SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

Exforge HCT 5 mg/160 mg/12.5 mg film-coated tablets

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Exforge HCT 5 mg/160 mg/12.5 mg film-coated tablets

Each film-coated tablet contains 5 mg of amlodipine (as amlodipine besylate), 160 mg of valsartan, and 12.5 mg of hydrochlorothiazide.

Exforge HCT 10 mg/160 mg/12.5 mg film-coated tablets

Each film-coated tablet contains 10 mg of amlodipine (as amlodipine besylate), 160 mg of valsartan, and 12.5 mg of hydrochlorothiazide.

Exforge HCT 5 mg/160 mg/25 mg film-coated tablets

Each film-coated tablet contains 5 mg of amlodipine (as amlodipine besylate), 160 mg of valsartan, and 25 mg of hydrochlorothiazide.

Exforge HCT 10 mg/160 mg/25 mg film-coated tablets

Each film-coated tablet contains 10 mg of amlodipine (as amlodipine besylate), 160 mg of valsartan, and 25 mg of hydrochlorothiazide.

Exforge HCT 10 mg/320 mg/25 mg film-coated tablets

Each film-coated tablet contains 10 mg of amlodipine (as amlodipine besylate), 320 mg of valsartan, and 25 mg of hydrochlorothiazide.

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Film-coated tablet.

Exforge HCT 5 mg/160 mg/12.5 mg: White, ovaloid, biconvex tablets with bevelled edge, debossed "NVR" on one side and "VCL" on the other side. Approximate size: 15 mm (length) × 5.9 mm (width).

Exforge HCT 10 mg/160 mg/12.5 mg: Pale yellow, ovaloid, biconvex tablets with bevelled edge, debossed "NVR" on one side and "VDL" on the other side. Approximate size: 15 mm × 5.9 mm.

Exforge HCT 5 mg/160 mg/25 mg: Yellow, ovaloid, biconvex tablets with bevelled edge, debossed "NVR" on one side and "VEL" on the other side. Approximate size: 15 mm × 5.9 mm.

Exforge HCT 10 mg/160 mg/25 mg: Brown-yellow, ovaloid, biconvex tablets with bevelled edge, debossed "NVR" on one side and "VHL" on the other side. Approximate size: 15 mm × 5.9 mm.

Exforge HCT 10 mg/320 mg/25 mg: Brown-yellow, ovaloid, biconvex tablets with bevelled edge, debossed "NVR" on one side and "VFL" on the other side. Approximate size: 19 mm × 7.5 mm.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Treatment of essential hypertension as substitution therapy in adult patients whose blood pressure is adequately controlled on the combination of amlodipine, valsartan, and hydrochlorothiazide (HCT), taken either as three single-component formulations or as a dual-component and a single-component formulation.

4.2 Posology and method of administration

Posology

The recommended dose is one tablet per day, preferably in the morning. Before switching, patients should be controlled on stable doses of the monocomponents taken at the same time. The dose of Exforge HCT should be based on the doses of the individual components at the time of switching. The maximum recommended dose is 10 mg/320 mg/25 mg.

Special populations

Renal impairment

Contraindicated in anuria and severe renal impairment (GFR < 30 mL/min/1.73 m²). No initial dose adjustment required for mild to moderate renal impairment.

Hepatic impairment

Contraindicated in severe hepatic impairment. Exforge HCT is not suitable for mild to moderate hepatic impairment without cholestasis. Use lowest available amlodipine dose when switching.

Heart failure and coronary artery disease

Caution advised, especially at maximum dose (10 mg/320 mg/25 mg).

Elderly (≥65 years)

Caution and more frequent BP monitoring recommended, especially at maximum dose. Use lowest available amlodipine dose when switching.

Paediatric population

No relevant use in children below 18 years for essential hypertension.

Method of administration

Oral use, with or without food. Swallow whole with water, preferably in the morning.

4.3 Contraindications

- Hypersensitivity to active substances, other sulphonamides, dihydropyridines, or any excipient
- Second and third trimesters of pregnancy
- Hepatic impairment, biliary cirrhosis, or cholestasis
- Severe renal impairment (GFR < 30 mL/min/1.73 m²), anuria, dialysis
- Concomitant use with aliskiren in diabetes or renal impairment (GFR < 60 mL/min/1.73 m²)
- Refractory hypokalaemia, hyponatraemia, hypercalcaemia, symptomatic hyperuricaemia
- Severe hypotension, shock (including cardiogenic shock)
- Left ventricular outflow tract obstruction (e.g., HOCM, high-grade aortic stenosis)
- Haemodynamically unstable heart failure after acute MI

4.4 Special warnings and precautions for use

- Not established for hypertensive crisis.
- Correct sodium/volume depletion before use.
- Monitor serum electrolytes regularly, especially potassium.
- Concomitant potassium supplements or potassium-sparing diuretics not recommended.

- Thiazides may cause hypokalaemia, hyponatraemia, hypochloraemic alkalosis.
- Use with caution in renal artery stenosis.
- No experience in kidney transplantation.
- Contraindicated in severe hepatic impairment; not suitable for mild to moderate impairment.
- Discontinue immediately if angioedema occurs.
- Intestinal angioedema: discontinue valsartan if diagnosed.
- Use with caution in heart failure, coronary artery disease, aortic/mitral stenosis.
- Not recommended in primary hyperaldosteronism.
- May exacerbate SLE.
- May alter glucose tolerance, lipids, uric acid.
- Photosensitivity: stop treatment if occurs.
- Choroidal effusion, acute myopia, secondary acute angle-closure glaucoma: discontinue HCT promptly.
- Increased risk of non-melanoma skin cancer (NMSC) with cumulative HCT use; advise skin checks.
- Acute respiratory toxicity (ARDS): discontinue HCT.
- Dual RAAS blockade not recommended (increased risk of hypotension, hyperkalaemia, renal impairment).

