz) thoroughly and completely wetted with the mixture, and then allowed to air dry.

Stimulation, bloat, polyuria, vomition, diarrhea, anorexia, edema, erythema and pruritus, which clinical investigators considered to be an indirect effect due to an inflammatory reaction associated with dead mites, occurred in less than 3% of generalized demodicosis patients. This effect usually occurred and dissipated within 24 hours.

Tests indicated amitraz does not have significant cholinesterase inhibitory abilities and suggest the drug may act on the central nervous system.

Carcinogenicity
The Material Safety Data Sheet (MSDS) for Mitaban contains more detailed references to the carcinogenicity studies conducted with amitraz. However, the limited information available indicates that amitraz is not known to be genotoxic and is not classed as a possible human carcinogen or an occupational carcinogen.

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The major metabolite isolated from these tissues was identified as 3-triazophos (triazophos) and detectable concentrations of mitaban were not reported during controlled experiments with MITABAN (amitraz).

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Amitraz was orally administered to nondiseased beagles at levels of 0, 0.25, 1 and 4 mg/kg, single oral doses. Dogs given 4 mg/kg (single oral dose) had decreased rectal temperatures within 3 to 6 hours; the dogs were normal within 24 hours posttreatment. Variation in the rectal temperatures was noted within the 250 ppm and 2500 ppm concentrations. Rectal temperatures and glucose values at 4 hours posttreatment in the 250 ppm female group, and in both sexes at the 750 ppm, 1250 ppm and 2500 ppm concentrations. Rectal temperatures and glucose values at 4 hours posttreatment in the 250 ppm female group, and in both sexes at the 750 ppm, 1250 ppm and 2500 ppm concentrations. Rectal temperatures and glucose values at 4 hours posttreatment in the 250 ppm female group, and in both sexes at the 750 ppm, 1250 ppm and 2500 ppm concentrations. Rectal temperatures and glucose values at 4 hours posttreatment in the 250 ppm female group, and in both sexes at the 750 ppm, 1250 ppm and 2500 ppm concentrations. Rectal temperatures and glucose values at 4 hours posttreatment in the 250 ppm female group, and in both sexes at the 750 ppm, 1250 ppm and 2500 ppm concentrations. Rectal temperatures and glucose values at 4 hours posttreatment in the 250 ppm female group, and in both sexes at the 750 ppm, 1250 ppm and 2500 ppm concentrations. Rectal temperatures and glucose values at 4 hours posttreatment in the 250 ppm female group, and in both sexes at the 750 ppm, 1250 ppm and 2500 ppm concentrations. Rectal temperatures and glucose values at 4 hours posttreatment in the 250 ppm female group, and in both sexes at the 750 ppm, 1250 ppm and 2500 ppm concentrations.

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Additional Info: Colors:

MITABAN application to

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dog

MITABAN

thoroughly and completely wetted with the mixture, and then allowed to air dry.

Long and medium

inflammatory reaction associated with dead mites, occurred in less than 3% of

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tients sedation, which occurred in approximately 8% of the generalized demodicosis. It is important to continue treatment until no

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