

Warning: To be sold by retail on the prescription of R.M.P. only

CORVADIL

1. Generic Name

Amlodipine Tablets I.P.

2. Qualitative And Quantitative Composition

CORVADIL 2.5

Each uncoated tablet contains:

Amlodipine Besilate I.P. equivalent to Amlodipine base.....2.5 mg

Excipients..... q. s

Colour: Red Oxide of Iron USPNF

The excipients used are Dibasic Calcium Phosphate, Microcrystalline Cellulose, Sodium Starch Glycolate, Red Oxide of Iron & Magnesium Stearate.

CORVADIL 5

Each uncoated tablet contains:

Amlodipine Besilate I.P. equivalent to Amlodipine base.....5 mg

Excipients.....q. s

The excipients used are Dibasic Calcium Phosphate, Microcrystalline Cellulose, and Sodium Starch Glycolate & Magnesium Stearate.

3. Dosage form and strength

Dosage form: Uncoated Tablets

Strength: 2.5mg & 5mg

4. Clinical Particulars

4.1 Therapeutic Indication

For the treatment of hypertension & angina pectoris.

To reduce of fatal coronary heart disease and nonfatal myocardial infarction, and to reduce the risk of stroke.

To reduce the risk of coronary revascularization procedures and the need for hospitalization due to angina in patients with coronary artery disease

4.2 Posology and Method of Administration

Dosage: As directed by the Physician.

Posology

Adults

For both hypertension and angina, the usual initial dose is 5 mg Amlodipine once daily which may be increased to a maximum dose of 10 mg depending on the individual patient's response.

In hypertensive patients, Amlodipine has been used in combination with a thiazide diuretic, alpha blocker, beta blocker, or an angiotensin converting enzyme inhibitor. For angina, Amlodipine may be used as monotherapy or in combination with other antianginal medicinal products in patients with angina that is refractory to nitrates and/or to adequate doses of beta blockers.

No dose adjustment of Amlodipine is required upon concomitant administration of thiazide diuretics, beta blockers, and angiotensin-converting enzyme inhibitors.

Special populations

Elderly patients

Amlodipine used at similar doses in elderly or younger patients is equally well tolerated. Normal dosage regimens are recommended in the elderly, but increase of the dosage should take place with care.

Patients with hepatic impairment

Dosage recommendations have not been established in patients with mild to moderate hepatic impairment; therefore, dose selection should be cautious and should start at the lower end of the dosing range. The pharmacokinetics of amlodipine have not been studied in severe hepatic impairment. Amlodipine should be initiated at the lowest dose and titrated slowly in patients with severe hepatic impairment.

Patients with renal impairment

Changes in amlodipine plasma concentrations are not correlated with degree of renal impairment, therefore the normal dosage is recommended. Amlodipine is not dialysable.

Paediatric population

Children and adolescents with hypertension from 6 years to 17 years of age

The recommended antihypertensive oral dose in paediatric patients ages 6-17 years is 2.5 mg once daily as a starting dose, up-titrated to 5 mg once daily if blood pressure goal is not achieved after 4 weeks. Doses in excess of 5 mg daily have not been studied in paediatric patients.

Children under 6 years' old

No data are available.

Method of administration

Tablet for oral administration.

4.3 Contraindications

- hypersensitivity to dihydropyridine derivatives, amlodipine or to any of the excipients
- severe hypotension.
- shock (including cardiogenic shock).
- obstruction of the outflow tract of the left ventricle (e.g., high grade aortic stenosis).
- haemodynamically unstable heart failure after acute myocardial infarction.

4.4 Special Warnings and Precautions for Use

The safety and efficacy of amlodipine in hypertensive crisis has not been established.

Patients with cardiac failure

Patients with heart failure should be treated with caution. In a long-term, placebo controlled study in patients with severe heart failure (NYHA class III and IV) the reported incidence of pulmonary oedema was higher in the amlodipine treated group than in the placebo group. 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.

Patients with hepatic impairment

The half-life of amlodipine is prolonged and AUC values are higher in patients with impaired liver function; dosage recommendations have not been established. Amlodipine should therefore be initiated at the lower end of the dosing range and caution should be used, both on initial treatment and when increasing the dose. Slow dose titration and careful monitoring may be required in patients with severe hepatic impairment.

Elderly patients

In the elderly increase of the dosage should take place with care.

