SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

Velmi-H (Telmisartan 40 mg / Hydrochlorothiazide 12.5 mg Tablets)

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each tablet contains 40 mg Telmisartan and 12.5 mg Hydrochlorothiazide.

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Tablet.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Velmi-H is indicated for the treatment of essential hypertension in adult patients whose blood pressure is not adequately controlled on telmisartan or hydrochlorothiazide monotherapy.

4.2 Posology and method of administration

Posology

The usual dose is one tablet once daily. Patients who do not adequately respond to telmisartan or hydrochlorothiazide monotherapy alone may be switched to the fixed-dose combination.

Special populations

Renal impairment: Periodic monitoring of renal function is recommended. Use with caution in patients with mild to moderate renal impairment. Not recommended in patients with severe renal impairment or those undergoing dialysis, as thiazide diuretics may precipitate azotaemia.

Hepatic impairment: In patients with mild to moderate hepatic impairment, dosage should not exceed one tablet of the lowest strength once daily. This combination is not recommended in patients with severe hepatic impairment.

Elderly: No dosage adjustment is necessary.

Paediatric population: The safety and efficacy in children and adolescents below 18 years have not been established.

Method of administration

Oral use. The tablet should be taken with liquid, with or without food.

4.3 Contraindications

- Hypersensitivity to the active substances, to sulfonamide-derived substances (hydrochlorothiazide), or to any of the excipients.
- Second and third trimesters of pregnancy.
- Cholestasis and biliary obstructive disorders.
- Severe hepatic impairment.
- Severe renal impairment (creatinine clearance <30 mL/min).
- Refractory hypokalaemia, hypercalcaemia.
- Concomitant use with aliskiren-containing products in patients with diabetes mellitus or renal impairment (GFR <60 mL/min/1.73 m^2).

4.4 Special warnings and precautions for use

Pregnancy: Angiotensin II receptor antagonists should not be initiated during pregnancy. Unless continued treatment is considered essential, patients planning pregnancy should be changed to alternative antihypertensive treatments with an established safety profile for use in pregnancy. When pregnancy is diagnosed, treatment should be stopped immediately.

Hepatic impairment: Should be used with caution in patients with hepatic impairment or progressive liver disease, since minor alterations of fluid and electrolyte balance may precipitate hepatic coma.

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 agents affecting the renin-angiotensin system.

Renal impairment and renal transplantation: No experience regarding administration in patients with a recent kidney transplant. Periodic monitoring of serum potassium and creatinine is recommended in patients with renal impairment.

Intravascular volume depletion: Symptomatic hypotension may occur in volume- and/or sodium-depleted patients, such as those on vigorous diuretic therapy, dietary salt restriction, diarrhoea or vomiting; volume/sodium depletion should be corrected before administration.

Dual blockade of the renin-angiotensin-aldosterone system: The combination with ACE inhibitors or aliskiren is associated with increased risk of hypotension, hyperkalaemia, and decreased renal function; dual blockade is not recommended.

Other conditions with stimulation of the renin-angiotensin-aldosterone system: In patients whose vascular tone and renal function depend predominantly on the renin-angiotensin-aldosterone system (e.g. severe congestive heart failure or underlying renal disease), treatment has been associated with acute hypotension, azotaemia, oliguria, or rarely acute renal failure.

Primary aldosteronism: Patients with primary aldosteronism generally will not respond to antihypertensive medicinal products acting through inhibition of the renin-angiotensin system; use is not recommended.

Aortic and mitral valve stenosis, obstructive hypertrophic cardiomyopathy: Caution should be used, as with other vasodilators, in patients suffering from aortic or mitral valve stenosis, or obstructive hypertrophic cardiomyopathy.

Metabolic and endocrine effects: Thiazide therapy may impair glucose tolerance; dosage adjustment of insulin or oral hypoglycaemic agents may be required. Thiazides may decrease urinary calcium excretion and cause hypercalcaemia, and may raise serum cholesterol and triglyceride levels; hyperuricaemia may occur or frank gout may be precipitated.

Electrolyte imbalance: As with any patient receiving diuretic therapy, periodic determination of serum electrolytes should be performed at appropriate intervals, particularly for hypokalaemia, hyponatraemia and hypochloraemic alkalosis.

Other: As with any patient on long-term thiazide therapy, patients should be observed for clinical signs of fluid or electrolyte imbalance. Acute angle-closure glaucoma and acute myopia have been reported with hydrochlorothiazide, a sulfonamide; if symptoms occur, the drug should be discontinued promptly.

Sorbitol: This product contains sorbitol; patients with rare hereditary problems of fructose intolerance should not take this medicine.

