1. Name of the Medicinal Product:

MYLOVASC – 2.5 TABLETS

2. Qualitative and Quantitative Composition

Each Uncoated Tablet contains:

S-Amlodipine Besilate equivalent to S-Amlodipine 2.5 mg
For a full list of excipients, see section 6.1

3. Pharmaceutical form

White to off white color, Circular shaped, biconvex, uncoated tablets, plain on both side.

4. Clinical Particular

4.1 Therapeutic Indications

Arterial hypertension grade 1 (mild) (as monotherapy or in combination with other antihypertensive drugs).

4.2 Posology and Method of Administration

The normal recommended dose is 2.5 mg once a day. Based on the clinical response of the patient, the dose may be enhanced, up to 5 mg once a day.
Duration of Therapy: S (-) Amlodipine is prescribed as part of therapy for chronic conditions like hypertension and angina. Duration of therapy will be for as long as required and will be decided by treating doctor based on individual response to therapy and tolerability.

Method of administration
Tablet for oral administration

4.3 Contraindications

- Hypersensitivity to S-amlodipine and other dihydropyridine derivatives
- Prinzmetal's angina
- Severe hypotension
- Collapse, cardiogenic shock
- Pregnancy and lactation
- Under 18 years old (efficacy and safety have not been established)

With caution: Liver dysfunction, sick sinus syndrome (marked bradycardia and tachycardia), chronic heart failure of non-ischemic

etiology in the stage of decompensation, moderate hypotension, aortic stenosis, mitral stenosis, hypertrophic obstructive cardiomyopathy, acute myocardial infarction (and during the 1 month after it), diabetes mellitus, disturbed lipid profile, elderly population.

4.4 Special Warnings and Precautions for Use

No controlled clinical study of S (-) Amlodipine has been performed in patients with hepatic impairment and renal impairment. Clinical studies in patients with normal liver function have shown that there is no elevation in the hepatic enzymes with the use of S () Amlodipine.

However, caution should be taken while administering S (-) amlodipine to patients with hepatic and renal impairment.

Pregnant Women & Nursing Mothers: There is no data available on the use of S (-) Amlodipine in pregnant and lactating women. This product is contraindicated in pregnancy and lactation.

Children: Safety and effectiveness of this product in children have not been established. This product is contraindicated in children.

4.5 Interaction with other medicinal products and other forms of interaction

Clinical studies have shown that Amlodipine has been safely administered with thiazide diuretics, beta-blockers, angiotensin-converting enzyme inhibitors, long-acting nitrates, sublingual nitroglycerin, digoxin, warfarin, non-steroidal anti-inflammatory drugs, antibiotics, and oral hypoglycemic drugs. Hence no such interactions are expected with S (-) Amlodipine.

The pharmacokinetic studies with fixed dose combinations (FDCs) of S (-) Amlodipine with Atorvastatin, Hydrochlorothiazide, Ramipril, Atenolol and S (-) Metoprolol reported no any adverse interaction profile. So the above mentioned drugs can be administered with S (-) Amlodipine as co-prescription or in FDC.

Atorvastatin: It has been reported that in patients with hypertension and coexisting hypercholesterolemia, fixed-dose combination (FDC) of S (-) Amlodipine (2.5 mg) and Atorvastatin (10 mg) leads to significant reduction in both systolic and diastolic blood pressure and total cholesterol levels

and well tolerated. So, Atorvastatin can be coadministrated S (-) Amlodipine, if required clinically.

Beta Blockers: FDC of S (-) Amlodipine with Atenolol and S (-) Amlodipine with S (-) Metoprolol is safe and effective in management of hypertension in clinical practice. Beta blockers can be co-administrated with S (-) Amlodipine, if required clinically.

Angiotensin II Receptor Antagonist: a fixed dose combination (FDC) of S (-) Amlodipine and Losartan is safe and effective when administered once-daily in patients with mild to moderate hypertension. Angiotensin II Receptor antagonists, can be coadministrated with S (-) Amlodipine, if required clinically.

Digoxin: Co-administration of Amlodipine with digoxin reported no change in serum digoxin levels or digoxin renal clearance in normal volunteers. Hence similar effects are expected with S (-) Amlodipine.

Ethanol (alcohol): Single and multiple doses of racemic Amlodipine had reported no significant effect on the pharmacokinetics of ethanol. Hence similar effects are expected with S (-) Amlodipine.

Warfarin: Co-administration of racemic Amlodipine with warfarin reported no change the warfarin prothrombin response time. Similar effects are expected with S (-) Amlodipine.

4.6 Pregnancy and Lactation

Pregnant Women & Nursing Mothers: There is no data available on the use of S (-) Amlodipine in pregnant and lactating women, hence the drug should be administered only when the potential benefits outweigh the risk to the patient.

4.7 Effects on ability to drive and use machines

No studies on the effects on the ability to drive and use machines have been performed.

