TOLOL XR

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

Abbreviated Prescribing information for TOLOL XR

(Metoprolol Succinate Prolonged-Release Tablets I.P.)

[Please refer the complete prescribing information for details].

PHARMACOLOGICAL PROPERTIES:

Mechanism of Action: Metoprolol is a beta-1 selective beta blocker. It has a relatively greater blocking effect on beta receptors (i.e. those mediating adrenergic stimulation of heart rate and contractility and release of the fatty acids from fat stores) than on beta receptors which are chiefly involved in bronchoconstriction and vasodilation.

INDICATIONS: For the treatment of essential hypertension in adults.

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

CONTRAINDICATION: Hypersensitivity to metoprolol, other beta blockers or to any of the excipients, Grade II or III atrioventricular block, Patients with unstable or acute decompensated heart failure (pulmonary oedema, hypoperfusion or hypotension), in which case continuous or periodical intravenous inotropic β receptor agonist therapy is indicated, Manifest and clinically significant sinus bradycardia(heart frequency<50/min.), Sick sinus syndrome, Cardiogenic shock, Severe peripheral arterial disease, Hypotension (systolic<90 mmHg), Metabolic acidosis, Severe bronchial asthma or chronic obstructive pulmonary disease, Higher grade sinoatrial block

WARNINGS & PRECAUTIONS: If an asthmatic uses a beta-2 agonist (as tablets or by inhalation) when initiating metoprolol treatment, the dose of the beta-2 agonist must be controlled and increased if necessary. When prescribing metoprolol to patients with a pheochromocytoma, an alpha blocker must be used before initiating treatment and during the metoprolol treatment. Metoprolol treatment may possibly mask the symptoms of thyreotoxicosis. Therefore, metoprolol should be administered with caution to patients having or suspected of developing thyreotoxicosis and both thyroid and cardiac functions should be monitored closely. Before surgery, the anaesthesiologist must be informed that the patient takes beta blockers. It is not recommended to discontinue beta blocker treatment during a surgical procedure. Up to the present, there is insufficient data from the use of metoprolol in patients with heart failure and the following accompanying factors: Unstable heart failure (NYHA IV), Acute myocardial infarction or unstable angina pectoris in the preceding 28 days, Impaired renal function, Impaired hepatic function, Patients above the age of 80, Patients under the age of 40, Haemodynamically significant valve diseases, Hypertrophic obstructive cardiomyopathy, During or after cardiac surgery within the last four months before treatment with metoprolol, In the case of increasing bradycardia the dosage should be reduced, or treatment gradually discontinued.

DRUG INTERACTIONS: Barbituric acid derivatives: Barbiturates (studied for pentobarbital) induce the metabolism of metoprolol through enzyme induction. Calcium antagonists: In the case of the concomitant use of calcium antagonists of the verapamil or diltiazem types, an increase in negative ionotropic and chronotropic effects can occur. Calcium antagonists of the verapamil type should not be administered intravenously to patients who are being treated with beta blockers, due to the risk of hypotension, AV conduction disturbances, and left ventricular insufficiency. The following combinations with metoprolol may require dose adjustment: Amiodarone One case history indicates that patients treated with amiodarone can develop severe sinus bradycardia during concomitant treatment with metoprolol. Class I-antiarrhythmics Class I-antiarrhythmics and beta-receptor blockers have additive negative inotropic effects, which can result in serious haemodynamic adverse reactions in patients with impaired left-ventricular function. The combination should be avoided in "sick sinus syndrome" and pathological AV-conduction. Diphenhydramine Diphenhydramine

reduces (2.5 times) clearance of metoprolol to alpha-hydroxymetoprolol in fast hydroxylaters via CYP 2 D6, at the same time as the effects of metoprolol are increased. Digitalis glycosides Digitalis glycosides in connection with beta-receptor blockers, can increase the atrioventricular conduction time and induce bradycardia. aroxetine may increase plasma levels of metoprolol resulting in increased beta- blocking effects. Nitrates: Nitrates may enhance the hypotensive effect of metoprolol. Alcohol During concomitant ingestion of alcohol and metoprolol the concentration of blood alcohol may reach higher levels and may decrease more slowly.

ADVERSE REACTIONS: Thrombocyt openia, leukopenia, Deterioration of latent diabetes mellitus, Weight gain, Depression, concentration problems, drowsiness or insomnia, nightmares, Nervousness, anxiety, Forgetfulness or memory impairment, confusion, hallucination s, personality changes (e.g. mood changes), Dizziness, headache, Paresthesia, Visual disturbances, dry or irritated eyes, conjunctivitis, Tinnitus, hearing problems, Bradycardia, balance disturbances (very rarely with associated syncope), palpitations, Temporary exacerbation of symptoms of heart failure, first-degree atrioventricular block, precordial pain, Functional heart symptoms, heart arrhythmia, conductivity disturbances, Pronounced blood pressure drop and orthostatic hypotension, very rarely with syncope, Cold hands and feet, Necrosis in patients with severe peripheral vascular disorders prior to treatment, exacerbation of claudicatio intermittens or Raynaud's syndrome, Functional dyspnea, Bronchospasms, Rhinitis, Nausea, abdominal pain, diarrhoea, constipation, Vomiting, Dryness of mouth, Taste disturbances, Abnormal LFT values, Hepatitis, Skin and subcutaneous tissue disorders, Rash (psoriasis like urticaria and dystrophic, Hair loss, Light hypersensitivity reactions, exacerbation, cutaneous lesions), increased perspiration, of psoriasis, new psoriasis manifestation, psoriasis like dermatological changes, Muscle spasms, Arthralgia, muscle weakness, Impotence and other sexual dysfunctions, induratio penis plastica (Peyronie's syndrome), Fatigue, Oedema.

MARKETED BY:

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(Additional information is available on request)