4.5 Interaction with other medicinal products and other forms of interaction

Lithium: Reversible increases in serum lithium concentrations and toxicity have been reported during concomitant administration with ACE inhibitors and angiotensin II receptor antagonists, including telmisartan. Concomitant use is not recommended; if necessary, careful monitoring of serum lithium levels is recommended.

Medicinal products causing potassium loss and hypokalaemia: The hypokalaemic effect of hydrochlorothiazide may be potentiated by concomitant administration of kaliuretic diuretics, corticosteroids, laxatives, amphotericin, carbenoxolone, penicillin G, or salicylic acid derivatives; monitoring of serum potassium is recommended.

Medicinal products affected by serum potassium disturbances: Periodic monitoring of serum potassium and ECG is recommended when co-administered with medicinal products affected by serum potassium disturbances (e.g. digitalis glycosides, antiarrhythmics) and QT-prolonging medicinal products.

NSAIDs: NSAIDs may reduce the antihypertensive effect of both hydrochlorothiazide and telmisartan, and may lead to increased risk of renal impairment when combined; concomitant use should be accompanied by adequate hydration and renal function monitoring.

Other antihypertensive agents: Additive blood-pressure-lowering effects can be expected with other antihypertensive medicinal products.

Alcohol, barbiturates, narcotics or antidepressants: May potentiate orthostatic hypotension.

Antidiabetic medicinal products (oral agents and insulin): Dosage adjustment of the antidiabetic medicinal product may be required.

Metformin: Should be used with caution due to the risk of lactic acidosis induced by possible functional renal failure linked to hydrochlorothiazide.

Colestyramine and colestipol resins: Absorption of hydrochlorothiazide is impaired in the presence of anionic exchange resins.

Pressor amines (e.g. noradrenaline): Effect may be decreased.

Non-depolarising skeletal muscle relaxants (e.g. tubocurarine): Effect may be potentiated by hydrochlorothiazide.

Digitalis glycosides: Thiazide-induced hypokalaemia or hypomagnesaemia may favour the onset of digitalis-induced cardiac arrhythmias.

Calcium salts: May increase serum calcium levels due to decreased excretion.

4.6 Fertility, pregnancy and lactation

Pregnancy

Use of angiotensin II receptor antagonists is not recommended during the first trimester of pregnancy and is contraindicated during the second and third trimesters, as exposure is associated with foetotoxicity and neonatal toxicity (decreased renal function, oligohydramnios, skull ossification retardation, hypotension, renal failure). There is limited experience with hydrochlorothiazide during pregnancy, particularly in the first trimester; animal data are insufficient. Hydrochlorothiazide crosses the placenta, and its use during the second and third trimesters may compromise foeto-placental perfusion and cause foetal/neonatal jaundice, thrombocytopenia and possibly other adverse reactions seen in adults.

Breast-feeding

Because no information is available regarding the use of telmisartan during breast-feeding, it is not recommended; alternative treatments with better-established safety profiles are preferable, especially while breast-feeding a newborn or preterm infant. Hydrochlorothiazide is excreted in breast milk in small amounts; thiazides in high doses causing intense diuresis can inhibit milk production.

Fertility

No specific studies with the combination have been conducted. In preclinical studies with telmisartan, no effect on male or female fertility was observed.

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. When driving or operating machinery, it should be taken into account that dizziness or drowsiness may occasionally occur during treatment.

4.8 Undesirable effects

The most commonly reported adverse reactions include dizziness. Rarely, severe hypotension may occur in individual patients.

Infections and infestations: Bronchitis, pharyngitis, sinusitis, upper respiratory tract infection, urinary tract infection including cystitis.

Blood and lymphatic system disorders: Anaemia, thrombocytopenia, eosinophilia, leucopenia, agranulocytosis, bone marrow depression.

Metabolism and nutrition disorders: Hypokalaemia, hyperuricaemia, hyponatraemia, hypercalcaemia, hyperglycaemia, worsening of glucose tolerance.

Psychiatric disorders: Anxiety, depression, insomnia.

Nervous system disorders: Dizziness, syncope, paraesthesia, sleep disorders.

Eye disorders: Visual disturbance, xanthopsia, transient blurred vision, acute myopia and acute angle-closure glaucoma (with hydrochlorothiazide).

Ear and labyrinth disorders: Vertigo.

Cardiac disorders: Tachycardia, arrhythmia.

Vascular disorders: Hypotension, orthostatic hypotension.

Respiratory, thoracic and mediastinal disorders: Dyspnoea, cough, respiratory distress including pneumonitis and pulmonary oedema.

Gastrointestinal disorders: Diarrhoea, dry mouth, flatulence, abdominal discomfort, vomiting, dyspepsia, pancreatitis, constipation, gastric irritation, sialadenitis.

