Telmicard® 80 Plus

Telmisartan / Hydrochlorothiazide

FORMS AND PRESENTATION

Telmicard® 80 Plus: Tablets: Box of 30.

COMPOSITION

Telmicard® 80 Plus: Each tablet contains Telmisartan 80mg and Hydrochlorothiazide 12.5mg. Excipients: lactose, starch, sunset yellow, light magnesium oxide, croscarmellose sodium, povidone, magnesium stearate, colloidal silicone dioxide, crospovidone, microcrystalline cellulose.

PHARMACOLOGICAL PROPERTIES

Pharmacodynamic Properties

Therapeutic class: Agents acting on the renin-angiotensin system.

ATC code: C09DA07.

Telmicard® 80 Plus is a combination of an angiotensin II receptor antagonist, telmisartan, and a thiazide diuretic, hydrochlorothiazide. The combination of these ingredients has an additive antihypertensive effect, reducing blood pressure to a greater degree than either component alone. Telmicard® 80 Plus once daily produces effective and smooth reductions in blood pressure across the therapeutic dose range.

Telmisartan is an orally effective and specific angiotensin II receptor subtype 1 (AT_1) antagonist. Telmisartan displaces angiotensin II with very high affinity from its binding site at the AT_1 receptor subtype, which is responsible for the known actions of angiotensin II. Telmisartan does not exhibit any partial agonist activity at the AT_1 receptor. Telmisartan selectively binds the AT_1 receptor. The binding is long-lasting. Plasma aldosterone levels are decreased by telmisartan. An 80 mg dose of telmisartan administered to healthy volunteers almost completely inhibits the angiotensin II evoked blood pressure increase. The inhibitory effect is maintained over 24 hours and still measurable up to 48 hours. After the first dose of telmisartan, the antihypertensive activity gradually becomes evident within 3 hours. The maximum reduction in blood pressure is generally attained 4-8 weeks after the start of treatment and is sustained during long-term therapy. The antihypertensive effect persists constantly over 24 hours after dosing and includes the last 4 hours before the next dose as shown by ambulatory blood pressure measurements. This is confirmed by measurements made at the point of maximum effect and immediately prior to the next dose (through to peak ratios consistently above 80 % after doses of 40 and 80 mg of telmisartan in placebo controlled clinical studies). In patients with hypertension telmisartan reduces both systolic and diastolic blood pressure without affecting pulse rate. Upon abrupt cessation of treatment with telmisartan, blood pressure gradually returns to pre-treatment values over a period of several days without evidence of rebound hypertension.

Hydrochlorothiazide is a thiazide diuretic. The mechanism of the antihypertensive effect of thiazide diuretics is not fully known. Thiazides have an effect on the renal tubular mechanisms of electrolyte reabsorption, directly increasing excretion of sodium and chloride in approximately equivalent amounts. The diuretic action of hydrochlorothiazide reduces plasma volume, increases plasma renin activity, increases aldosterone secretion, with consequent increases in urinary potassium and bicarbonate loss, and decreases in serum potassium. Presumably through blockade of the renin-angiotensin-aldosterone system, co-administration of telmisartan tends to reverse the potassium loss associated with these diuretics. With hydrochlorothiazide, onset of diuresis occurs in 2 hours, and peak effect occurs at about 4 hours, while the action persists for approximately 6-12 hours. Epidemiological studies have shown that long-term treatment with hydrochlorothiazide reduces the risk of cardiovascular mortality and morbidity.

The effects of Fixed Dose Combination of telmisartan/HCTZ on mortality and cardiovascular morbidity are currently unknown.

Pharmacokinetic Properties

Absorption: Telmisartan: Following oral administration peak concentrations of telmisartan are reached in 0.5 – 1.5 h after dosing. The absolute bioavailability of telmisartan at 40 mg and 160 mg was 42 % and 58 %, respectively. Food slightly reduces the bioavailability of telmisartan with a reduction in the area under the plasma concentration time curve (AUC) of about 6 % with the 40 mg dose and about 19 % after a 160 mg dose. By 3 hours after administration plasma concentrations are similar whether telmisartan is taken fasting or with food. The small reduction in AUC is not expected to cause a reduction in the therapeutic efficacy. The pharmacokinetics of orally administered telmisartan are non-linear over doses from 20 – 160 mg with greater than proportional increases of plasma concentrations (C_{max} and AUC) with increasing doses. Telmisartan does not accumulate significantly in plasma on repeated administration.