Patients with renal impairment

Amlodipine may be used in such patients at normal doses. Changes in amlodipine plasma concentrations are not correlated with degree of renal impairment. Amlodipine is not dialysable.

4.5 Drugs Interactions

Effects of other medicinal products on amlodipine

CYP3A4 inhibitors

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 resulting in an increased risk of hypotension. The clinical translation of these PK variations may be more pronounced in the elderly. Clinical monitoring and dose adjustment may thus be required.

CYP3A4 inducers

Upon co-administration of known inducers of the CYP3A4, the plasma concentration of amlodipine may vary. Therefore, blood pressure should be monitored and dose regulation considered both during and after concomitant medication particularly with strong CYP3A4 inducers (e.g. rifampicin, hypericum perforatum).

Administration of amlodipine with grapefruit or grapefruit juice is not recommended as bioavailability may be increased in some patients resulting in increased blood pressure lowering effects.

Dantrolene (infusion)

In animals, lethal ventricular fibrillation and cardiovascular collapse are observed in association with hyperkalemia after administration of verapamil and intravenous dantrolene. Due to risk of hyperkalemia, 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.

Effects of amlodipine on other medicinal products

The blood pressure lowering effects of amlodipine adds to the blood pressure-lowering effects of other medicinal products with antihypertensive properties.

Tacrolimus

There is a risk of increased tacrolimus blood levels when co-administered with amlodipine but the pharmacokinetic mechanism of this interaction is not fully understood. In order to avoid toxicity of tacrolimus, administration of amlodipine in a patient treated with tacrolimus requires monitoring of tacrolimus blood levels and dose adjustment of tacrolimus when appropriate.

Mechanistic Target of Rapamycin (mTOR) Inhibitors

mTOR inhibitors such as sirolimus, temsirolimus, and everolimus are CYP3A substrates. Amlodipine is a weak CYP3A inhibitor. With concomitant use of mTOR inhibitors, amlodipine may increase exposure of mTOR inhibitors.

Cyclosporine

No drug interaction studies have been conducted with cyclosporine and amlodipine in healthy volunteers or other populations with the exception of renal transplant patients, where variable trough concentration increases (average 0% - 40%) of cyclosporine were observed. Consideration should be given for monitoring cyclosporine levels in renal transplant patients on amlodipine, and cyclosporine dose reductions should be made as necessary.

Simvastatin

Co-administration of multiple doses of 10 mg of amlodipine with 80 mg simvastatin resulted in a 77% increase in exposure to simvastatin compared to simvastatin alone. Limit the dose of simvastatin in patients on amlodipine to 20 mg daily.

In clinical interaction studies, amlodipine did not affect the pharmacokinetics of atorvastatin, digoxin or warfarin.

4.6 Use in Special Populations

Pregnancy

The safety of amlodipine in human pregnancy has not been established.

In animal studies, reproductive toxicity was observed at high doses.

Use in pregnancy is only recommended when there is no safer alternative and when the disease itself carries greater risk for the mother and foetus.

Breast-feeding

Amlodipine is excreted in human milk. The proportion of the maternal dose received by the infant has been estimated with an interquartile range of 3-7%, with a maximum of 15%. The effect of amlodipine on infants is unknown. A decision on whether to continue/discontinue breast-feeding or to continue/discontinue therapy with amlodipine should be made taking into account the benefit of breast-feeding to the child and the benefit of amlodipine therapy to the mother.

Fertility

Reversible biochemical changes in the head of spermatozoa have been reported in some patients treated by calcium channel blockers. Clinical data are insufficient regarding the

potential effect of amlodipine on fertility. In one rat study, adverse effects were found on male fertility.

4.7 Effects On Ability to Drive and Use Machines

Amlodipine can have minor 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. Caution is recommended especially at the start of treatment.

4.8 Undesirable Effects

Summary of the safety profile

The most commonly reported adverse reactions during treatment are somnolence, dizziness, headache, palpitations, flushing, abdominal pain, nausea, ankle swelling, oedema and fatigue.

Tabulated list of adverse reactions

The following adverse reactions have been observed and reported during treatment with amlodipine with the following frequencies: Very common ($\geq 1/10$); common ($\geq 1/100$ to $< 1/10$); uncommon ($\geq 1/1,000$ to $< 1/100$); rare ($\geq 1/10,000$ to $< 1/1,000$); very rare ($< 1/10,000$); not known (cannot be estimated from the available data).