4.5 Interaction with other medicinal products

No formal interaction studies with Exforge HCT. Known interactions for individual components:

Table 1: Interactions requiring caution or avoidance

Component	Interacting agent	Effect
Valsartan/HCT	Lithium	Increased lithium toxicity; monitor levels
Valsartan	Potassium-sparing diuretics, K+ supplements, heparin	Hyperkalaemia; monitor potassium
Amlodipine	Grapefruit juice	Increased amlodipine exposure; avoid
Amlodipine	CYP3A4 inhibitors (e.g., ketoconazole, ritonavir)	Increased amlodipine exposure; monitor
Amlodipine	CYP3A4 inducers (e.g., rifampicin, St. John's wort)	Decreased amlodipine effect; monitor BP
Amlodipine	Simvastatin	Increased simvastatin exposure; limit simvastatin to 20 mg/day

4.6 Fertility, pregnancy, and lactation

Pregnancy
Not recommended in first trimester; contraindicated in second and third trimesters. AIIRAs can cause foetal and neonatal toxicity.
Breast-feeding
Not recommended. Amlodipine and HCT are excreted in milk. Alternative treatments with better safety profiles are preferred.
Fertility
No clinical studies with Exforge HCT. Valsartan showed no adverse effects in animal studies.
4.7 Effects on ability to drive and use machines
Dizziness or weariness may occur. Patients should be cautious when driving or using machines.
4.8 Undesirable effects
The safety profile is based on clinical studies and post-marketing experience.
Table 2: Adverse reactions by frequency (MedDRA SOC)

System Organ Class	Adverse reaction	Frequency (Exforge HCT)
Neoplasms	Non-melanoma skin cancer	Not known
Metabolism	Hypokalaemia, hyperlipidaemia	Very common
Nervous system	Dizziness, headache	Common
Vascular	Hypotension	Common
General	Oedema, fatigue	Common
Skin	Photosensitivity reaction	Rare
Respiratory	ARDS	Very rare

See full table in original SmPC for complete listing.
Reporting of suspected adverse reactions:
Reporting suspected adverse reactions after authorisation of the medicinal product is important as it allows continued monitoring of the benefit–risk balance of the medicinal product. Healthcare professionals are requested to report any suspected adverse reactions to the marketing authorisation holder or, where applicable, via the national reporting system. Electronic Reporting System (PvERS) https://pv.pharmacyboardkenya.org/
4.9 Overdose
No experience with Exforge HCT overdose. Symptoms may include pronounced hypotension, dizziness, peripheral vasodilation, reflex tachycardia. Treatment: cardiovascular support, vasoconstrictors, IV calcium gluconate. Activated charcoal may reduce amlodipine absorption. Haemodialysis not effective.
5. PHARMACOLOGICAL PROPERTIES
5.1 Pharmacodynamic properties

ATC code: C09DX01.
Exforge HCT combines amlodipine (calcium antagonist), valsartan (angiotensin II antagonist), and hydrochlorothiazide (thiazide diuretic) with additive antihypertensive effects.
In an 8-week controlled study in moderate to severe hypertension (baseline 170/107 mmHg), Exforge HCT 10/320/25 mg reduced BP by 39.7/24.7 mmHg, statistically superior to each dual combination. BP control (<140/90 mmHg) achieved in 71% vs. 45–54% for dual therapies.

Non-melanoma skin cancer

Epidemiological studies show cumulative dose-dependent association with HCT (OR for SCC up to 3.98–7.7 at high cumulative doses).

5.2 Pharmacokinetic properties

- **Amlodipine**: Tmax 6–12 h, bioavailability 64–80%, protein binding 97.5%, t½ 30–50 h.
- **Valsartan**: Tmax 2–4 h, bioavailability 23%, protein binding 94–97%, t½ 6 h.
- **Hydrochlorothiazide**: Tmax 2 h, bioavailability 70%, protein binding 40–70%, t½ 6–15 h.

Special populations: Elderly have higher valsartan AUC; renal impairment increases HCT AUC; hepatic impairment increases amlodipine and valsartan exposure.

5.3 Preclinical safety data

No unexpected toxicity. Combination caused reversible reduction in red blood cell mass, increased serum urea/creatinine/potassium, renal JG hyperplasia, gastric erosions in rats. No genotoxicity or carcinogenicity for the combination.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Tablet core: Cellulose microcrystalline, crospovidone (type A), silica colloidal anhydrous, magnesium stearate.
Coating: Hypromellose (2910, 3 mPa.s), macrogol 4000, talc, titanium dioxide (E171), and depending on strength: iron oxide yellow (E172), iron oxide red (E172).

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

2 years.

6.4 Special precautions for storage

Do not store above 30°C. Store in original package to protect from moisture.

6.5 Nature and contents of container

PVC/PVDC blisters. Pack sizes: 14, 28, 30, 56, 90, 98, or 280 tablets. Multipacks of 280 tablets (20 × 14 or 4 × 70). Hospital unit-dose blisters: 56, 98, or 280 tablets. Not all pack sizes may be marketed.

6.6 Special precautions for disposal

No special requirements.

7. MARKETING AUTHORISATION HOLDER
NVS Kenya Ltd.: P.O. Box 2657, Kenya

8. MARKETING AUTHORISATION NUMBERS
21440

9. DATE OF FIRST AUTHORISATION/RENEWAL
First authorisation: 16 October 2009
Latest renewal: 30 June 2014

10. DATE OF REVISION OF THE TEXT
11/06/2026