



Private Bag X828, PRETORIA, 0001 Dr AB Xuma Building1112 Voortrekker Road, Pretoria Townlands 351-JR, PRETORIA, 0187 Tel (012) 395 8000, Fax (012) 395 8918

Mr C Mukaratirwa
Cospharm Investments (Pty) Ltd
2 Concourse Crescent
Lonehill
Johannesburg

Dear Mr Mukaratirwa

Section 21 Authorization for PHENOBARBITONE 200MG/ML INJ 1ML

Attached, please find the Authorization for exemption under Section 21 of the Medicines and Related Substances Act by SAHPRA granted for:

Phenobarbitone 200mg/mL Injection 1mL

The quantities for which approval was granted are only estimates based on procurement by provinces over the last 6 months. Please note that the National Department of Health (NDOH) cannot guarantee the procurement of these quantities, as NDOH has no control over orders being placed by provincial depots, and current stock holding might influence estimated quantities.

The following process will be followed to ensure the quality of the product being brought in:

- 1. Manufacturer will submit an assay and identification of every batch imported.
- 2. An additional assay of every batch will be done by a quality control laboratory.
- 3. A random sample will be assayed during the authorized period by a quality control laboratory.
- 4. Aggregate statistics to be submitted to NDOH in the first week of each month of all orders received and quantities supplied per province.
- 5. The NDOH needs to be advised of the quantities and date of arrival of stocks in terms of this authorization within 7 days after arrival.
- 6. The supplier will provide monthly reports, by the 7th of each month, using the attached format of orders received and issues done.
- 7. Participating Authorities (PAs) will provide a consolidated close out report of usage using the attached format on the date when an authorization lapses.
- 8. The full quantities imported in terms of this Section 21authorisation must be accounted for.
- 9. Note that this authorization DOES NOT cover supplies to the private sector.

Department of Health • Lefapha la Pholo • Lefapha la Bophelo • uMnyango wezeMpilo • Muhasho wa Mutakalo • Departement van Gesondheid • Kgoro ya Maphelo • Ndzawulo ya Rihanyo • LiTiko le Thempilo • ISebe lezeMpilo • UmNyango WezamaPhilo

Section 21 Authorisation re Phenobarbitone 200mg/mL INJ 1mL 10112025-1

10. Where this authorization is obtained to provide security of supply due to supply challenges from the contracted supplier, PAs are requested to buy out against contracted suppliers and ensure that related orders are cancelled accordingly to prevent overstocking once the contracted supplier gets back into stock.

It should be noted this authorization applies only for use of the product in the public sector with estimated usage quantities for a period of one month. The authorization is expected to expire on **08 May 2026**.

Table 1: Provincial estimates

Province	Six Months Estimate
Correctional Services	0
EC-MT	600
EC-PE	3600
FS	360
GP	720
KZN	3000
LP	1830
MP	260
NC	700
NW	2225
SAMHS	50
wc	1600
Total	14 945

Yours sincerely

KHADIJA JAMALOODIEN

CHIEF DIRECTOR: SECTOR WIDE PROCUREMENT

DATE: 11/11/2025



SAHPRA Head Office Building A, Loftus Park 2nd Floor Kirkness Str Arcadia 0083

Section 21 Outcome Letter

2025-11-08

Ms Buhle Mbongo

1112 Voortrekker Road

Pretoria

buhle.mbongo@health.gov.za

Dear Ms Buhle Mbongo

REQUEST TO USE UNREGISTERED MEDICINE IN TERMS OF SECTION 21 OF THE MEDICINES AND CONTROLLED SUBSTANCES ACT, 1965 (ACT 101 of 1965):

Your application dated **2025-11-06** refers

A. STATUS: Approved

B. APPLICANT: Ms Buhle Mbongo

C. IMPORTING COMPANY: Cospharm Investments (Pty) Ltd

D. NUMBER OF PATIENT/(S) INTENDED TO BE TREATED: 15000

E. UNREGISTERED MEDICINES: GENERIC NAME: No Data

F. TRADE NAME: Phenobarbital Sodium BP 20 mg/L

G. QUANTITY: 15000 Packs (1)



SAHPRA Head Office Building A, Loftus Park 2nd Floor Kirkness Str Arcadia 0083

H. LETTER NUMBER: S2100015402

Section 21 authorization letters are valid for a period of 6 months from the letter date, unless otherwise specified.