Within each frequency grouping, adverse reactions are presented in order of decreasing seriousness.

System organ class	Frequency	Adverse reactions
Blood and lymphatic system disorders	Very rare	Leukocytopenia, thrombocytopenia
Immune system disorders	Very rare	Allergic reactions
Metabolism and nutrition disorders	Very rare	Hyperglycaemia
Psychiatric disorders	Uncommon	Depression, mood changes (including anxiety), insomnia
	Rare	Confusion
Nervous system disorders	Common	Somnolence, dizziness, headache (especially at the beginning of the treatment)
	Uncommon	Tremor, dysgeusia, syncope, hypoaesthesia, paraesthesia
	Very rare	Hypertonia, peripheral neuropathy
Eye disorders	Common	Visual disturbance (including diplopia)
Ear and labyrinth disorders	Uncommon	Tinnitus
Cardiac disorders	Common	Palpitations
	Uncommon	Arrhythmia (including bradycardia, ventricular tachycardia and atrial fibrillation)

	Very rare	Myocardial infarction
Vascular disorders	Common	Flushing
	Uncommon	Hypotension
	Very rare	Vasculitis
Respiratory, thoracic and mediastinal disorders	Common	Dyspnoea
	Uncommon	Cough, rhinitis
Gastrointestinal disorders	Common	Abdominal pain, nausea, dyspepsia, altered bowel habits (including diarrhoea and constipation)
	Uncommon	Vomiting, dry mouth
	Very rare	Pancreatitis, gastritis, gingival hyperplasia
Hepatobiliary disorders	Very rare	Hepatitis, jaundice, hepatic enzyme increased*
Skin and subcutaneous tissue disorders	Uncommon	Alopecia, purpura, skin discolouration, hyperhidrosis, pruritus, rash, exanthema, urticaria
	Very rare	Angioedema, erythema multiforme, exfoliative dermatitis, Stevens-Johnson syndrome, Quincke oedema, photosensitivity
	Not known	Toxic epidermal necrolysis
Musculoskeletal and connective tissue disorders	Common	Ankle swelling, muscle cramps
	Uncommon	Arthralgia, myalgia, back pain
Renal and urinary disorders	Uncommon	Micturition disorder, nocturia, increased urinary frequency
Reproductive system and breast disorders	Uncommon	Impotence, gynaecomastia
General disorders and administration site conditions	Very common	Oedema
	Common	Fatigue, asthenia
	Uncommon	Chest pain, pain, malaise
Investigations	Uncommon	Weight increased, weight decreased

*mostly consistent with cholestasis

Exceptional cases of extrapyramidal syndrome have been reported.

4.9 Overdose

In humans experience with intentional overdose is limited.

Symptoms

Available data suggest that gross overdosage could result in excessive peripheral vasodilatation and possibly reflex tachycardia. Marked and probably prolonged systemic hypotension up to and including shock with fatal outcome have been reported.

Treatment

Clinically significant hypotension due to amlodipine overdosage 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.

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.

Gastric lavage may be worthwhile in some cases. In healthy volunteers the use of charcoal up to 2 hours after administration of amlodipine 10 mg has been shown to reduce the absorption rate of amlodipine.

Since amlodipine is highly protein-bound, dialysis is not likely to be of benefit.

5. Pharmacological properties

5.1.Mechanism of Action

Amlodipine is a calcium ion influx inhibitor of the dihydropyridine group (slow channel blocker or calcium ion antagonist) and inhibits the transmembrane influx of calcium ions into cardiac and vascular smooth muscle.

The mechanism of the antihypertensive action of amlodipine is due to a direct relaxant effect on vascular smooth muscle. The precise mechanism by which amlodipine relieves angina has not been fully determined but amlodipine reduces total ischaemic burden by the following two actions.

Amlodipine dilates peripheral arterioles and thus, reduces the total peripheral resistance (afterload) against which the heart works. Since the heart rate remains stable, this unloading of the heart reduces myocardial energy consumption and oxygen requirements.

The mechanism of action of amlodipine also probably involves dilatation of the main coronary arteries and coronary arterioles, both in normal and ischaemic regions. This dilatation increases myocardial oxygen delivery in patients with coronary artery spasm (Prinzmetal's or variant angina).

