RANX

For the use of a Registered Medical Practitioner or Hospital or a Laboratory only.

Abbreviated Prescribing information for RANX (Ranolazine Extended Release Tablets**)**

[Please refer the complete prescribing information available at www.torrentpharma.com]

PHARMACOLOGICAL PROPERTIES:

Mechanism of action: Ranolazine may have some antianginal effects by inhibition of the late sodium current in cardiac cells. This reduces intracellular sodium accumulation and consequently decreases intracellular calcium overload. Ranolazine via its action to decrease the late sodium current, is considered to reduce these intracellular ionic imbalances during ischaemia. This reduction in cellular calcium overload is expected to improve myocardial relaxation and thereby decrease left ventricular diastolic stiffness.

DOSAGE AND ADMINISTRATION: As directed by physician.

CONTRAINDICATION: Hypersensitivity to the active substance or to any of the excipients. Severe renal impairment (creatinine clearance < 30 ml/min). Moderate or severe hepatic impairment. Concomitant administration of potent CYP3A4 inhibitors (e.g. itraconazole, ketoconazole, voriconazol, posaconazol, HIV protease inhibitors, clarithromycin, telithromycin, nefazodone). Concomitant administration of Class Ia (e.g. quinidine) or Class III (e.g. dofetilide, sotalol) antiarrhythmics other than amiodarone.

WARNINGS & PRECAUTIONS: Caution should be exercised when prescribing or up titrating Ranolazine to patients in whom an increased exposure is expected: Concomitant administration of moderate CYP3A4 inhibitors. Concomitant administration of P-gp inhibitors. Mild hepatic impairment. Mild to moderate renal impairment (creatinine clearance 30–80 ml/min). Elderly. Patients with low weight (≤ 60 kg). Patients with moderate to severe CHF (NYHA Class III–IV). Caution should be observed when treating patients with a history of congenital or a family history of long QT syndrome, in patients with known acquired QT interval prolongation, and in patients treated with drugs affecting the QTc interval. Drug-drug interactions: Co-administration with CYP3A4 inducers is expected to lead to lack of efficacy. Ranolazine should not be used in patients treated with CYP3A4 inducers (e.g. rifampicin, phenytoin, phenobarbital, carbamazepine, St. John's Wort). Renal impairment: Renal function decreases with age and it is therefore important to check renal function at regular intervals during treatment with Ranolazine.

DRUG INTERACTION*:* *Effects of other medicinal products on Ranolazine*: CYP3A4 or P-gp inhibitors: Combining Ranolazine with potent CYP3A4 inhibitors (e.g. itraconazole, ketoconazole, voriconazole, posaconazole, HIV protease inhibitors, clarithromycin, telithromycin, and nefazodone) is contraindicated (see section 4.3). Grapefruit juice, Diltiazem is also a potent CYP3A4 inhibitor. Inhibitors of P-gp (e.g. ciclosporin, verapamil) increase plasma levels of Ranolazine. CYP3A4 inducers: e.g. rifampicin, phenytoin, phenobarbital, carbamazepine, St. John's Wort. CYP2D6 inhibitors: Paroxetine. *Effects of Ranolazine on other medicinal products:* CYP3A4 substrates: simvastatin, lovastatin, ciclosporin, tacrolimus, sirolimus, everolimus, propafenone and flecainide or, to a lesser extent, tricyclic antidepressants and antipsychotics, bupropion, efavirenz, and cyclophosphamide. Digoxin, Simvastatin, Atorvastatin, Tacrolimus, ciclosporin, sirolimus, everolimus, Drugs transported by the Organic Cation Transporter-2 (OCT2): (e.g. quinidine, dysopiramide, and procainamide), erythromycin, and tricyclic antidepressants (e.g. imipramine, doxepin, and amitriptyline).

ADVERSE REACTIONS: blurred vision, visual disturbance, and diplopia, vertigo, tinnitus, impaired hearing, hot flush, hypotension, peripheral coldness, orthostatic hypotension, anorexia, decreased appetite, dehydration, hyponatremia, anxiety, insomnia, confusional state, hallucination, disorientation, dizziness, headache, lethargy, syncope, hypoaesthesia, somnolence, tremor, postural dizziness, paresthesia, amnesia, depressed level of consciousness, loss of consciousness, coordination abnormal, gait disturbance, Parosmia, myoclonus, anorexia, decreased appetite, dehydration, hyponatremia, dyspnoea, cough, epistaxis, throat tightness, constipation, vomiting, nausea, abdominal pain, dry mouth, dyspepsia, flatulence, stomach discomfort, pancreatitis, erosive duodenitis, oral hypoaesthesia, pruritus, hyperhidrosis, angioedema, allergic dermatitis, urticaria, cold sweat, rash, pain in extremity, muscle cramp, joint swelling, muscular weakness, dysuria, haematuria, chromaturia, acute renal failure, urinary retention, erectile dysfunction, asthenia, fatigue, peripheral oedema, increased blood creatinine, increased blood urea, prolonged QT corrected interval, increased platelet or white blood cell count, and decreased weight, elevated levels of hepatic enzyme.

MARKETED BY

TORRENT PHARMACEUTICALS LTD.

IN/RANX 500, 1000 mg/APR-21/02/ABPI
(Additional information is available on request)