A progress report must be submitted once treatment is completed or on a reauthorization request

Comments:

Yours faithfully,

Dr Shyamli Munbodh

Manager: Section 21 Category A Medicines

mode

Ms Mahlodi Moropa

Final Approver



SAHPRA Head Office Building A, Loftus Park 2nd Floor Kirkness Str Arcadia 0083



Cospharm Believe in Good

FROM: COSPHARM INVESTMENTS (PTY)LTD

2 Concourse Crescent

Lonehill Johannesburg **010 110 9348**

QUQUOTATION

 Date
 2025/10/09

 VAT Reg No.:
 4640290963

 Reg no:
 2018/468705/07

 Quote No.
 DOH001

 Reference:
 BUHLE

	TO: DEPARTMENT OF HEALTH	BANKING DETAILS
Ť	Dr AB Xuma Building 1112, Voortrekker Road	COSPHARM INVESTMENTS (PTY) LTD
	Preatoria Townlands 315 JR	FNB
	Pretoria, 0187	Account Number: 62850218241
	012 395 8000	Branch Code: 254605
		Branch: Sandton City

202,800.00

Total (Incl)

Price incl R 13.52

11.76

15000

Item Description
PHENOBARBITONE 200MG/ML INJECTION 1ML

Item Code PHEN200 Validity Period: 90 Days Lead Times: 4 weeks after receipt of a formal Purchase Order

Country of origin India Manufacturer Swiss Parentals

Quantity Disc % Price excl

SubTotal (Excl)	œ	172,380,00
VAT Total at 15%		30,420,00
Invoice Total ZAR	Y	202.800.00

Signature:



2 Concourse Crescent, Lonehill, Johannesburg 2191 Gauteng

+27 10 110 9348

info@cospharm.org

REQUEST FOR QUOTATION FORM

- Instruction to complete this Request for Quotation (RFQ)
 PLEASE PROVIDE A QUOTE FOR THE FOLLOWING PRODUCT(S).
 PLEASE QUOTE ON THIS RFQ FORM AND ATTACH YOUR QUOTE WITH THE REQUESTED DETAILS.
 THE SECTIONS HIGHLIGHTED IN YELLOW MUST BE COMPLETED BY THE SUPPLIER.
- THIS DOES NOT CONSTITUTE ANY OBLIGATION TO PROCURE THE ITEM AS THIS WILL BE SUBMITTED FOR CONSIDERATION TO PROVINCIAL PROCUREMENT UNITS TO SERVE AS A BUY OUT AGAINST CURRENT NON-COMPLIANT SUPPLIERS

COMPLIANT SUPPLIERS.							
ONLY RESPONSES	FROM DUL	Y REGISTER	ED S	UPPLIERS V	VILL	BE EVA	ALUATED
REFERENCE NUMBER:	Mary Indiana and American	NORMAL		SECTION 21	Х	S	21RFQ160
QUOTE ENQUIRY DATE		01/10/202	QU	OTE CLOSING	DATE		10/10/2025
FOR CRITICAL DELIVERY, DE	LIVERY REQUES	STED ON/BEFC	RE				N TO THE REST
(SCM Practitioner to Specify							
6	REQUESTING	INSTITUTION	CON	TACT DETAILS			District and Constitute and Press and
NAME OF REQUESTOR	F10.00		1	Buhle Mbongo			
EMAIL ADDRESS		Bu	hle.M	bongo@health	.gov.	<u>za</u>	
PHONE No.	01:	2 395 9539		FAX No.			N/A
	PR	ODUCT INFOR	MAT	ION			
DESCRIPTION PER MPC	PHENOBA	RBITONE 2001	/IG/N	IL INJECTION 1	ML		Mark Sances
TRADE DESCRIPTION							
UNIT OF MEASURE	1 vial	DESCRIPTION OF THE PARTY OF THE	CK or I	BOX (<u>SIZE/</u> ' <u>Y)</u>		1 vial	
QUANTITY REQUIRED	15000 via	s/ampoules			10 TO 10		
TO BE CO	MPLETED B	Y THE SUP	LIEF	R/ SERVICE I	PRO	<u> VIDER</u>	
	SUPPLIER (CONTACT DET	AILS (as per CSD)			
COMPANY NAME	COSPHARI	M INVESTMEN	TS (PT	TY) LTD			
SUPPLIER NUMBER	MAAA092	2336					
SECURITY CODE	Charles in						