5.2.Pharmacodynamic Properties

Pharmacotherapeutic group: Calcium channel blockers, selective calcium channel blockers with mainly vascular effects. ATC Code: C08CA01.

According to reported study, in patients with hypertension, once daily dosing provides clinically significant reductions of blood pressure in both the supine and standing positions throughout the 24-hour interval. Due to the slow onset of action, acute hypotension is not a feature of amlodipine administration.

According to reported study, in patients with angina, once daily administration of amlodipine increases total exercise time, time to angina onset, and time to 1 mm ST segment depression, and decreases both angina attack frequency and glyceryl trinitrate tablet consumption.

Amlodipine has not been associated with any adverse metabolic effects or changes in plasma lipids and is suitable for use in patients with asthma, diabetes, and gout.

Use in patients with coronary artery disease (CAD)

The effectiveness of amlodipine in preventing clinical events in patients with coronary artery disease (CAD) has been evaluated in an independent, multi-centre, randomized, double-blind, placebo-controlled study of 1997 patients; Comparison of Amlodipine vs. Enalapril to Limit Occurrences of Thrombosis (CAMELOT). Of these patients, 663 were treated with amlodipine 5-10 mg, 673 patients were treated with enalapril 10-20 mg, and 655 patients were treated with placebo, in addition to standard care of statins, beta-blockers, diuretics and aspirin, for 2 years. The key efficacy results are presented in Table 1. The results indicate that amlodipine treatment was associated with fewer hospitalizations for angina and revascularization procedures in patients with CAD.

Incidence of significant clinical outcomes for CAMELOT					
Outcomes	<u>Cardiovascular event rates,</u> No. (%)			<u>Amlodipine vs. Placebo</u>	
	Amlodipine	Placebo	Enalapril	Hazard Ratio (95% CI)	P Value
<u>Primary Endpoint</u>					
Adverse cardiovascular events	110 (16.6)	151 (23.1)	136 (20.2)	0.69 (0.54-0.88)	.003
<u>Individual Components</u>					
Coronary revascularization	78 (11.8)	103 (15.7)	95 (14.1)	0.73 (0.54-0.98)	.03
Hospitalization for angina	51 (7.7)	84 (12.8)	86 (12.8)	0.58 (0.41-0.82)	.002
Nonfatal MI	14 (2.1)	19 (2.9)	11 (1.6)	0.73 (0.37-1.46)	.37
Stroke or TIA	6 (0.9)	12 (1.8)	8 (1.2)	0.50 (0.19-1.32)	.15
Cardiovascular death	5 (0.8)	2 (0.3)	5 (0.7)	2.46 (0.48-12.7)	.27
Hospitalization for CHF	3 (0.5)	5 (0.8)	4 (0.6)	0.59 (0.14-2.47)	.46
Resuscitated cardiac arrest	0	4 (0.6)	1 (0.1)	NA	.04
New-onset peripheral vascular disease	5 (0.8)	2 (0.3)	8 (1.2)	2.6 (0.50-13.4)	.24

Abbreviations: CHF, congestive heart failure; CI, confidence interval; MI, myocardial infarction; TIA, transient ischemic attack.

Use in patients with heart failure

Haemodynamic studies and exercise based controlled clinical trials in NYHA Class II-IV heart failure patients have shown that amlodipine did not lead to clinical deterioration as measured by exercise tolerance, left ventricular ejection fraction and clinical symptomatology.

A placebo controlled study (PRAISE) designed to evaluate patients in NYHA Class III-IV heart failure receiving digoxin, diuretics and ACE inhibitors has shown that amlodipine did not lead to an increase in risk of mortality or combined mortality and morbidity with heart failure.

In a follow-up, long term, placebo controlled study (PRAISE-2) of amlodipine in patients with NYHA III and IV heart failure without clinical symptoms or objective findings suggestive or underlying ischaemic disease, on stable doses of ACE inhibitors, digitalis, and diuretics, Amlodipine had no effect on total cardiovascular mortality. In this same population amlodipine was associated with increased reports of pulmonary oedema.

Treatment to prevent heart attack trial (ALLHAT)

A randomised double-blind morbidity-mortality study called the Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial (ALLHAT) was performed to compare newer drug therapies: amlodipine 2.5-10 mg/d (calcium channel blocker) or lisinopril 10-40 mg/d (ACE-inhibitor) as first-line therapies to that of the thiazide-diuretic, chlorthalidone 12.5-25 mg/d in mild to moderate hypertension.

