

VASOTRATE 30 & 60 OD

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

Abbreviated Prescribing information for **VASOTRATE 30,60** [Isosorbide mononitrate Sustained Release Tablets 30 mg, 60mg] [Please refer the complete prescribing information available at www.torrentpharma.com]

PHARMACOLOGICAL PROPERTIES: The principal pharmacological action of isosorbide mononitrate is relaxation of vascular smooth muscle and consequent dilatation of peripheral arteries and veins, especially the latter. Dilation of the veins promotes peripheral pooling of blood and decreases venous return to the heart, thereby reducing left ventricular end-diastolic pressure and pulmonary capillary wedge pressure (preload). Arteriolar relaxation reduces systemic vascular resistance, systolic arterial pressure, and mean arterial pressure (afterload). Dilatation of the coronary arteries also occurs. **INDICATION:** For prophylaxis of angina pectoris due to coronary artery disease

DOSAGE AND ADMINISTRATION: The recommended starting dose of vasotrate OD Tablets is 30 mg (given as a single 30 mg tablet or as 1/2 of a 60 mg tablet) or 60mg (given as a single tablet) once daily. After several days, the dosage may be increased to 120 mg (given as a single 120 mg tablet or as two 60 mg tablets) once daily. Rarely, 240 mg may be required. The daily dose of Vasotrate Tablets should be taken in the morning on arising. Vasotrate Extended Release Tablets should not be chewed or crushed and should be swallowed together with a half-glassful of fluid. Do not break the 30 mg tablet.

CONTRAINDICATION: Do not use in patients with known allergy to any components. Patients who are taking certain drugs for erectile dysfunction (phosphodiesterase inhibitors), such as sildenafil, tadalafil, or vardenafil, soluble guanylate cyclase stimulator riociguat.

WARNINGS & PRECAUTIONS: Amplification of the vasodilatory effects of isosorbide mononitrate by sildenafil can result in severe hypotension. It should therefore be used with caution in patients who may be volume depleted or who, for whatever reason, are already hypotensive. Nitrate therapy may aggravate the angina caused by hypertrophic cardiomyopathy. Treatment with isosorbide mononitrate may be associated with light-headedness on standing, especially just after rising from a recumbent or seated position. This effect may be more frequent in patients who have also consumed alcohol. **DRUG INTERACTIONS:**

phosphodiesterase inhibitors, riociguat and calcium channel blockers. **ADVERSE REACTIONS:** Headache, fatigue, upper respiratory infection, pain, dizziness, nausea, cough, rash, abdominal pain, allergic reaction, cardiovascular disorder, chest pain, diarrhea, flushing, emotional lability, pruritus, acute myocardial infarction, apoplexy, arrhythmias, bradycardia, edema, hypertension, hypotension, pallor, palpitations, tachycardia, sweating, anorexia, dry mouth, dyspepsia, thirst, vomiting, decreased weight, amblyopia, prostatic disorder, back pain, bitter taste, muscle cramps, neck pain, paresthesia, susurrus aurium, anxiety, impaired concentration, depression, insomnia, nervousness, nightmares, restlessness, tremor, vertigo, asthma, dyspnea and sinusitis.

MARKETED BY:



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(Additional information is available on request)