2 Concourse Crescent, Lonehill, Johannesburg 2191 Gauteng

+27 10 110 9348

info@cospharm.org

SUPPLIER CODE (NDoH)	VK0P8					
	NAME	СО	SMAS MUKARATIRWA			
CONTACT PERSON 1	PHONE	01	0 110 9348	FAX		N/A
CONTACT FERSON 1	MOBILE	08	1 310 0293	FARE		
	E-MAIL	inf	o@cospharm.org			
	NAME	AN	DISWA MAHLANGU			
CONTACT PERSON 2	PHONE	010	0 110 9348			
CONTACT PERSON 2	MOBILE					
	E-MAIL	m	arketingza@cospharm.org			
		QL	IOTE DETAILS			
PRICE PER VIAL (INCL. VAT)	R13.52		TOTAL PRICE (INCL. DELIVE	RY & VAT)	202	800.00
*STOCK'S EXPIRY DATE(SHELF- LIFE)	2 YEARS					
VOLUMES AVAILABLE – 7DAYS						
VOLUMES AVAILABLE – 14DAYS						
VOLUMES AVAILABLE – 21DAYS						
VOLUMES AVAILABLE – 28DAYS			Variable States		A S	
VOLUMES AVAILABLE – 35DAYS						
VOLUMES AVAILABLE - 42DAYS						
VOLUMES AVAILABLE – 49DAYS						
VOLUMES AVAILABLE – 56DAYS	15000					
VOLUMES AVAILABLE – 112DAYS						
QUOTE VALIDITY PERIOD	90 DAYS					
NORMAL LEAD/DELIVERY TIME	4 WEEKS					
	DEVI	ATIO	N TO SPECIFICATION			1)



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COMMENTS: AS PER SPECIFICATION	
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<u>D</u>	DECLARATION BY SUPPLIER
I hereby declare that in submitting this	bid, there has been no consultation, communication,
	ompetitor/supplier regarding the price, quality, quantity,
specifications and conditions or deliver	y particulars of the products or services to which this bid
specifications and conditions or deliver invitation relates.	
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specifications and conditions or deliver invitation relates.	cy particulars of the products or services to which this bid COSMAS MUKARATIRWA
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specifications and conditions or deliver invitation relates. NAME CAPACITY SIGNATURE (OF A DULY AUTHORISED	cy particulars of the products or services to which this bid

Prescription only medicine

Phenobarbital Injection BP 200 mg/ml

COMPOSITION:

Each ml contains : Phenobarbital Sodium BP...200 mg Water for Injections BP.

THERAPEUTIC CLASSIFICATION: NSAID (Anticonvulsant)

Chemical Name: Phenobarbital sodium is 2,4,6(1H,3H,5H)-Pyrimidinetrione,5-ethyl-5-phenyl-, monosodium

salt
PHARMACOLOGY PROPERTIES: Barbiturates are capable of producing all levels of CNS mood alteration
from excitation to mild sedation, to hypnosis and deep coma. Overdosage can produce death. In high enough
therapeutic doses, barbiturates induce anesthesia. Barbiturates depress the sensory cortex, decrease motor
activity, after cerebellar function and produce drowsiness, sedation and hypnosis. Barbiturates have little
analgesic action at sub anesthetic doses. Rather, in sub anesthetic doses these drugs may increase the
reaction to painful stimuli. All barbiturates exhibit anticonvulsant activity in anesthetic doses. Barbiturates are
respiratory depressants by virtue of their direct effect on the medulary respiratory center. They diminish and, in
high doses, may abolish the sensitivity of the respiratory center to its normal stimulus, carbon dioxide. Ordinary
hypnotic doses of barbiturates have no significant effect on the cardiovascular system. The barbiturates tand to
decrease the tonus of the gastrointestinal musculature. They have no direct injurious effect on the normal
kidney. Hypnotic doses tend to reduce slightly the metabolic rate in man. Body temperature is reduced slightly,
owing to lessende activity and to depression of the central temperature-regulatory mechanisms. owing to lessened activity and to depression of the central temperature-regulatory mechanisms.