In a reported study a total of 33,357 hypertensive patients aged 55 or older were randomised and followed for a mean of 4.9 years. The patients had at least one additional CHD risk factor, including: previous myocardial infarction or stroke (> 6 months prior to enrollment) or documentation of other atherosclerotic CVD (overall 51.5%), type 2 diabetes (36.1%), HDL-C < 35 mg/dL (11.6%), left ventricular hypertrophy diagnosed by electrocardiogram or echocardiography (20.9%), current cigarette smoking (21.9%).

The primary endpoint was a composite of fatal CHD or non-fatal myocardial infarction. There was no significant difference in the primary endpoint between amlodipine-based therapy and chlorthalidone-based therapy: RR 0.98 95% CI (0.90-1.07) p=0.65. Among secondary endpoints, the incidence of heart failure (component of a composite combined cardiovascular endpoint) was significantly higher in the amlodipine group as compared to the chlorthalidone group (10.2% vs. 7.7%, RR 1.38, 95% CI [1.25-1.52] p<0.001). However, there was no significant difference in all-cause mortality between amlodipine-based therapy and chlorthalidone-based therapy. RR 0.96 95% CI [0.89-1.02] p=0.20.

Use in children (aged 6 years and older)

In a study involving 268 children aged 6-17 years with predominantly secondary hypertension, comparison of a 2.5 mg dose, and 5.0 mg dose of amlodipine with placebo, showed that both doses reduced Systolic Blood Pressure significantly more than placebo. The difference between the two doses was not statistically significant.

The long-term effects of amlodipine on growth, puberty and general development have not been studied. The long-term efficacy of amlodipine on therapy in childhood to reduce cardiovascular morbidity and mortality in adulthood has also not been established.

5.3 Pharmacokinetic Properties

Absorption, distribution, plasma protein binding: After oral administration of therapeutic doses, amlodipine is well absorbed with peak blood levels between 6-12 hours post dose. Absolute bioavailability has been estimated to be between 64 and 80%. The volume of distribution is approximately 21 l/kg. *In vitro* studies have shown that approximately 97.5% of circulating amlodipine is bound to plasma proteins.

The bioavailability of amlodipine is not affected by food intake.

Biotransformation/elimination

The terminal plasma elimination half-life is about 35-50 hours and is consistent with once daily dosing. Amlodipine is extensively metabolised by the liver to inactive metabolites with 10% of the parent compound and 60% of metabolites excreted in the urine.

Hepatic impairment

Very limited clinical data are available regarding amlodipine administration in patients with hepatic impairment. Patients with hepatic insufficiency have decreased clearance of amlodipine resulting in a longer half-life and an increase in AUC of approximately 40-60%.

Elderly population

The time to reach peak plasma concentrations of amlodipine is similar in elderly and younger subjects. Amlodipine clearance tends to be decreased with resulting increases in AUC and elimination half-life in elderly patients. Increases in AUC and elimination half-life in patients with congestive heart failure were as expected for the patient age group studied.

Paediatric population

A population PK study has been conducted in 74 hypertensive children aged from 1 to 17 years (with 34 patients aged 6 to 12 years and 28 patients aged 13 to 17 years) receiving amlodipine between 1.25 and 20 mg given either once or twice daily. In children 6 to 12 years and in adolescents 13-17 years of age the typical oral clearance (CL/F) was 22.5 and 27.4 L/hr respectively in males and 16.4 and 21.3 L/hr respectively in females. Large variability in exposure between individuals was observed. Data reported in children below 6 years is limited.

6. Nonclinical properties

6.1 Animal Toxicology or Pharmacology

Reproductive toxicology

Reproductive studies in rats and mice have shown delayed date of delivery, prolonged duration of labour and decreased pup survival at dosages approximately 50 times greater than the maximum recommended dosage for humans based on mg/kg.

Impairment of fertility

There was no effect on the fertility of rats treated with amlodipine (males for 64 days and females 14 days prior to mating) at doses up to 10 mg/kg/day (8 times* the maximum recommended human dose of 10 mg on a mg/m² basis). In another rat study in which male rats were treated with amlodipine besilate for 30 days at a dose comparable with the human dose based on mg/kg, decreased plasma follicle-stimulating hormone and testosterone were found as well as decreases in sperm density and in the number of mature spermatids and Sertoli cells.

