OLSAR – H

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

Abbreviated Prescribing information for OLSAR – H
(Olmesartan Medoxomil and Hydrochlorothiazide Tablets I.P)
[Please refer the complete prescribing information for details].

PHARMACOLOGICAL PROPERTIES:

Mechanism of Action: Olmesartan Medoxomil: Olmesartan medoxomil is a potent, orally active, selective angiotensin II receptor (type AT1) antagonist. It is expected to block all actions of angiotensin II mediated by the AT1 receptor, regardless of the source or route of synthesis of angiotensin II. The selective antagonism of the angiotensin II (AT1) receptors results in increases in plasma renin levels and angiotensin I and II concentrations, and some decrease in plasma aldosterone concentrations. Angiotensin II is the primary vasoactive hormone of the renin-angiotensin-aldosterone system and plays a significant role in the pathophysiology of hypertension via the type 1 (AT1) receptor. **Hydrochlorthiazide:** Hydrochlorothiazide blocks the reabsorption of sodium and chloride ions, and it thereby increases the quantity of sodium traversing the distal tubule and the volume of water excreted. A portion of the additional sodium presented to the distal tubule is exchanged there for potassium and hydrogen ions. With continued use of hydrochlorothiazide and depletion of sodium, compensatory mechanisms tend to increase this exchange and may produce excessive loss of potassium, hydrogen and chloride ions. Hydrochlorothiazide also decreases the excretion of calcium and uric acid, may increase the excretion of iodide and may reduce glomerular filtration rate. Metabolic toxicities associated with excessive electrolyte changes caused by hydrochlorothiazide have been shown to be dose-related.

INDICATIONS: For treatment of essential hypertension.

DOSAGE AND ADMINISTRATION: Film Coated tablet, Olmesartan Medoxomil I.P. 20mg, 40 mg and Hydrochlorothiazide I.P. 12.5mg. Or as directed by the Physician and Tablet should be taken orally.

CONTRAINDICATION*:* Olmesartan Medoxomil: Hypersensitivity to the active substance or to any of the excipients. Second and third trimesters of pregnancy. Biliary obstruction the concomitant use of Olmesartan Tablets with aliskiren-containing products is contraindicated in patients with diabetes mellitus or renal impairment (GFR < 60 ml/min/1.73 m2) **Hydrochlorothiazide:** Anuria. Hypersensitivity to this product or to other sulfonamide-derived drugs**.**

WARNINGS & PRECAUTIONS: Olmesartan Medoxomil: ***Intravascular volume depletion:*** Symptomatic hypotension, especially after the first dose, may occur in patients who are volume and/or sodium depleted by vigorous diuretic therapy, dietary salt restriction, and diarrhoea or vomiting. Such conditions should be corrected before the administration of olmesartan medoxomil. ***Other conditions with stimulation of the renin-angiotensin-aldosterone system*** In patients whose vascular tone and renal function depend predominantly on the activity of the reninangiotensin- aldosterone system,treatment with other drugs that affect this system has been associated with acute hypotension, azotaemia, oliguria or, rarely, acute renal failure. The possibility of similar effects cannot be excluded with angiotensin II receptor antagonists. ***Renovascular hypertension****:* There is an increased risk of severe hypotension and renal insufficiency when patients with bilateral renal artery stenosis or stenosis of the artery to a single functioning kidney are treated with medicinal products that affect the renin-angiotensin-aldosterone system. ***Renal impairment and kidney transplantation:*** When olmesartan medoxomil is used in patients with impaired renal function, periodic monitoring of serum potassium and creatinine levels is recommended. Use of olmesartan medoxomil is not recommended in patients with severe renal impairment .There is no experience of the administration of olmesartan medoxomil in patients with a recent kidney transplant or in patients with end-stage renal impairment. ***Hepatic impairment:*** There is no experience in patients with severe hepatic impairment and therefore use of olmesartan medoxomil in this patient group is not recommended. ***Hyperkalaemia:*** The use of medicinal products that affect the

renin-angiotensin-aldosterone system may cause hyperkalaemia. The risk, that may be fatal, is increased in elderly, in patients with renal insufficiency and in diabetic patients, in patients concomitantly treated with other medicinal products that may increase potassium levels, and/or in patients with intercurrent events. Before considering the concomitant use of medicinal products that affect the renin-angiotensinaldosterone system, the benefit risk ratio should be evaluated and other alternatives considered. ***Dual blockade of the renin-angiotensin-aldosterone system (RAAS)":*** There is evidence that the concomitant use of ACE-inhibitors, angiotensin II receptor blockers or aliskiren increases the risk of hypotension, hyperkalaemia and decreased renal function (including acute renal failure). Dual blockade of RAAS through the combined use of ACE-inhibitors, angiotensin II receptor blockers or aliskiren is therefore not recommended. ***Lithium****:* As with other angiotensin-II receptor antagonists, the combination of lithium and olmesartan medoxomil is not recommended Aortic ***or mitral valve stenosis***; ***obstructive hypertrophic cardiomyopathy*** as with other vasodilators, special caution is indicated in patients suffering from aortic or mitral valve stenosis, or obstructive hypertrophic cardiomyopathy. ***Primary aldosteronism*** Patients with primary aldosteronism generally will not respond to antihypertensive drugs acting through inhibition of the renin-angiotensin system. Therefore, the use of olmesartan medoxomil is not recommended in such patients. ***Sprue-like enteropathy*** in very rare cases severe, chronic diarrhoea with substantial weight loss has been reported in patients taking olmesartan few months to years after drug initiation, possibly caused by a localized delayed hypersensitivity reaction. Intestinal biopsies of patients often demonstrated villous atrophy. If a patient develops these symptoms during treatment with olmesartan, and in the absence of other apparent etiologies, olmesartan treatment should be immediately discontinued and should not be restarted. If diarrhoea does not improve during the week after the discontinuation, further specialist (e.g. a gastroenterologist) advice should be considered. ***Ethnic differences*** as with all other angiotensin II antagonists, the blood pressure lowering effect of olmesartan medoxomil is somewhat less in black patients than in non-black patients, possibly because of a higher prevalence of low-renin status in the black hypertensive population. ***Pregnancy*** Angiotensin II antagonists should not be initiated during pregnancy. Unless continued angiotensin II antagonist's therapy is considered essential, patients planning pregnancy should be changed to alternative anti-hypertensive treatments which have an established safety profile for use in pregnancy. When pregnancy is diagnosed, treatment with angiotensin II antagonists should be stopped immediately and, if appropriate, alternative therapy should be started. **Hydrochlorothiazide:** Use with caution in severe renal disease. In patients with renal disease, thiazides may precipitate azotemia. Cumulative effects of the drug may develop in patients with impaired renal function. Acute Myopia and Secondary Angle-Closure Glaucoma: Hydrochlorothiazide, a sulfonamide, can cause an idiosyncratic reaction, resulting in acute transient myopia and acute angle-closure glaucoma.

