Redupres-AM

Tablets

ریڈوپریس۔اے ایم گولیاں

(ایملوڈپین اور ویلسارٹن یو ایس پی)

(Amlodipine and Valsartan Tablets USP)

COMPOSITION:

Redupres-AM Tablet 5/80mg
Each film coated tablet contains:
Amlodipine Besylate USP eq. to Amlodipine 5mg
Valsartan USP ..... 80mg.
[USP Specs.]

Redupres-AM Tablet 5/160mg
Each film coated tablet contains:
Amlodipine Besylate USP eq. to Amlodipine 5mg
Valsartan USP ..... 160mg.
[USP Specs.]

Redupres-AM Tablet 10/160mg
Each film coated tablet contains:
Amlodipine Besylate USP eq. to Amlodipine 10mg
Valsartan USP ..... 160mg.
[USP Specs.]

PHARMACODYNAMICS: Mechanism of Anti-hypertensive Action: Redupres-AM Tablet combines two antihypertensive compounds with complementary mechanisms to control blood pressure in patients with essential hypertension: Amlodipine belongs to the calcium antagonist class and valsartan to the angiotensin II antagonist class of medicines. The combination of these substances has an additive antihypertensive effect, reducing blood pressure to a greater degree than either component alone.

PHARMACOKINETICS: Following oral administration of **Redupres-AM Tablet**, peak plasma concentrations of Valsartan and Amlodipine are reached in 3 and 6-8 hours, respectively. The rate and extent of absorption of **Redupres-AM Tablet** are equivalent to the bioavailability of Valsartan and Amlodipine when administered as individual tablets. Volume of distribution of Amlodipine is approximately 21 l/kg. The steady-state volume of distribution of Valsartan after intravenous administration is about 17 litres, indicating that Valsartan does not distribute into tissues extensively. Valsartan is highly bound to serum proteins (94-97%), mainly serum albumin. Amlodipine is extensively (approximately 90%) metabolised in the liver to inactive metabolites. Valsartan is not transformed to a high extent as only about 20% of dose is recovered as metabolites. A hydroxy metabolite has been identified in plasma at low concentrations (less than 10% of the Valsartan AUC). This metabolite is pharmacologically inactive. Amlodipine elimination from plasma is biphasic, with a terminal elimination half-life of approximately 30 to 50 hours. Steady-state plasma levels are reached after continuous administration for 7-8 days. Ten per cent of original Amlodipine and 60% of Amlodipine metabolites are excreted in urine. Valsartan is primarily eliminated in faeces (about 83% of dose) and urine (about 13% of dose), mainly as unchanged drug.

INDICATIONS: Treatment of essential hypertension. **Redupres-AM Tablet** is indicated in adults whose blood pressure is not adequately controlled on Amlodipine or Valsartan monotherapy.

DOSAGE AND ADMINISTRATION: The recommended dose of **Redupres-AM Tablet** is one tablet per day.
Redupres-AM Tablet 5mg/80mg may be administered in patients whose blood pressure is not adequately controlled with Amlodipine 5mg or Valsartan 80mg alone.
Redupres-AM Tablet 5mg/160mg may be Administered in patients whose blood pressure is not adequately controlled with Amlodipine 5mg or Valsartan 160mg alone.
Redupres-AM Tablet 10mg/160mg may be administered in patients whose blood pressure is not adequately controlled with Amlodipine 10mg or Valsartan 160mg alone or with **Redupres-AM Tablet** 5mg/160mg.
Renal impairment: No dosage adjustment is required for patients with mild to moderate renal impairment. Monitoring of potassium levels and creatinine is advised in moderate renal impairment.
Hepatic impairment: Redupres-AM is contraindicated in patients with severe hepatic impairment.
Elderly (age 65 years or over): In elderly patients, caution is required when increasing the dosage. When switching eligible elderly hypertensive patients to Amlodipine or **Redupres-AM Tablet**, the lowest available dose of amlodipine monotherapy or of the Amlodipine component, respectively, should be used.
Paediatric population: The safety and efficacy of **Redupres-AM Tablet** in children aged below 18 years have not been established. No data are available.
Method of administration: Oral use. **Redupres-AM Tablet** can be used with or without food. It is recommended to take **Redupres-AM Tablet** with some water.

CONTRAINDICATIONS: It is contraindicated in patients with Hypersensitivity to the active substances, to dihydropyridine derivatives, or to any of the excipients. It is contraindicated in second and third trimesters of pregnancy , patients with severe hepatic impairment, biliary cirrhosis or cholestasis, patients with severe hypotension, shock (including cardiogenic shock), obstruction of the outflow tract of the left ventricle (e.g. hypertrophic obstructive cardiomyopathy and high grade aortic stenosis) and haemodynamically unstable heart failure after acute myocardial infarction.

ADVERSE EFFECTS: The adverse effects of Amlodipine and Valsartan Tablet include: Nasopharyngitis, influenza, hypokalaemia, asthenia, fatigue, facial oedema, flushing, hot flush, oedema, oedema peripheral, hypersensitivity, headache, syncope, orthostatic hypotension and blood potassium increased.

OVERDOSAGE: If ingestion is recent, induction of vomiting or gastric lavage may be considered. Administration of activated charcoal to healthy volunteers immediately or up to two hours after ingestion of amlodipine has been shown to significantly decrease amlodipine absorption. Clinically significant hypotension due to Amlodipine and Valsartan tablet overdose calls for active cardiovascular support, including frequent monitoring of cardiac and respiratory function, elevation of extremities, and attention to circulating fluid volume and urine output.