Carcinogenesis, mutagenesis

Rats and mice treated with amlodipine in the diet for two years, at concentrations calculated to provide daily dosage levels of 0.5, 1.25, and 2.5 mg/kg/day showed no evidence of carcinogenicity. The highest dose (for mice, similar to, and for rats twice* the maximum recommended clinical dose of 10 mg on a mg/m² basis) was close to the maximum tolerated dose for mice but not for rats.

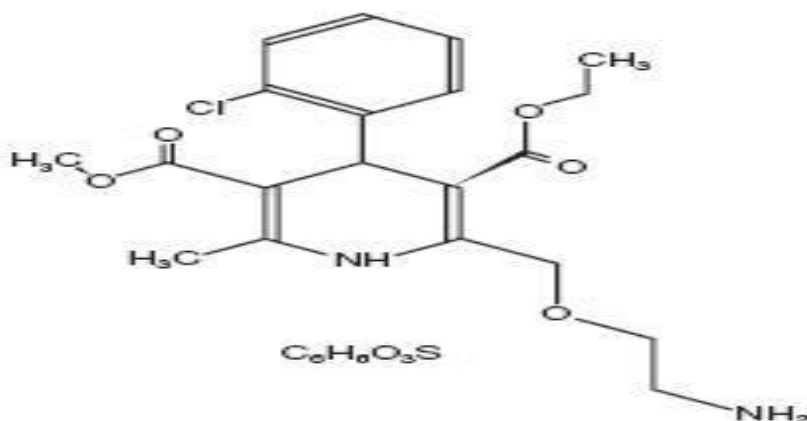
Mutagenicity studies revealed no drug related effects at either the gene or chromosome levels.

*Based on patient weight of 50 kg

7. Description

Amlodipine Besilate

Amlodipine Besilate is chemically described as 3-Ethyl-5-methyl (\pm)-2-[(2-aminoethoxy)methyl]-4-(2-chlorophenyl)-1,4-dihydro-6-methyl-3,5-pyridinedicarboxylate, monobenzenesulphonate. Its molecular formula is $C_{20}H_{25}ClN_2O_5 \cdot C_6H_6O_3S$, and its structural formula is:



Amlodipine Besilate is a white or almost white powder with a molecular weight of 567.1. It is freely soluble in methanol; sparingly soluble in ethanol (95 percent); slightly soluble in 2-propanol and in water.

CORVADIL 2.5

Corvadil 2.5 tablets are light brick red, round, flat, bevel edged uncoated tablets with score on one side and 'CORVADIL' debossed along the periphery on the other side. The excipients used are Dibasic Calcium Phosphate, Microcrystalline Cellulose, Sodium Starch Glycolate, and Red Oxide of Iron & Magnesium Stearate.

CORVADIL 5

Corvadil 5 Tablets are white, round, flat, bevel edged uncoated tablets with score on one side and 'CORVADIL' debossed along the periphery on the other side. The excipients used are Dibasic Calcium Phosphate, Microcrystalline Cellulose, and Sodium Starch Glycolate & Magnesium Stearate.

8. Pharmaceutical particulars

8.1 Incompatibilities

Not applicable.

8.2 Shelf-life

Do not use later than date of expiry.

8.3 Packaging information

CORVADIL is available in strip of 10 tablets.

8.4 Storage and Handling Instructions Store in a cool and dry place, Protected from light.

Keep all medicines out of reach of children.

9. Patient counselling information

CORVADIL

Read all of this leaflet carefully before you start taking this medicine because it contains important information for you.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or pharmacist.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet.

What is in this leaflet?

- 9.1 What CORVADIL is and what it is used for
- 9.2 What you need to know before you take CORVADIL
- 9.3 How to take CORVADIL
- 9.4 Possible side effects
- 9.5 How to store CORVADIL
- 9.6 Contents of the pack and other information

9.1. What CORVADIL is and what it is used for

CORVADIL contains the active substance amlodipine which belongs to a group of medicines called calcium antagonists.

Corvadil is used for the treatment of hypertension & angina pectoris.

To reduce of fatal coronary heart disease and nonfatal myocardial infarction, and to reduce the risk of stroke.

To reduce the risk of coronary revascularization procedures and the need for hospitalization due to angina in patients with coronary artery disease.