Hydrochlorothiazide: Following oral administration of Telmicard® 80 Plus peak concentrations of hydrochlorothiazide are reached in approximately 1.0 – 3.0 hours after dosing. Based on cumulative renal excretion of hydrochlorothiazide the absolute bioavailability was about 60 %.

Distribution: Telmisartan is highly bound to plasma proteins (>99.5 %) mainly albumin and alpha l-acid glycoprotein. The apparent volume of distribution for telmisartan is approximately 500 litres indicating additional tissue binding.

Hydrochlorothiazide is 68 % protein bound in the plasma and its apparent volume of distribution is 0.83 – 1.14 l/kg.

Biotransformation and elimination: Telmisartan: Following either intravenous or oral administration of ^{14}C-labelled telmisartan most of the administered dose (>97 %) was eliminated in faeces via biliary excretion. Only minute amounts were found in urine. Telmisartan is metabolised by conjugation to form a pharmacologically inactive acylglucuronide. The glucuronide of the parent compound is the only metabolite that has been identified in humans. After a single dose of ^{14}C-labelled telmisartan the glucuronide represents approximately 11 % of the measured radioactivity in plasma. The cytochrome P450 isoenzymes are not involved in the metabolism of telmisartan. Total plasma clearance of telmisartan after oral administration is>1500 ml/min. Terminal elimination half-life was > 20 hours.

Hydrochlorothiazide: Hydrochlorothiazide is not metabolised in man and is excreted almost entirely as unchanged substance in urine. About 60 % of the oral dose is eliminated as unchanged substance within 48 hours. Renal clearance is about 250 – 300 ml/min. The terminal elimination half-life of hydrochlorothiazide is 10 – 15 hours.

INDICATIONS

Telmicard® 80 Plus fixed dose combination (80 mg telmisartan/12.5 mg hydrochlorothiazide) is indicated for the treatment of essential hypertension in patients whose blood pressure is not adequately controlled on telmisartan alone.

CONTRAINDICATIONS

Hypersensitivity to any of the active substances or to any of the excipients, hypersensitivity to other sulphonamide-derived substances (since hydrochlorothiazide is a sulphonamide-derived medicinal product), 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.

PRECAUTIONS

Non-melanoma skin cancer

An increased risk of non-melanoma skin cancer (NMSC) [basal cell carcinoma (BCC) and squamous cell carcinoma (SCC)] with increasing cumulative dose of hydrochlorothiazide (HCTZ) exposure has been observed in two epidemiological studies.

Photosensitizing actions of HCTZ could act as a possible mechanism for non-melanoma skin cancer.

Patients taking HCTZ should be informed of the risk of non-melanoma skin cancer and advised to regularly check their skin for any new lesions and promptly report any suspicious skin lesions. Possible preventive measures such as limited exposure to sunlight and UV rays and, in case of exposure, adequate protection should be advised to the patients in order to minimize the risk of skin cancer. Suspicious skin lesions should be promptly examined potentially including histological examinations of biopsies. The use of HCTZ may also need to be reconsidered in patients who have experienced previous non-melanoma skin cancer.

Hepatic impairment: Telmicard® 80 Plus should not be given to patients with cholestasis, biliary obstructive disorders or severe hepatic insufficiency since telmisartan is mostly eliminated with the bile. These patients can be expected to have reduced hepatic clearance for telmisartan. In addition, Telmicard® 80 Plus should be used with caution in patients with impaired hepatic function or progressive liver disease, since minor alterations of fluid and electrolyte balance may precipitate hepatic coma. There is no clinical experience with Telmicard® 80 Plus in patients with hepatic impairment.

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 medicinal products that affect the renin-angiotensin-aldosterone system.

Renal impairment and kidney transplantation: Telmicard® 80 Plus should not be used in patients with severe renal impairment (creatinine clearance <30 ml/min). There is no experience regarding the administration of Telmicard® 80 Plus in patients with recent kidney transplantation. Experience with Telmicard® 80 Plus is modest in the patients with mild to moderate renal impairment, therefore periodic monitoring of potassium, creatinine and uric acid serum levels is recommended. Thiazide diuretic-associated azotaemia may occur in patients with impaired renal function.

Intravascular hypovolaemia: Symptomatic hypotension, especially after the first dose, may occur in patients who are volume and/or sodium depleted by vigorous diuretic therapy, dietary salt restriction, diarrhoea or vomiting. Such conditions should be corrected before the administration of Telmicard® 80 Plus.