PHARMACOKINETIC PROPERTIES: Following IV administration, the onset of action is 5 minutes for phenobarbital sodium. For IM administration, the onset of action is slightly slower. Maximal CNS depression may not occur until 15 minutes or more after IV administration. Duration of action, which is related to the rate at which the barbiturates are redistributed throughout the body, varies among persons and in the same person from time to time. No studies have demonstrated that the different routes of administration are equivalent with respect to locavailability. Barbiturates are weak acids that are borned and rapidly distributed to all tissues and fluids with high concentrations in the brain, liver and kidneys. Lipid solubility of the barbiturates is the dominant factor in their distribution within the body. The more fluid soluble the brabiturate is the dominant factor in their distribution within the body. The more fluid soluble the brabiturate were rapidly it penetrates all tissues of the body. Barbiturates are bound to plasma and tissue proteins to a varying degree with the degree of binding increasing directly as a function of lipid solubility. Phenobarbital has the lowest lipid solubility, lowest prain protein binding, the longest delay in onest of activity and he longest duration of action. Its diffusion across the blood-brain barrier and its distribution into other issues occurs more slowly than what the the best activity and carries hother discrete. Effects minute, the stress make the consider for exemption extends of exercising the consider for exemption extends of exercising the exemption of the control of the exercision of the control of the exercision of exemption extends developed and extends of exercision. action. Its diffusion across the blood-brain barrier and its distribution into other tissues occurs more slowly than with other short-acing barbiturates. Fifteen minutes or more may be required for maximal central depression following intravenous administration of Phenobarbital. However, with time, Phenobarbital distributes into all tissues and fluids. Barbiturates are known to cross the placenta. Phenobarbital is 20-46% protein bound. In daults, the plasma half-life flenenobarbital is 50 to 180 hours (mean 78 hours) and in childrenhewborns, the plasma half-life file is 60 to 180 hours (mean 110 hours). Barbiturates are metabolized primarily by the hepatic incrosomal enzyme system, and the metabolic products are exceeded in the urine and, less commonly, in the feces. Approximately 25 to 50 percent of a dose of Phenobarbital is eliminated unchanged in the urine is negligible. Urinary pH and rate of urine flow affect the renal circulation of unchanged Phenobarbital, a greater quantity being eliminated in alkaline urine and at increased flow rates. The excretion of unmetabolized barbiturate is one feature that distinguishes the long-acting category from those belonging to other categories which are almost entirely metabolized. The inactive metabolites of the barbiturates are excreted as conjugates of glucuronic acid.

INDICATIONS: sedative action of this class of drugs is desired are anxiety-tension states, hyperthyroidism, essential hypertension, nausea and vomiting of functional origin, motion sickness, acute labyrinthitis, pylorospasm in infants, chorea and cardiac failure. Phenobarbital is also a useful adjunct in treatment of hemorrhage from the respiratory or gastrointestinal tract. Phenobarbital controls anxiety, decreases muscular activity and lessens nervous excitability in hyperthyroid patients. However, thyrotoxic individuals occasionally react poorly to barbiturates. Long-term anticonvulsant, (Phenobarbital, mephobarbital and metharbital) for the treatment of generalized tonic-clonic and cortical focal seizures. And, in the emergency control of certain acute convulsive episodes, e.g., those associated with status epilepticus, cholera, eclampsia, cerebral hemorrhage, meningitis, tetanus, and toxic reactions to strychnine or local anesthetics.

