

## IVANODE 5

**For the use of a Registered Medical Practitioner or a Hospital or a Laboratory Only**

Abbreviated Prescribing information for **IVANODE 5**

(Ivabradine Tablets 5 mg) [Please refer the complete prescribing information for details].

### **PHARMACOLOGICAL PROPERTIES:**

#### **Mechanism of Action:**

Ivabradine is a pure heart rate lowering agent, acting by selective and specific inhibition of the cardiac pacemaker  $I_f$  current that controls the spontaneous diastolic depolarisation in the sinus node and regulates heart rate. The cardiac effects are specific to the sinus node with no effect on intra-atrial, atrioventricular or intraventricular conduction times, nor on myocardial contractility or ventricular repolarisation.

Ivabradine can interact also with the retinal current  $I_h$  which closely resembles cardiac  $I_f$ . It participates in the temporal resolution of the visual system, by curtailing the retinal response to bright light stimuli. Under triggering circumstances (e.g. rapid changes in luminosity), partial inhibition of by ivabradine underlies the luminous phenomena that may be occasionally experienced by patients. Luminous phenomena (phosphenes) are described as a transient enhanced brightness in a limited area of the visual field

**INDICATIONS:** For the treatment of chronic stable angina pectoris in patients with normal sinus rhythm who have a contraindication or intolerance for Beta-blockers.

**DOSAGE AND ADMINISTRATION:** As directed by the Physician. Tablets should be taken orally.

**CONTRAINDICATION:** Hypersensitivity to the active substance or to any of the excipients, Resting heart rate below 70 beats per minute prior to treatment, Cardiogenic shock, Acute myocardial infarction, Severe hypotension (< 90/50 mmHg), Severe hepatic insufficiency, Sick sinus syndrome, Sino-atrial block, Unstable or acute heart failure, acemaker dependent (heart rate imposed exclusively by the pacemaker), Unstable angina, AV-block of 3rd degree

#### **WARNINGS & PRECAUTIONS:**

*Lack of benefit on clinical outcomes in patients with symptomatic chronic stable angina pectoris:* Ivabradine is indicated only for symptomatic treatment of chronic stable angina pectoris because ivabradine has no benefits on cardiovascular outcomes. *Measurement of heart rate:* Given that the heart rate may fluctuate considerably over time, serial heart rate measurements, ECG or ambulatory 24-hour monitoring should be considered when determining resting heart rate before initiation of ivabradine treatment and in patients on treatment with ivabradine when titration is considered. *Use in patients with AV-block of 2nd degree:* Ivabradine is not recommended in patients with AV-block of 2nd degree. *Combination with calcium channel blockers:* Concomitant use of ivabradine with heart rate reducing calcium channel blockers such as verapamil or diltiazem is contraindicated. *Chronic heart failure:* Heart failure must be stable before considering ivabradine treatment. Ivabradine should be used with caution in heart failure patients with NYHA functional classification IV due to limited amount of data in this population. *Stroke:* The use of ivabradine is not recommended immediately after a stroke since no data is available in these situations. *Visual function:* Ivabradine influences retinal function. There is no evidence of a toxic effect of long-term ivabradine treatment on the retina. Cessation of treatment should be considered if any unexpected deterioration in visual function occurs. Caution should be exercised in patients with retinitis pigmentosa. *Use in patients with congenital QT syndrome or treated*

*with QT prolonging medicinal products:* The use of ivabradine in patients with congenital QT syndrome or treated with QT prolonging medicinal products should be avoided. If the combination appears necessary, close cardiac monitoring is needed. *Excipients:* Since tablets contain lactose, patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicinal product.

**DRUG INTERACTIONS:** *Concomitant use not recommended:* QT prolonging medicinal products (e.g. quinidine, disopyramide, bepridil, sotalol, ibutilide, amiodarone). *Concomitant use with precaution:* Potassium-depleting diuretics (thiazide diuretics and loop diuretics): hypokalaemia can increase the risk of arrhythmia. As ivabradine may cause bradycardia, the resulting combination of hypokalaemia and bradycardia is a predisposing factor to the onset of severe arrhythmias, especially in patients with long QT syndrome, whether congenital or substance- induced. *Contraindication of concomitant use:* The concomitant use of potent CYP3A4 inhibitors such as azole antifungals (ketoconazole, itraconazole), macrolide antibiotics (clarithromycin, erythromycin per os, josamycin, and telithromycin), HIV protease inhibitors (nelfinavir, ritonavir) and nefazodone is contraindicated. *Concomitant use not recommended:* Grapefruit juice: ivabradine exposure was increased by 2-fold following the co-administration with grapefruit juice. Therefore the intake of grapefruit juice should be avoided

**ADVERSE REACTIONS:** Eosinophilia, Hyperuricaemia, Headache: generally during the first month of treatment, Dizziness: possibly related to bradycardia, Syncope: possibly related to bradycardia, Luminous phenomena (phosphenes), Blurred vision, Diplopia, Visual impairment, Vertigo, Bradycardia, AV 1st degree block (ECG prolonged PQ interval), Ventricular extrasystoles, Atrial fibrillation, Palpitations, supraventricular extrasystoles, AV 2nd degree block, AV 3rd degree block, Sick sinus syndrome, Uncontrolled blood pressure, Hypotension: possibly related to bradycardia, Dyspnoea, Nausea, Constipation, Diarrhoea, Abdominal pain, Angioedema, Rash, Erythema, Pruritus, Urticaria, Muscle spasms, Asthenia: possibly related to bradycardia, Fatigue: possibly related to bradycardia, Malaise, possibly related to bradycardia, Elevated creatinine in blood, ECG prolonged QT interval

**MARKETED BY:**



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(Additional information is available on request)