9.2 What you need to know before you take CORVADIL

Do not take CORVADIL

- If you are allergic (hypersensitive) to amlodipine, or any of the other ingredients of this medicine, or to any other calcium antagonists. This may be itching, reddening of the skin or difficulty in breathing.
- If you have severe low blood pressure (hypotension).
- If you have narrowing of the aortic heart valve (aortic stenosis) or cardiogenic shock (a condition where your heart is unable to supply enough blood to the body).
- If you suffer from heart failure after a heart attack.

Warnings and precautions

Talk to your doctor or pharmacist before taking CORVADIL.

You should inform your doctor if you have or have had any of the following conditions:

- Recent heart attack

- Heart failure
- Severe increase in blood pressure (Hypertensive crisis)
- Liver disease
- You are elderly and your dose needs to be increased

Children and adolescents

Amlodipine Besilate has not been studied in children under the age of 6 years. Amlodipine Besilate should only be used for hypertension in children and adolescents from 6 years to 17 years of age. For more information, talk to your doctor.

Other medicines and CORVADIL

Tell your doctor or pharmacist if you are taking or have recently taken any other medicines, including medicines obtained without a prescription.

Amlodipine Besilate may affect or be affected by other medicines, such as:

- ketoconazole, itraconazole (anti-fungal medicines)
- ritonavir, indinavir, nelfinavir (so called protease inhibitors used to treat HIV)
- rifampicin, erythromycin, clarithromycin (antibiotics)
- hypericum perforatum (St. John's Wort)
- verapamil, diltiazem (heart medicines)
- dantrolene (infusion for severe body temperature abnormalities)
- tacrolimus, sirolimus, temsirolimus, and everolimus (medicines used to alter the way your immune system works)
- simvastatin (cholesterol lowering medicine)
- cyclosporine (an immunosuppressant)

CORVADIL may lower your blood pressure even more if you are already taking other medicines to treat your high blood pressure.

CORVADIL with food and drink

Grapefruit juice and grapefruit should not be consumed by people who are taking Amlodipine Besilate. This is because grapefruit and grapefruit juice can lead to an increase in the blood levels of the active ingredient amlodipine, which can cause an unpredictable increase in the blood pressure lowering effect of Amlodipine Besilate.

Pregnancy and breast-feeding

Pregnancy

The safety of amlodipine in human pregnancy has not been established. If you think you might be pregnant, or are planning to get pregnant, you must tell your doctor before you take Amlodipine Besilate.

Breast-feeding

Amlodipine has been shown to pass into breast milk in small amounts. If you are breast-feeding or about to start breast-feeding, you must tell your doctor before taking Amlodipine Besilate.

Ask your doctor or pharmacist for advice before taking any medicine.

Driving and using machines

Amlodipine Besilate may affect your ability to drive or use machines. If the tablets make you feel sick, dizzy or tired, or give you a headache, do not drive or use machines and contact your doctor immediately.

9.3 How to take CORVADIL

Always take this medicine exactly as your doctor or pharmacist has told you. Check with your doctor or pharmacist if you are not sure.

The recommended initial dose is Amlodipine Besilate 5 mg once daily. The dose can be increased to Amlodipine Besilate 10 mg once daily.

This medicine can be used before or after food and drinks. You should take this medicine at the same time each day with a drink of water. Do not take Amlodipine Besilate with grapefruit juice.

Use in children and adolescents

For children and adolescents (6-17 years old), the recommended usual starting dose is 2.5 mg a day. The maximum recommended dose is 5 mg a day.

It is important to keep taking the tablets. Do not wait until your tablets are finished before seeing your doctor.

If you take more CORVADIL than you should

Taking too many tablets may cause your blood pressure to become low or even dangerously low. You may feel dizzy, lightheaded, faint or weak. If blood pressure drop is severe enough shock can occur. Your skin could feel cool and clammy and you could lose consciousness. Seek immediate medical attention if you take too many Amlodipine Besilate tablets.

If you forget to take CORVADIL

Do not worry. If you forget to take a tablet, leave out that dose completely. Take your next dose at the right time. Do not take a double dose to make up for a forgotten dose.

If you stop taking CORVADIL

Your doctor will advise you how long to take this medicine. Your condition may return if you stop using this medicine before you are advised.

If you have any further questions on the use of this medicine, ask your doctor or pharmacist.

9.4 Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them.

