SCHEDULING STATUS: S3

PROPRIETARY NAME AND DOSAGE FORM:

LOMANOR® 5 mg Tablets

LOMANOR® 10 mg Tablets

COMPOSITION:

LOMANOR (amlodipine besylate) is a dihydropyridine derivative and has the following chemical name: 3-ethyl 5-methyl 2-(2-aminoethoxy-methyl)-4-(2-chlorophenyl)-1,4-dihydro-6-methyl-3,5-pyridine-dicarboxylate benzene sulphonate. Amlodipine besylate is slightly soluble in water and sparingly soluble in ethanol and has a molecular weight of 567,1 (free base 408,9).

Each LOMANOR 5 mg tablet contains amlodipine besylate equivalent to 5 mg active amlodipine base.

Each LOMANOR 10 mg tablet contains amlodipine besylate equivalent to 10 mg active amlodipine base.

LOMANOR tablets include the following inert ingredients: sodium starch glycollate, microcrystalline cellulose, magnesium stearate and dibasic calcium phosphate anhydrous.

PHARMACOLOGICAL CLASSIFICATION:

A 7.1 Vasodilators, hypotensive medicines

PHARMACOLOGICAL ACTION:

Amlodipine is a dihydropyridine calcium channel blocker. It inhibits the transmembrane influx of calcium ions into cardiac and vascular smooth muscle without affecting serum calcium concentrations. Direct relaxation of vascular smooth muscle forms the basis of the antihypertensive action.

In angina pectoris, amlodipine acts as a peripheral arteriolar vasodilator resulting in a reduction in total peripheral resistance (afterload). Myocardial energy and oxygen requirements are reduced. Amlodipine exerts its activity by binding to the dihydropyridine binding sites. It exerts minimal action on cardiac conduction, contraction and heart rate.

Pharmacokinetic properties:

Complete absorption of amlodipine is slow following oral administration with peak plasma levels being attained after 6 to 12 hours. Amlodipine has a bioavailability of about 64 % and a plasma elimination half-life of 35 to 50 hours, allowing for once-daily oral dosing. Steady state plasma concentrations are achieved after 7 to 8 days of consecutive dosing. The volume of distribution is about 20 l/kg. Metabolism is via the liver and is extensive with less than 10 % of amlodipine appearing unchanged in the urine. Metabolites are inactive and primarily (up to 60 %) excreted via the kidney.

INDICATIONS:

LOMANOR is indicated for the:

Treatment of angina pectoris.

Treatment of mild to moderate hypertension, alone or in combination with other antihypertensives.

CONTRAINDICATIONS:

Hypersensitivity to any of the ingredients.

Hypersensitivity to dihydropyridines.

WARNINGS AND SPECIAL PRECAUTIONS:

Use in the elderly:

Amlodipine clearance is decreased (40 – 60 %) in the elderly, which results in increases of amlodipine concentration in the area under the concentration-time curve (AUC) and elimination half-life. Therefore, elderly patients should start LOMANOR therapy at a lower dose.

Use in renal failure:

Although LOMANOR is excreted primarily via the kidney, mild renal impairment does not appear to have an effect on the plasma concentrations. Severe renal impairment may however require a dosage reduction. Amlodipine is not dialysable.

Use in impaired hepatic function:

The half-life of LOMANOR is significantly prolonged in patients with impaired hepatic function. LOMANOR should therefore be administered at lower doses in these patients.

Use in children:

Safety and efficacy has not been established.

Use in heart failure:

An increased incidence of pulmonary oedema has been reported. LOMANOR may have negative inotropic effect. AUC of LOMANOR may increase in patients with heart failure.

Porphyria:

Safety has not been established.

INTERACTIONS:

Concurrent administration of sublingual nitroglycerine, long acting nitrates, beta-blockers or other antianginal agents with amlodipine may produce additive antihypertensive and antianginal effects. Sublingual nitroglycerine may be used as needed to abort acute angina attacks during amlodipine therapy. Nitrate medication may be used during amlodipine therapy for angina prophylaxis. Amlodipine will not protect against the consequences of abrupt beta-blocker withdrawal; gradual beta-blocker dose reduction is recommended. Although no “rebound effect” has been reported upon discontinuation of amlodipine, a gradual decrease of dosage with medical practitioner supervision is recommended.

PREGNANCY AND LACTATION:

Safety in pregnancy and lactation has not been established (see CONTRAINDICATIONS).