Other conditions with stimulation of the renin-angiotensin-aldosterone system: In patients whose vascular tone and renal function depend predominantly on the activity of the renin-angiotensin-aldosterone system (e.g. patients with severe congestive heart failure or underlying renal disease, including renal artery stenosis), treatment with medicinal products that affect this system has been associated with acute hypotension, hyperazotaemia, 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. Therefore, the use of Telmicard® 80 Plus is not recommended.

Aortic and mitral valve stenosis, obstructive hypertrophic cardiomyopathy: As with other vasodilators, special caution is indicated in patients suffering from aortic or mitral stenosis, or obstructive hypertrophic cardiomyopathy.

Metabolic and endocrine effects: Thiazide therapy may impair glucose tolerance. In diabetic patients dosage adjustments of insulin or oral hypoglycaemic agents may be required. Latent diabetes mellitus may become manifest during thiazide therapy.

An increase in cholesterol and triglyceride levels has been associated with thiazide diuretic therapy; however, at the 12.5 mg dose contained in Telmicard® 80 Plus, minimal or no effects were reported.

Hyperuricaemia may occur or frank gout may be precipitated in some patients receiving thiazide therapy.

Electrolyte imbalance: As for any patient receiving diuretic therapy, periodic determination of serum electrolytes should be performed at appropriate intervals.

Thiazides, including hydrochlorothiazide, can cause fluid or electrolyte imbalance (including hypokalaemia, hyperkalaemia, hypercalcaemia, hypomagnesaemia hyponatraemia and hypochloraemic alkalosis). Warning signs of fluid or electrolyte imbalance are dryness of mouth, thirst, asthenia, lethargy, drowsiness, restlessness, muscle pain or cramps, muscular fatigue, hypotension, oliguria, tachycardia, and gastrointestinal disturbances such as nausea or vomiting.

Ethnic differences: As with all other angiotensin II receptor antagonists, telmisartan is apparently less effective in lowering blood pressure in black patients than in non blacks, possibly because of higher prevalence of low renin states in the black hypertensive population.

Other: As with any antihypertensive agent, excessive reduction of blood pressure in patients with ischaemic cardiopathy or ischaemic cardiovascular disease could result in a myocardial infarction or stroke.

General: Hypersensitivity reactions to hydrochlorothiazide may occur in patients with or without a history of allergy or bronchial asthma, but are more likely in patients with such a history.

Exacerbation or activation of systemic lupus erythematosus has been reported with the use of thiazide diuretics.

Cases of photosensitivity reactions have been reported with thiazide diuretics. If a photosensitivity reaction occurs during treatment, it is recommended to stop the treatment. If a re-administration of the diuretic is deemed necessary, it is recommended to protect exposed areas to the sun or to artificial UVA.

PREGNANCY AND LACTATION

The use of angiotensin II receptor antagonists is not recommended during the first trimester of pregnancy. The use of angiotensin II receptor antagonists is contraindicated during the second and third trimesters of pregnancy.

There are no adequate data from the use of Telmicard® 80 Plus in pregnant women. Studies in animals have shown reproductive toxicity. Unless continued angiotensin II receptor antagonist therapy is considered essential, patients planning pregnancy should be changed to alternative antihypertensive treatments which have an established safety profile for use in pregnancy. When pregnancy is diagnosed, treatment with angiotensin II receptor antagonists should be stopped immediately, and, if appropriate, alternative therapy should be started. Exposure to angiotensin II receptor antagonist therapy during the second and third trimesters is known to induce human fetotoxicity (decreased renal function, oligohydramnios, skull ossification retardation) and neonatal toxicity (renal failure, hypotension, hyperkalaemia). Should exposure to angiotensin II receptor antagonists have occurred from the second trimester of pregnancy, ultrasound check of renal function and skull is recommended. Infants whose mothers have taken angiotensin II receptor antagonists should be closely observed for hypotension. Thiazides cross the placental barrier and appear in cord blood. They may cause foetal electrolyte disturbances and possibly other reactions that have occurred in the adults. Cases of neonatal thrombocytopenia, of foetal or neonatal jaundice have been reported with maternal thiazide therapy.

Because no information is available regarding the use of Telmicard® 80 Plus during breast-feeding, Telmicard® 80 Plus is not recommended and alternative treatments with better established safety profiles during breast-feeding are preferable, especially while nursing a newborn or preterm infant. Thiazides appear in human milk and may inhibit lactation.

DRUG INTERACTIONS

Interaction studies have only been performed in adults.