Hepatobiliary disorders: Hepatic function abnormal/liver disorder, jaundice (intrahepatic cholestatic jaundice).

Skin and subcutaneous tissue disorders: Pruritus, hyperhidrosis, rash, angioedema, photosensitivity reaction, cutaneous lupus erythematosus-like reactions, necrotising vasculitis.

Musculoskeletal and connective tissue disorders: Back pain, muscle spasm, myalgia, arthralgia, pain in extremity.

Renal and urinary disorders: Renal impairment including acute renal failure, glycosuria, interstitial nephritis.

Reproductive system and breast disorders: Erectile dysfunction.

General disorders and administration site conditions: Chest pain, asthenia, influenza-like illness.

Investigations: Increased blood uric acid, increased hepatic enzymes, increased blood creatinine.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorization of the medicine is important. It allows continued monitoring of the benefit/risk balance of the medicine. Healthcare professionals are requested to report any suspected adverse reactions via the Pharmacy and Poisons Board, Pharmacovigilance Electronic Reporting System (PvERS):

https://pv.pharmacyboardkenya.org

4.9 Overdose

Limited data are available regarding overdosage with telmisartan/hydrochlorothiazide in humans. The most prominent manifestations of telmisartan overdosage are expected to be hypotension and tachycardia; bradycardia, dizziness, vomiting, increased serum creatinine and acute renal failure have also been reported. Overdosage with hydrochlorothiazide is associated with electrolyte depletion (hypokalaemia, hypochloraemia) and dehydration resulting from excessive diuresis.

If symptomatic hypotension occurs, supportive treatment should be instituted, including monitoring of vital signs. The patient should be placed in the supine position, and salt and volume replacement carried out promptly. Telmisartan is not removed by haemodialysis. The degree to which hydrochlorothiazide is removed by haemodialysis has not been established.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Angiotensin II antagonists and diuretics.

ATC code: C09DA07.

Velmi-H combines two antihypertensive substances with complementary mechanisms to control blood pressure in patients with essential hypertension: telmisartan, an angiotensin II receptor antagonist, and hydrochlorothiazide, a thiazide diuretic. The combination of these substances has an additive antihypertensive effect, reducing blood pressure to a greater degree than either component alone.

Telmisartan is a specific angiotensin II receptor (type AT1) antagonist, effective orally. It displaces angiotensin II with high affinity from its binding site at the AT1 receptor subtype, without any partial agonist

activity. Telmisartan selectively binds the AT1 receptor; the binding is long-lasting. Telmisartan does not exhibit any affinity to other receptors, including AT2.

Hydrochlorothiazide is a thiazide diuretic. The mechanism of the antihypertensive effect of thiazide diuretics is not fully known. Thiazides affect the renal tubular mechanisms of electrolyte reabsorption, directly increasing excretion of sodium and chloride in approximately equivalent amounts; the diuretic action reduces plasma volume, with consequent increases in plasma renin activity, aldosterone secretion, and urinary potassium loss, and decreases serum potassium.

5.2 Pharmacokinetic properties

Telmisartan

Absorption is rapid, although the amount absorbed varies. The mean absolute bioavailability is approximately 50%. Telmisartan is largely bound to plasma protein (>99.5%), mainly albumin and alpha-1-acid glycoprotein. It is eliminated by biliary excretion after either conjugation to form a pharmacologically inactive glucuronide or metabolism; total body clearance is high. Elimination half-life is more than 20 hours.

Hydrochlorothiazide

After oral administration, hydrochlorothiazide is absorbed rapidly (Tmax approximately 1.5-2 hours). Plasma protein binding is approximately 68%. The apparent terminal elimination half-life is 6-15 hours. It is not metabolised in humans and is eliminated almost entirely as unchanged drug in the urine.

5.3 Preclinical safety data

Non-clinical data reveal no special hazard for humans based on conventional studies of safety pharmacology, repeated dose toxicity, genotoxicity, and carcinogenic potential for the individual components or their combination. In animal reproductive toxicity studies, angiotensin II receptor antagonists have shown effects on late foetal development leading to foetal death and malformations, particularly of the skull; embryotoxicity, foetotoxicity and teratogenicity have also been observed.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

6.4 Special precautions for storage

Do not store above 30°C. Protect from moisture.

6.5 Nature and contents of container

6.6 Special precautions for disposal and other handling

Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

7. Marketing Authorization Holder

Eastleigh Pharmaceuticals Co. Ltd,

Nairobi, Kenya.

8. Marketing Authorization Number

H2022/CTD10281/22791

9. Date of registration

10. Date of revision of the text

04 September 2026