

METOCARD H

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

Abbreviated Prescribing information for Metocard H [Metoprolol succinate extended release And Hydrochlorothiazide Tablet] [Please refer the complete prescribing information available at www.torrentpharma.com]

PHARMACOLOGICAL PROPERTIES: *Metoprolol:* Metoprolol is a beta1-selective (cardioselective) adrenergic receptor blocker. *Hydrochlorothiazide:* Hydrochlorothiazide is a thiazide diuretic. Thiazides affect the renal tubular mechanisms of electrolyte reabsorption, directly increasing excretion of sodium and chloride in approximately equimolar amounts. **INDICATION:** For the treatment of mild to moderate hypertension in adults. **DOSAGE AND ADMINISTRATION:** Metoprolol succinate extended release and hydrochlorothiazide tablet is administered once daily. Metoprolol succinate extended release and hydrochlorothiazide tablet may be administered with or without food. **CONTRAINDICATION:** Contraindicated in patients with: Cardiogenic shock or decompensated heart failure, Sinus bradycardia, sick sinus syndrome, and greater than first-degree block unless a permanent pacemaker is in place, Anuria and hypersensitivity to metoprolol succinate or hydrochlorothiazide or to other sulfonamide-derived drugs. **WARNINGS & PRECAUTIONS:** Caution should be required while taking metocard H: cardiac ischemia after abrupt discontinuation, heart failure, bronchospasm, bradycardia, risks of use in major surgery, masked signs of hypoglycemia, electrolyte and metabolic effects, renal impairment, exacerbated symptoms of peripheral vascular disease, increased blood pressure in patients with pheochromocytoma, thyrotoxicosis after discontinuation in patients with hyperthyroidism, reduced effectiveness of epinephrine in treating anaphylaxis, impaired hepatic function, acute myopia and secondary angle-closure glaucoma, exacerbation of systemic lupus erythematosus. **DRUG INTERACTIONS:** *Metoprolol:* The concomitant use of catecholamine-depleting drugs (e.g., reserpine, monoamine oxidase (MAO) inhibitors) with beta adrenergic blockers may have an additive affect and increase the risk of hypotension or bradycardia. Metoprolol may interact with CYP2D6 Inhibitors, Nondihydropyridine Calcium Channel Blockers, Digoxin, Clonidine and Epinephrine. *Hydrochlorothiazide:* Hydrochlorothiazide may interact with Antidiabetic drugs (oral agents and insulin), Ion exchange resins, Lithium and Non-Steroidal Anti-Inflammatory Drugs. **ADVERSE REACTIONS:** Nasopharyngitis, increases in liver enzymes or serum bilirubin, confusion, short-term memory loss, headache, somnolence, nightmares, insomnia, anxiety/nervousness, hallucinations, paresthesia, dizziness, shortness of breath, bradycardia, cold extremities; arterial insufficiency (usually of the raynaud type), palpitations, peripheral edema, syncope, chest pain, diarrhea, nausea, dry mouth, gastric pain, constipation, flatulence, heartburn, hepatitis, vomiting, pruritus, rash, musculoskeletal pain, arthralgia, blurred vision, decreased libido, male impotence, tinnitus, reversible alopecia, dry eyes, worsening of psoriasis, peyronie's disease, sweating, photosensitivity, taste disturbance, depression, catatonia, non-thrombocytopenic purpura, thrombocytopenic purpura, laryngospasm, pancreatitis, sialadenitis, cramping, gastric irritation, anorexia, jaundice (intrahepatic cholestatic jaundice), aplastic anemia, agranulocytosis, leukopenia, hemolytic anemia, anaphylactic reactions, necrotizing angiitis (vasculitis and cutaneous vasculitis), respiratory distress including pneumonitis and pulmonary edema, glycosuria, erythema multiforme including stevens-johnson syndrome and exfoliative dermatitis including toxic epidermal necrolysis.

MARKETED BY:



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(Additional information is available on request)