DRUG INTERACTIONS: **Olmesartan Medoxomil:** *Other antihypertensive medications:* The blood pressure lowering effect of olmesartan medoxomil can be increased by concomitant use of other antihypertensive medications. Like *ACE-inhibitors, angiotensin II receptor blockers, aliskiren., Potassium supplements and potassium sparing diuretics,Bile acid sequestering agent colesevelam* or *Other compounds* which have been investigated in specific clinical studies in healthy volunteers include Lithium, warfarin, digoxin, an antacid (magnesium warfarin or the pharmacokinetics of digoxin. **Hydrochlorthiazide***:* When given concurrently the following drugs may interact with thiazide diuretics. Alcohol, Barbiturates, or Narcotics: Potentiation of orthostatic hypotension may occur. Antidiabetic Drugs (Oral Agents and Insulin): Dosage adjustment of the antidiabetic drug may be required. Other Antihypertensive Drugs: Additive effect or potentiation. Cholestyramine and Colestipol Resins: Absorption of hydrochlorothiazide is impaired in the presence of anionic exchange resins. Single doses of either cholestyramine or colestipol resins bind the hydrochlorothiazide and reduce its absorption from the gastrointestinal tract by up to 85% and 43%, respectively.

ADVERSE REACTIONS: Olmesartan Medoxomil: The most commonly reported adverse reactions are headache (7.7%), influenza-like symptoms (4.0%) and dizziness (3.7%). ***Blood and lymphatic system disorders:*** Thrombocytopenia, ***Immune system disorders:*** Anaphylactic reaction, ***Metabolism and nutrition disorders:*** Hypertriglyceridaemia, Hyperuricaemia***, Nervous system disorders:*** Dizziness, Headache; Ear and labyrinth disorders: Vertigo; ***Cardiac disorders:*** Angina pectoris; Vascular disorders: Hypotension; Respiratory, thoracic and mediastinal disorders: Bronchitis Pharyngitis, Cough, Rhinitis. ***Gastrointestinal disorders:*** Gastroenteritis, Diarrhoea, Abdominal pain, Nausea, Dyspepsia, Vomiting, Sprue-like enteropathy. ***Skin and subcutaneous tissue disorders:*** Exanthema, Allergic dermatitis, Urticaria, Rash, Pruritus, Angioedema. ***Musculoskeletal and connective tissue disorders:*** Arthritis, Back pain, skeletal pain, Myalgia, Muscle spasm. ***Renal and urinary disorders:*** Haematuria, Urinary tract infection, acute renal failure, renal insufficiency. ***General disorders and administration site conditions:*** Pain, Chest pain, Peripheral oedema, Influenza, like symptoms, Fatigue, Face oedema, Asthenia, Malaise, Lethargy. Investigations: Hepatic enzymes increased, Blood urea increased, Blood creatine phosphokinase increased, Blood creatinine increased. **Hydrochlorothiazide: *Hypersensitivity*:** Anaphylactic reactions, necrotizing angiitis (vasculitis and cutaneous vasculitis), respiratory distress including pneumonitis and pulmonary edema, photosensitivity, fever, urticaria, rash, And purpura**.** ***Metabolic:*** Electrolyte imbalance (see PRECAUTIONS), hyperglycemia, glycosuria, hyperuricemia. ***Musculoskeletal:*** Muscle spasm. ***Nervous System/Psychiatric:*** Vertigo, paresthesias, dizziness, headache, restlessness**.** ***Renal*:** Renal failure, renal dysfunction, interstitial nephritis. ***Skin:*** Erythema multiforme including Stevens - Johnson syndrome, exfoliative dermatitis including toxic epidermal necrolysis, alopecia. ***Special Senses:*** Transient blurred vision, xanthopsia. ***Urogenital:*** Impotence. Whenever adverse reactions are moderate or severe, thiazide dosage should be reduced or therapy withdrawn.

MARKETED BY:

TORRENT PHARMACEUTICALS LTD.
Torrent House, Off Ashram Road,
Ahmedabad-380 009, INDIA

IN/ OLSAR - H 20, 12.5,40, 12.5 mg/Aug-20 /01/PI
(Additional information is available on request)