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A vasoconstrictor may be helpful in restoring vascular tone and blood pressure, provided that there is no contraindication to its use. Intravenous calcium gluconate may be beneficial in reversing the effects of calcium channel blockade. Both valsartan and amlodipine are unlikely to be removed by haemodialysis.

WARNING & PRECAUTION: The safety and efficacy of Amlodipine in hypertensive crisis have not been established.
Sodium- and/or volume-depleted patients: Excessive hypotension was seen in 0.4% of patients with uncomplicated hypertension treated with Amlodipine and Valsartan Tablet in placebo-controlled studies. Correction of this condition prior to administration of Amlodipine and Valsartan Tablet or close medical supervision at the start of treatment is recommended.
Hyperkalaemia: Concomitant use with potassium supplements, potassium-sparing diuretics, salt substitutes containing potassium, or other medicinal products that may increase potassium levels (heparin, etc.) should be undertaken with caution and with frequent monitoring of potassium levels.
Renal artery stenosis: Amlodipine and Valsartan Tablet should be used with caution to treat hypertension in patients with unilateral or bilateral renal artery stenosis or stenosis to a solitary kidney since blood urea and serum creatinine may increase in such patients.
Kidney transplantation: To date there is no experience of the safe use of Amlodipine and Valsartan Tablet in patients who have had a recent kidney transplantation.
Hepatic impairment: Particular caution should be exercised when administering Amlodipine and Valsartan Tablet to patients with mild to moderate hepatic impairment or biliary obstructive disorders.In patients with mild to moderate hepatic impairment without cholestasis, the maximum recommended dose is 80mg valsartan.
Renal impairment: No dosage adjustment of Amlodipine and Valsartan Tablet is required for patients with mild to moderate renal impairment (GFR >30ml/min/1.73 m^2). Monitoring of potassium levels and creatinine is advised in moderate renal impairment.
Primary hyperaldosteronism: Patients with primary hyperaldosteronism should not be treated with the angiotensin II antagonist valsartan as their renin-angiotensin system is affected by the primary disease.
Angioedema: Angioedema, including swelling of the larynx and glottis, causing airway obstruction and/or swelling of the face, lips, pharynx and/or tongue, has been reported in patients treated with valsartan. Amlodipine and Valsartan Tablet should be discontinued immediately in patients who develop angioedema and should not be re-administered.
Heart failure/post-myocardial infarction: Calcium channel blockers, including amlodipine, should be used with caution in patients with congestive heart failure, as they may increase the risk of future cardiovascular events and mortality.
Aortic and mitral valve stenosis: As with all other vasodilators, special caution is indicated in patients suffering from mitral stenosis or significant aortic stenosis that is not high grade.
Interaction with other medicinal products and other forms of interaction: No drug-drug interaction studies have been performed with Amlodipine and Valsartan Tablet and other medicinal products. Administration of amlodipine with grapefruit or grapefruit juice is not recommended .Concomitant use of amlodipine with strong or moderate CYP3A4 inhibitors (protease inhibitors, azole antifungals, macrolides like erythromycin or clarithromycin, verapamil or diltiazem) may give rise to significant increase in amlodipine exposure. Therefore, blood pressure should be monitored and dose regulation considered both during and after concomitant medication particularly with strong CYP3A4 inducers (anticonvulsant agents [e.g. carbamazepine, phenobarbital, phenytoin, fosphenytoin, primidone], rifampicin, Hypericum perforatum). It is recommended to limit the dose of simvastatin to 20mg daily in patients on amlodipine. Due to risk of hyperkalaemia, it is recommended that the co-administration of calcium channel blockers such as amlodipine be avoided in patients susceptible to malignant hyperthermia and in the management of malignant hyperthermia.Reversible increases in serum lithium concentrations and toxicity have been reported during concomitant administration of lithium with angiotensin converting enzyme inhibitors or angiotensin II receptor antagonists, including valsartan. Therefore, careful monitoring of serum lithium levels is recommended during concomitant use. If a medicinal product that affects potassium levels i.e. Potassium-sparing diuretics, potassium supplements, salt substitutes containing potassium is to be prescribed in combination with valsartan, monitoring of potassium plasma levels is advised.

FERTILITY, PREGNANCY AND LACTATION:
Pregnancy: The safety of amlodipine in human pregnancy has not been established.
Breast-feeding: Amlodipine is excreted in human milk , therefore Amlodipine and Valsartan Tablet is not recommended and alternative treatments with better established safety profiles during breast-feeding are preferable, especially while nursing a newborn or preterm infant.
Fertility: There are no clinical studies on fertility with Amlodipine and Valsartan Tablet.

EFFECTS ON ABILITY TO DRIVE AND USE MACHINES: Patients taking Amlodipine and Valsartan Tablet and driving vehicles or using machines should take into account that dizziness or weariness may occasionally occur. Amlodipine can have mild or moderate influence on the ability to drive and use machines. If patients taking amlodipine suffer from dizziness, headache, fatigue or nausea the ability to react may be impaired.

INSTRUCTIONS: Store below 30°C. Protect from heat, light and moisture. Keep out of the reach of children.

PRESENTATION:
Redupres-AM Tablets 5/80mg will be supplied in pack size of 14's.
Redupres-AM Tablets 5/160mg will be supplied in pack size of 14's.
Redupres-AM Tablets 10/160mg will be supplied in pack size of 14's.

خوراک: ڈاکٹر کی ہدایت کے مطابق استعمال کریں۔
ہدایات: ۳۰ ڈگری سینٹی گریڈ سے کم درجہ حرارت پر رکھیں۔ گرمی، روشنی اور نمی سے بچائیں۔ بچوں کی پہنچ سے دور رکھیں۔

PHARMA
Manufactured by:
NABIQASIM INDUSTRIES (PVT.) LTD.
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