Lithium: Reversible increases in serum lithium concentrations and toxicity have been reported during concomitant administration of lithium with angiotensin converting enzyme inhibitors. Rare cases have also been reported with angiotensin II receptor antagonists (including Telmicard® 80 Plus). Co-administration of lithium and Telmicard® 80 Plus is not recommended. If this combination proves essential, careful monitoring of serum lithium level is recommended during concomitant use.

Medicinal products associated with potassium loss and hypokalaemia (e.g. other kaliuretic diuretics, laxatives, corticosteroids, ACTH, amphotericin, carbenoxolone, penicillin G sodium, salicylic acid and derivatives): If these substances are to be prescribed with the

hydrochlorothiazide-telmisartan combination, monitoring of potassium plasma levels is advised. These medicinal products may potentiate the effect of hydrochlorothiazide on serum potassium.
Medicinal products that may increase potassium levels or induce hyperkalaemia (e.g. ACE inhibitors, potassium-sparing diuretics, potassium supplements, salt substitutes containing potassium, cyclosporin or other medicinal products such as heparin sodium): If these medicinal products are to be prescribed with the hydrochlorothiazide-telmisartan combination, monitoring of potassium plasma levels is advised. Based on the experience with the use of other medicinal products that blunt the renin-angiotensin system, concomitant use of the above medicinal products may lead to increases in serum potassium and is, therefore, not recommended.
Medicinal products affected by serum potassium disturbances: Periodic monitoring of serum potassium and ECG is recommended when Telmicard® 80 Plus is administered with these medicinal products affected by serum potassium disturbances (e.g. digitalis glycosides, antiarrhythmics) and the following torsades de pointes inducing medicinal products (which include some antiarrhythmics), hypokalaemia being a predisposing factor to torsades de pointes.
- class Ia antiarrythmics (e.g. quinidine, hydroquinidine, disopyramide)
- class III antiarrythmics (e.g. amiodarone, sotalol, dofetilide, ibutilide)
- some antipsychotics (e.g. thioridazine, chlorpromazine, levomepromazine, trifluoperazine, cyamemazine, sulpiride, sultopride, amisulpride, tiapride, pimozide, haloperidol, droperidol)
- others (e.g. bepridil, cisapride, diphemanil, erythromycin IV, halofantrin, mizolastin, pentamidine, sparfloxacine, terfenadine, vincamine IV.)

Digitalis glycosides: Thiazide-induced hypokalaemia or hypomagnesaemia favours the onset of digitalis-induced arrhythmia.
Other antihypertensive agents: Telmisartan may increase the hypotensive effect of other antihypertensive agents.
Antidiabetic medicinal products (oral agents and insulin): Dosage adjustment of the antidiabetic medicinal products may be required.
Metformin: Metformin should be used with precaution: risk of lactic acidosis induced by a possible functional renal failure linked to hydrochlorothiazide.
Cholestyramine and colestipol resins: Absorption of hydrochlorothiazide is impaired in the presence of anionic exchange resins.
Non-steroidal anti-inflammatory medicinal products: NSAIDs (i.e. acetylsalicylic acid at anti-inflammatory dosage regimens, COX-2 inhibitors and non-selective NSAIDs) may reduce the diuretic, natriuretic and antihypertensive effects of thiazide diuretics and the antihypertensive effects of angiotensin II receptor antagonists. In some patients with compromised renal function (e.g. dehydrated patients or elderly patients with compromised renal function) the co-administration of angiotensin II receptor antagonists and agents that inhibit cyclo-oxygenase may result in further deterioration of renal function, including possible acute renal failure, which is usually reversible. Therefore the combination should be administered with caution, especially in the elderly. Patients should be adequately hydrated and consideration should be given to monitoring of renal function after initiation of concomitant therapy and periodically thereafter.
Pressor amines (e.g. noradrenaline): The effect of pressor amines may be decreased.
Nondepolarizing skeletal muscle relaxants (e.g. tubocurarine): The effect of nondepolarizing skeletal muscle relaxants may be potentiated by hydrochlorothiazide.
Medicinal products used in the treatment for gout (e.g. probenecid, sulfinpyrazone and allopurinol): Dosage adjustment of uricosuric medications may be necessary as hydrochlorothiazide may raise the level of serum uric acid. Increase in dosage of probenecid or sulfinpyrazone may be necessary. Co-administration of thiazide may increase the incidence of hypersensitivity reactions of allopurinol.
Calcium salts: Thiazide diuretics may increase serum calcium levels due to the decreased excretion. If calcium supplements must be prescribed, serum calcium levels should be monitored and calcium dosage adjusted accordingly.
Beta-blockers and diazoxide: The hyperglycaemic effect of beta-blockers and diazoxide may be enhanced by thiazides.
Anticholinergic agents (e.g. atropine, biperiden) may increase the bioavailability of thiazide-type diuretics by decreasing gastrointestinal motility and stomach emptying rate.
Amantadine: Thiazides may increase the risk of adverse effects caused by amantadine.
Cytotoxic agents (e.g. cyclophosphamide, methotrexate): Thiazides may reduce the renal excretion of cytotoxic medicinal products and potentiate their myelosuppressive effects.
Based on their pharmacological properties it can be expected that the following medicinal products may potentiate the hypotensive effects of all antihypertensives including telmisartan: baclofen, amifostine.
Furthermore, orthostatic hypotension may be aggravated by alcohol, barbiturates, narcotics or antidepressants.