DOSAGE AND DIRECTIONS FOR USE:

Hypertension and angina pectoris:

Adults:

An initial dose is 5 mg LOMANOR once daily is recommended which may be increased to 10 mg once a day after 10 – 14 days of therapy if there is no improvement. No dose reduction is required when adding LOMANOR to thiazide diuretics, beta-blockers or angiotensin-converting enzyme inhibitors.

SIDE EFFECTS:

Cardiovascular:

Frequent: Peripheral oedema, palpitations.

Less frequent: Hypotension (including orthostatic hypotension), syncope, vasculitis, myocardial infarction, arrhythmia (including ventricular tachycardia and atrial fibrillation), chest pain.

Neurological:

Frequent: Dizziness, headache, somnolence.

Less frequent: Hypertonia, hypoesthesia/paraesthesia, peripheral neuropathy, tremor, insomnia, mood changes.

Gastrointestinal:

Frequent: Nausea, abdominal pain.

Less frequent: Altered bowel habits, vomiting, dyspepsia, gingival hyperplasia, pancreatitis.

Musculoskeletal:

Frequent: Fatigue.

Less frequent: Arthralgia, asthenia, back pain, muscle cramps, myalgia.

Autonomic nervous system:

Frequent: Flushing.

Less frequent: Dry mouth, increased sweating.

Hepatobiliary:

Less frequent: Hepatitis, jaundice, raised liver enzymes (mostly consistent with cholestasis).

Haematological:

Less frequent: Purpura, thrombocytopenia, leucopenia.

Genitourinary:

Less frequent: Increased urinary frequency, impotence, micturition disorder, nocturia.

Body as whole:

Less frequent: Pain, weight increase/decrease, malaise.

Endocrine:

Less frequent: Gynaecomastia.

Metabolic:

Less frequent: Hyperglycaemia.

Skin and appendages:

Less frequent: Alopecia, skin discoloration, urticaria.

Respiratory:

Less frequent: Coughing, dyspnoea, rhinitis.

Vision:

Less frequent: Visual disturbances.

Special senses:

Less frequent: Taste perversion, tinnitus.

Hypersensitivity reactions:

Less frequent: Allergic reactions with pruritus, rash, angioedema and erythema multiforme.

KNOWN SYMPTOMS OF OVERDOSAGE AND PARTICULARS OF ITS TREATMENT:

There is no well documented experience with LOMANOR overdosage. Gastric lavage may be of benefit. Gross overdosage could result in excessive peripheral vasodilation, resulting in marked and probably prolonged systemic hypotension. Clinically significant hypotension due to LOMANOR overdosage requires active cardiovascular support. Intravenous calcium gluconate may be of benefit in reversing the effects of calcium channel blockade. Since amlodipine is highly protein-bound, dialysis is not likely to be of benefit.

IDENTIFICATION:

LOMANOR 5 mg tablets: White, emerald shaped tablets, marked PFIZER on one side and AML-5 on the other.

LOMANOR 10 mg tablets: White, emerald shaped tablets, marked PFIZER on one side and AML-10 on the other.

PRESENTATION:

LOMANOR 5 mg and 10 mg tablets are both available strip packed in blister packs in outer cardboard cartons each containing 30, 60 or 90 tablets.

STORAGE INSTRUCTIONS:

Store below 30 °C. Protect from light.

Keep out of the reach of children.

REGISTRATION NUMBERS:

LOMANOR 5 mg: 38/7.1/0271

LOMANOR 10 mg: 38/7.1/0272

NAME AND ADDRESS OF THE HOLDER OF THE CERTIFICATE OF REGISTRATION:

Upjohn South Africa (Pty) Ltd

85 Bute Lane

Sandton

2196

South Africa

DATE OF PUBLICATION OF THE PACKAGE INSERT:

23 September 2005

BOTSWANA: S2

LOMANOR 5 mg – Reg. no.: BOT1101949

LOMANOR 10 mg – Reg. no.: BOT1101948

NAMIBIA: NS2

LOMANOR 5 mg – Reg. no.: 07/7.1/0126

LOMANOR 10 mg – Reg. no.: 07/7.1/0127

ZAMBIA: POM

LOMANOR 5 mg – Reg. no.: 357/004

LOMANOR 10 mg – Reg. no.: 357/005

ZIMBABWE: PP10

LOMANOR 5 mg – Reg. no.: 2012/12.6/4716

LOMANOR 10 mg – Reg. no.: 2012/12.6/4717