RECOMMENDED DOSE:

- Adults:

 50 2000 as a single dose

 10 2000 can be administered into a muscle, under the skin or, into a vein following dilution with water Repeated, if necessary after 6 hours

Use with caution

3-5mg per kg body weight as a single dose into the muscle
ROUTE OF ADMINISTRATION: Intramuscular/Slow Intravenous

CONTRAINDICATIONS: Barbiturates are contraindicated in patients with known barbiturate sensitivity. CUNITAMINULATIONS: Standards are contraindicated in platents with known barbiturate sensitivity, aberbiturates are also contraindicated in platents with a history of manifest or latent prophyria, marked impairment of liverfunctions or with severe respiratory distress where dyspine or obstruction is evident. Large doses are contraindicated in nephritic subjects. Benthurtates should not be administered to persons with known previous addiction to the sedative-hypnotic group since ordinary doses may be ineffectual and may contribute of urther addiction. Inter-arterial administration is contraindicated its consequences vary from transient plant to gangene. Subcutaneous administration produces tissue irritation, ranging from tenderness and redness to recrease and in tenderness and redness to necrosis and is not recommended.

WARNINGS AND PRECAUTIONS: Phenobarbital Sodium Injection contains the preservative benzyl alcohol warkings and PRECAUTIONS: Principatinal Solution injection contains the preservative entity according and is not recommended for use in neonates. There have been reports of fatal 'gasping syndrome' in neonates (children less than one month of age) following the administration of intravenous solutions containing the preservative benzyl alcohol. Symptoms include a striking onset of gasping respiration, hypotension, bradycardia, and cardiovascular collapse.

<u>Dermatologic Reactions</u>
Exfoliative dermatitis and Stevens-Johnson syndrome, possibly fatal, are rare hypersensitivity reactions to

Friedrocational.

Intravenous Administration
Too rapid administration may cause severe respiratory depression, apnea, laryngospasm, hypertension or vasodilatation with fall in blood pressure... Acute or Chronic Pain

Caution should be exercised when barbiturates are administered to patients with acute or chronic pain, because paradoxical excitement could be induced or important symptoms could be masked.

Barbiturates can cause fetal harm when administered to a pregnant woman. Retrospective, case-controlled studies have suggested a connection between the maternal consumption of barbiturates and a higher than expected incidence of fetal abnormalities. Phenobarbital may cause major fetal malformations

expected inducence of lead autonomatices. Friendoardial may cause major real manorimations.

<u>Use in Children</u>

Phenobarbital has been reported to be associated with cognitive defects in children taking it for complicated febrile seizures.

Precaution:

General
Untoward reactions may occur in the presence of fever, hyperthyroidism, diabetes mellitus and severe anemia.

INTERACTION WITH OTHER MEDICINAL .

Anticoagulants
Phenobaritial lowers the plasma levels of dicumarol (bishydroxycoumarin) and causes a decrease in anticoagulant activity as measured by the prothrombin time. Barbiturates can induce hepatic microsomal enzymes resulting in increased metabolism and decreased anticoagulant response of oral anticoagulants.

Corticosteroids
Barbiturates appear to enhance the metabolism of exogenous corticosteroids probably through the induction of hepatic microsomal enzymes.

Griseofulvin
Phenobarbital appears to interfere with the absorption of orally administered griseofulvin, thus decreasing its

Phenobarbital has been shown to shorten the half-life of doxycycline for as long as 2 weeks after barbiturate

uneapy is discominated.

The effect of barbiturates on the metabolism of phenytoin appears to be variable. Some investigators report an accelerating effect, while others report no effect.

Central Nervous System Depressants
The concomitant use of other central nervous system depressants, including other sedatives or hypnotics, antihistamines, tranquilizers or alcohol, may produce additive depressant effect

antinistamines, tranquitizers or acroon, may produce additive depressant effects.

Monoamine Oxidase Inhibitors (MAOIs)

MAOIs prolong the effects of barbiturates probably because metabolism of the barbiturate is inhibited.

<u>Estradiol. Estrone. Progesterone and Other Steroidal Hormones</u>

Prefreatment with or concurrent administration of Phenobarbital may decrease the effect of estradiol by increasing its metabolism.