Visit your doctor **immediately** if you experience any of the following side effects after taking this medicine.

- Sudden wheeziness, chest pain, shortness of breath or difficulty in breathing
- Swelling of eyelids, face or lips
- Swelling of the tongue and throat which causes great difficulty breathing
- Severe skin reactions including intense skin rash, hives, reddening of the skin over your whole body, severe itching, blistering, peeling and swelling of the skin, inflammation of mucous membranes (Stevens Johnson Syndrome, toxic epidermal necrolysis) or other allergic reactions

- Heart attack, abnormal heart beat
- Inflamed pancreas which may cause severe abdominal and back pain accompanied with feeling very unwell

The following **very common side effect** has been reported. If this causes you problems or if it **lasts for more than one week**, you should **contact your doctor**.

Very common: may affect more than 1 in 10 people

- Oedema (fluid retention)

The following **common side effects** have been reported. If any of these cause you problems or if they **last for more than one week**, you should **contact your doctor**.

Common: may affect up to 1 in 10 people

- Headache, dizziness, sleepiness (especially at the beginning of treatment)
- Palpitations (awareness of your heart beat), flushing
- Abdominal pain, feeling sick (nausea)
- Altered bowel habits, diarrhoea, constipation, indigestion
- Tiredness, weakness
- Visual disturbances, double vision
- Muscle cramps
- Ankle swelling

Other side effects that have been reported include the following list. If any of these get serious, or if you notice any side effects not listed in this leaflet, please tell your doctor or pharmacist.

Uncommon: may affect up to 1 in 100 people

- Mood changes, anxiety, depression, sleeplessness
- Trembling, taste abnormalities, fainting
- Numbness or tingling sensation in your limbs, loss of pain sensation
- Ringing in the ears
- Low blood pressure
- Sneezing/running nose caused by inflammation of the lining of the nose (rhinitis)
- Cough
- Dry mouth, vomiting (being sick)
- Hair loss, increased sweating, itchy skin, red patches on skin, skin discolouration
- Disorder in passing urine, increased need to urinate at night, increased number of times of passing urine
- Inability to obtain an erection, discomfort or enlargement of the breasts in men
- Pain, feeling unwell
- Joint or muscle pain, back pain

- Weight increase or decrease

Rare: may affect up to 1 in 1,000 people

- Confusion

Very rare: may affect up to 1 in 10,000 people

- Decreased numbers of white blood cells, decrease in blood platelets which may result in unusual bruising or easy bleeding
- Excess sugar in blood (hyperglycaemia)
- A disorder of the nerves which can cause muscular weakness, tingling or numbness
- Swelling of the gums
- Abdominal bloating (gastritis)
- Abnormal liver function, inflammation of the liver (hepatitis), yellowing of the skin (jaundice), liver enzyme increase which may have an effect on some medical tests
- Increased muscle tension
- Inflammation of blood vessels, often with skin rash
- Sensitivity to light
- Disorders combining rigidity, tremor, and/or movement disorders

9.5 How to store CORVADIL

Store in a dry place at a temperature not exceeding 30°C, protected from light.

Keep all medicines out of reach of children.

9.6 Contents of the pack and other information

What Amlodipine CORVADIL

The active substance in **CORVADIL 2.5**, 5 mg tablets is amlodipine (as besilate).

What CORVADIL looks like and contents of the pack

CORVADIL 2.5

Each uncoated tablet of CORVADIL Contains:

Amlodipine Besilate 2.5 mg

The excipients used are Dibasic Calcium Phosphate, Microcrystalline Cellulose, Sodium Starch Glycolate, and Red Oxide of Iron & Magnesium Stearate.

CORVADIL 5

Each uncoated tablet of CORVADIL Contains:

Amlodipine Besilate 5 mg

The excipients used are Dibasic Calcium Phosphate, Microcrystalline Cellulose, and Sodium Starch Glycolate & Magnesium Stearate.

10 Details of manufacturer

Manufactured by:

Torrent Pharmaceuticals Ltd.

32 No. Middle Camp, NH-10, East District, Gangtok. Sikkim-737 135

11. Details of permission or licence number with date

Mfg Licence No.: M/563/2010 issued on 20.11.2017

12. Date of revision

Not Applicable

MARKETED BY



TORRENT PHARMACEUTICALS LTD.

IN/ CORVADIL 2.5, 5 mg/FEB-20/01/PI