ADVERSE EFFECTS

Fixed Dose Combination

Adverse effects reported in all clinical trials and occurring more frequently ($p \leq 0.05$) with telmisartan plus hydrochlorothiazide than with placebo are shown below according to system organ class. Adverse effects have been ranked under headings of frequency using the following convention: very common (≥ 1/10); common (≥ 1/100 to <1/10); uncommon (≥1/1,000 to <1/100); rare (≥ 1/10,000 to <1/1,000); very rare (<1/10,000), not known (cannot be estimated from the available data). Within each frequency grouping, adverse effects are presented in order of decreasing seriousness.
Infections and infestations: Rare: bronchitis. Not known: pharyngitis, sinusitis.
Metabolism and nutrition disorders: Uncommon: hypokalaemia. Rare: hyperuricaemia, hyponatraemia.
Psychiatric disorders: Uncommon: anxiety. Rare: depression.
Nervous system disorders: Common: dizziness. Uncommon: syncope, paraesthesia. Rare: insomnia, sleep disorders.
Eye disorders: Rare: visual disturbance, vision blurred.
Ear and labyrinth disorders: Uncommon: vertigo.
Cardiac disorders: Uncommon: tachycardia, arrhythmias.
Vascular disorders: Uncommon: hypotension, orthostatic hypotension.
Respiratory, thoracic and mediastinal disorders: Uncommon: dyspnoea. Rare: respiratory distress (including pneumonitis and pulmonary oedema).
Gastrointestinal disorders: Uncommon: diarrhoea, dry mouth, flatulence. Rare: abdominal pain, constipation, dyspepsia, vomiting. Not known: gastritis.
Hepatobiliary disorders: Rare: abnormal hepatic function/liver disorder.
Skin and subcutaneous tissue disorders: Rare: angioedema, erythema, pruritus, rash, hyperhidrosis, urticaria.
Muscoloskeletal, connective tissue and bone disorders: Uncommon: back pain, muscle spasms, myalgia. Rare: arthralgia, muscle cramps, pain in limb.
Reproductive system and breast disorders: Uncommon: erectile dysfunction.
General disorders and administration site conditions: Uncommon: chest pain. Rare: Influenza-like illness, pain.
Investigations: Uncommon: blood uric acid increased. Rare: blood creatinine increased, blood creatine phosphokinase increased, hepatic enzyme increased.

Additional information on individual components

Telmisartan:

Adverse effects of unknown frequency reported with the use of telmisartan alone include:
Infections and infestations: Not known: upper respiratory tract infection, urinary tract infection including cystitis, sepsis including fatal outcome (In the PRoFESS *(Prevention Regimen For Effectively Avoiding Second Strokes)* trial, an increased incidence of sepsis was observed with telmisartan compared with placebo. The event may be a chance finding or related to a mechanism currently not known).
Blood and lymphatic system disorders: Not known: eosinophilia, anaemia, thrombocytopenia.
Immune system disorders: Not known: hypersensitivity, anaphylactic reactions.
Metabolism and nutrition disorders: Not known: hyperkalaemia.
Cardiac disorders: Not known: bradycardia.
Gastrointestinal disorders: Not known: stomach discomfort.
Skin and subcutaneous tissue disorders: Not known: eczema, drug eruption, toxic skin eruption.
Musculoskeletal, connective tissue and bone disorders: Not known: arthrosis, tendon pain.
Renal and urinary disorders: Not known: renal dysfunction, renal impairment (including acute renal failure).
General disorders and administration site conditions: Not known: asthenia, drug ineffective.
Investigations: Not known: haemoglobin decreased.