PREGNANCY AND LACTATION :

PREGNANCY AND LACTATION:
Uses in pregnancy:
Teratogenic Effects-Pregnancy Category D
Phenobaritlal may cause major fetal malformations. (See WARNINGS, Use in Pregnancy,)
Nonteratogenic Effects
Reports of infants suffering from long-term baribiturate exposure in utero included the acute withdrawal

syndrome of seizures and hyperimitability from birth to a delayed onset of up to 14 days

Nursing mothers: Caution should be exercised when a barbiturate is administered to a nursing woman since small amounts of barbiturates are excreted in the milk.

UNDESIRABLE ACTION:

Nervous System
Somnolence, agitation, confusion, hyperkinesia, ataxia, CNS depression, nightmares, nervousness, psychiatric disturbance, hallucinations, insomnia, anxiety, dizziness, thinking abnormality

Respiratory System
Hypoventilation, apnea
Cardiovascular System
Bradycardia, hypotension, syncope

Digestive System Nausea, vomiting, constipation

<u>Dermatologic Reactions</u> Exfoliative dermatitis, Stevens-Johnson syndrome, toxic epidermic necrolysis.

OVERDOSAGE AND THERAPEUTIC MEASUREMENT: For sedation, therapeutic blood levels of Phenobaritlarl range from 5-40 µy/mlt; the lethal blood level is greater than 80 µy/mlt and usually ranges from 100-200 µy/mlt. Acute overdosage with barbiturates is manifested by CNS and respiratory depression which may progress to Cheyne-Stokes respiration, areflexia, constriction of the pupils to a slight degree (though in may progress to Cheyne-studes respiration, are least, construction for large plans as a signit experie (mough in severe poisoning, they may show paralytic dilation), oliguna, latchycardia, hypotension, lowered body temperature and coma. Typical shock syndrome (apnea, circulatory collapse, respiratory arrest and death) may occur. In extreme overdose, all electrical activity in the brain may cease, in which case a "fail" EEG normally equated with clinical death cannot be accepted. This effect is fully reversible unless hypoxic damage occurs. Consideration should be given to the possibility of barbiturate intoxication even in situations that appear to involve trauma. Complications such as pneumonia, pulmonary edema, cardiac antifythimias, congestive heart failure and renal failure may occur. Uremia may increase CNS sensitivity to barbiturates if renal function is impaired. Differential rianous is should include hypothogonia, bard trauma cerebrovascular accidents. heart failure and renal failure may occur. Urerinia may increase CNS sensitivity to barbiturates if renal function is impaired. Differential diagnosis should include hypoglycemia, head trauma, cerebrovascular accidents, convulsive states and diabetic coma. To obtain up-to-date information about the treatment of overdosage, a good resource is your certified Regional Poison Control Center. Telephone numbers of certified poison control centers are listed in the Physicians' Desk Reference (PDR). In managing overdosage, consider the possibility of multiple drug overdose, interaction among drugs and the unusual drug kinetics in your patient. Treatment for werdosage is mainly supportive and consists of the following:
Maintenance of an adequate airway, with assisted respiration and oxygen administration as necessary.

• Monitoring of vital signs and fluid balance.

• Fluid therapy and other standard treatment for shock, if needed.

• If renal function is normal, forced diuresis may aid in the elimination of the barbiturate. Alkalinization of the urine increases renal excretion of phenobarbital.

• Although not recommended as a roufine procedure, hemodialysis may be used in severe barbiturate intoxication or if the patient is a nuric or in shock. Hemoperfusion through an anion-exchange resin or activated charcoal has been successful. Peritoneal dialysis is significantly less effective in removing barbiturates.

• Patient should be rolled from side to side every 30 minutes.

- Antibiotics should be given if pneumonia is suspected.
 Appropriate nursing care to prevent hypostatic pneumonia, decubit, aspiration and other complications of patients with altered states of consciousness.
 The use of analeptic agents is not recommended.

STORAGE CONDITION: Store below 25°C. Protect from light. KEEP OUT OF REACH OF CHILDREN.

DOSAGE FORM AND PACKING STYLE:
Dosage Form: Solution for Injection
Packing Style: Available in glass Ampoule

Manufactured by SWISS PARENTERALS LTD. Ahmedabad, Gujarat, INDIA.

Non Varnish/UV Zone For 2D Barcode (Global Trade Item Number) (Compulsory) Size: 22 x 36 mm