4.8 Undesirable effects

On the basis of the clinical data available, following non-serious adverse events with incidence < 2% have been reported with the use of S (-) Amlodipine:
pedal edema, headache, dizziness, asthenia, somnolence, blushing, chest pain, vomiting, abdominal pain, myalgia, rash, frequent urination, palpitation, fever, presyncopy, difficulty in breathing, tachycardia, cough, cheerlessness, facial puffiness, heavy headedness, worsening of hyperlipidemia, impaired gycemic control, and diarrhea.
Adverse reactions reported with amlodipine are mentioned below:

Cardiovascular system: Common: palpitations, dyspnoea, apparent hypotension, syncope, vasculitis, edema (swelling of the ankles and feet), flushing; Rare: arrhythmia (bradycardia, ventricular tachycardia, atrial fibrillation), chest pain, orthostatic hypotension; Very rare: development or exacerbation of congestive heart failure.
Central nervous system: Common: dizziness, headache, fatigue, somnolence, mood changes; Rare: syncope, hyperesthesia, nervousness, paraesthesia, tremors, vertigo, asthenia, feeling of uneasiness, insomnia, depression, abnormal dreams; Very rare: ataxia, apathy, agitation, amnesia.
Digestive system: Common: nausea, vomiting, epigastric pain; Rare: raised liver enzymes and jaundice caused by cholestasis, pancreatitis, dry mouth,meteorism, gingival hyperplasia, constipation or diarrhea;
Very rare: gastritis, increased appetite, taste perversion.

Urogenital system: Rare: pollakiuria, tenesmus, nocturia, potency reduction; Very rare: dysuria, polyuria.
Skin and subcutaneous tissue:

Very rare: xeroderma, alopecia, dermatitis, purpura, skin discoloration. Allergic reactions: Skin itch, rash (including the pruritic and erythematous rashes, urticaria), angioneurotic edema.
Musculoskeletal system:

Rare: arthralgia, arthritis, myalgia (during chronic administration); Very rare: myasthenia gravis.
Other disorders:

Rare: gynaecomastia, poliurekemia, weight increase/decrease, thrombocytopenia, leukopenia, hyperglycemia, visual disturbances, conjunctivitis, diplopia, eye pain, tinnitus, back pain, epistaxis, hyperhidrosis, thirst; Very rare: cold clammy sweat, coughing, rhinitis, parosmia, accommodation disorder, xerophthalmia.

Reporting of suspected adverse reactions
Healthcare professionals are requested to report any suspected adverse reactions via national Pharmacovigilance Electronic Reporting Systems to the respective national regulatory authorities.

4.9 Overdose

There are no reported cases of overdosage with the use of S (-) Amlodipine. Overdosage with racemic Amlodipine may cause excessive peripheral vasodilation with marked hypotension and possibly a reflex tachycardia. Hence, caution should be taken in case of an overdosage with S (-) Amlodipine. If massive overdose occurs, active cardiac and respiratory monitoring should be instituted. Frequent blood pressure measurements should be performed. If hypotension occurs, cardiovascular support including elevation of the extremities and the judicious administration of fluids should be initiated. If hypotension remains unresponsive to these conservative measures, administration of vasopressors (such as phenylephrine) should be considered with attention to the circulating drug. If massive overdose occurs, gastric lavage should be employed. As this product is highly plasma protein bound, hemodialysis is not likely to be of benefit.

5. Pharmacological Properties

5.1 Pharmacodynamic Properties

Pharmacotherapeutic group: Calcium channel blockers,
ATC-Code: C08CA01 S (-)
Amlodipine, the chirally pure form of Amlodipine is a calcium channel antagonist belonging to the dihydropyridine class. The S (-) isomer of Amlodipine is found to possess greater pharmacological effects than R (+) Amlodipine. S (-) Amlodipine is 1000 times more potent than the R (+) isomer in binding to the dihydropyridine receptor. In humans, the dominant effects of Amlodipine are consequent to vasodilation. S (-) Amlodipine lowers peripheral vascular resistance without causing a reflex tachycardia. It is effective as a once daily dosage in the control of hypertension.

5.2 Pharmacokinetic Properties

Administration of S (-) Amlodipine 5 mg as a single dose in the fasting state produced maximum plasma concentration (Cmax) of 2.98 ± 0.441

ng/ml in 8.05 ± 2.24 hours (Tmax). The mean AUC0-t value (t= 196 hours) of S (-) Amlodipine (5 mg tablet) was
163.89 ± 42.52 ng.hr/ml. The AUC0-∞ value was 176.57 ± 44.31 ng.hr/ml. Amlodipine is extensively (about 90%) converted to inactive metabolites via hepatic metabolism with 10% of the parent compound and 60% of the metabolites excreted in the urine. The plasma elimination half-life of S (-) Amlodipine is 44.15 ± 9.915 hours. Significant reduction in systolic and diastolic blood pressure was noted at 15 days of S (-) Amlodipine therapy in one clinical trial using office and 24-hour ambulatory blood pressure monitoring.

6. Pharmaceutical Particulars

6.1 List of excipients:

Microcrystalline Cellulose, Sodium Starch Glycolate, Croscarmellose Sodium, Crospovidone, Sodium acid citrate, Colloidal anhydrous silica, Magnesium Stearate

6.2 Incompatibilities

Not Applicable

6.3 Shelf Life

3 years

6.4 Special Precautions for Storage

Do not store above 30°C, store in the original package in order to protect from moisture.

6.5 Nature and contents of Container:

Blister pack (Alu/Amber PVC): 3 x 10 Tablets

6.6 Special precautions for disposal and other handling:

Any unused product or waste material should be disposed of in accordance with local requirements. Keep the medicine out of reach of children

7. Marketing Authorization Holder

Prisma Pharma FZE

P.O. Box 17269

Jebel Ali Free Zone

Dubai, U.A.E.

Manufacturing Site

Bafna Pharmaceuticals Limited,

No.147, Madhavaram Redhills High Road,

Grantlyon Village, Vadakarai Post,
Chennai, Tamil Nadu.

8. Marketing authorization number(s)

H2018/CTD4601/411ER/R1

9. Date of first authorization/renewal of the authorization

22/07/2022

10. Date of revision of the text

22/07/2022