Hydrochlorothiazide:

Adverse effects of unknown frequency reported with the use of hydrochlorothiazide alone include:
Non-melanoma skin cancer: Not Known: (Basal cell carcinoma and Squamous cell carcinoma).
Infections and infestations: Not known: sialoadenitis.
Blood and lymphatic system disorders: Not known: anaemia aplastic, haemolytic anaemia, bone marrow failure, leukopenia, neutropenia, agranulocytosis, thrombocytopenia.
Immune system disorders: Not known: anaphylactic reactions, hypersensitivity.
Endocrine disorders: Not known: diabetes mellitus inadequate control.
Metabolism and nutrition disorders: Not known: anorexia, appetite decreased, electrolyte imbalance, hypercholesterolaemia, hyperglycaemia, hypovolaemia.
Psychiatric disorders: Not known: restlessness.
Nervous system disorders: Not known: light-headedness.
Eye disorders: Not known: xanthopsia.
Vascular disorders: Not known: vasculitis necrotizing.
Gastrointestinal disorders: Not known: pancreatitis, stomach discomfort.
Hepatobiliary disorders: Not known: jaundice hepatocellular, jaundice cholestatic.
Skin and subcutaneous tissue disorders: Not known: lupus-like syndrome, photosensitivity reactions, skin vasculitis, toxic epidermal necrolysis.
Musculoskeletal, connective tissue and bone disorders: Not known: weakness.
Renal and urinary disorders: Not known: nephritis interstitial, renal dysfunction, glycosuria.
General disorders and administration site conditions: Not known: pyrexia.
Investigations: Not known: triglycerides increased.

DOSAGE AND ADMINISTRATION

Adults
Telmicard® 80 Plus should be taken once daily with liquid, with or without food in patients whose blood pressure is not adequately controlled by telmisartan alone. Individual dose titration with each of the two components is recommended before changing to the fixed dose combination. When clinically appropriate, direct change from monotherapy to the fixed combination may be considered.
Telmicard® 80 Plus may be administered in patients whose blood pressure is not adequately controlled by Telmisartan 80 mg.
Renal impairment: Periodic monitoring of renal function is advised.
Hepatic impairment: In patients with mild to moderate hepatic impairment the posology should not exceed Telmisartan 40 mg and Hydrochlorothiazide 12.5 mg once daily. Telmicard® 80 Plus is not indicated in patients with severe hepatic impairment. Thiazides should be used with caution in patients with impaired hepatic function.
Elderly: No dosage adjustment is necessary.
Children and adolescents: Telmicard® 80 Plus is not recommended for use in children below 18 years due to a lack of data on safety and efficacy.

OVERDOSAGE

Symptoms: The most prominent manifestations of telmisartan overdose were hypotension and tachycardia; bradycardia, dizziness, vomiting, increase in serum creatinine, and acute renal failure have also been reported. Overdose with hydrochlorothiazide is associated with electrolyte depletion (hypokalaemia, hypochloraemia) and hypovolaemia resulting from excessive diuresis. The most common signs and symptoms of overdose are nausea and somnolence. Hypokalaemia may result in muscle spasms and/or accentuate arrhythmia associated with the concomitant use of digitalis glycosides or certain anti-arrhythmic medicinal products.
Treatment: Telmisartan is not removed by haemodialysis. The patient should be closely monitored, and the treatment should be symptomatic and supportive. Management depends on the time since ingestion and the severity of the symptoms. Suggested measures include induction of emesis and/or gastric lavage. Activated charcoal may be useful in the treatment of overdose. Serum electrolytes and creatinine should be monitored frequently. If hypotension occurs, the patient should be placed in a supine position, with salt and volume replacements given quickly.

STORAGE CONDITIONS

Store below 30°C.
Keep in original pack in intact conditions.

Date of revision: November 2018.

This is a medicament
- A medicament is a product which affects your health, and its consumption contrary to instructions is dangerous for you
- Follow strictly the doctor's prescription, the method of use, and the instructions of the pharmacist who sold the medicament
- The doctor and the pharmacist are experts in medicine, its benefits and risks
- Do not by yourself interrupt the period of treatment prescribed for you
- Do not repeat the same prescription without consulting your doctor
- Medicament: keep out of reach of children

Council of Arab Health Ministers
Union of Arab Pharmacists

PI060/6

Benta S.A.L.
Dbayeh - Lebanon