INTERACTIONS

Amlodipine has been safely administered with thiazide diuretics, beta blockers, alpha blockers, angiotensin-converting enzyme inhibitors, longacting nitrates, sublingual glyceryl trinitrate, non-steroidal antiinflammatory agents, antibiotics, and oral hypoglycaemic agents.
In vitro data from studies with human plasma indicate that amlodipine has no effect on protein binding of the drugs tested (digoxin, phenytoin, warfarin, or indomethacin).

Special Studies: Effect of other agents on amlodipine.

Cimetidine: Co-administration of amlodipine with cimetidine did not alter the pharmacokinetics of amlodipine.
Grapefruit Juice: Co-administration of 240mL of grapefruit juice with a single oral dose of amlodipine 10mg in 20 health volunteers had no significant effect on the pharmacokinetics of amlodipine.
Aluminium/Magnesium (antacid): Co-administration of an aluminium/magnesium antacid with a single dose of amlodipine had no significant effect on the pharmacokinetics of amlodipine.
Sildenafil: A single 100mg dose of sildenafil in subjects with essential hypertension had no effect on the pharmacokinetics parameters of amlodipine. When amlodipine and sildenafil were used in combination, each agent independently exerted its own blood pressure lowering effect.

Special Studies: Effect of amlodipine on other agents.

Atorvastatin: Co-administration of multiple 10mg doses of amlodipine with 80mg of atorvastatin resulted in no significant change in the steady state pharmacokinetic parameters of atorvastatin.
Digoxin: Co-administration of amlodipine with digoxin did not change serum digoxin levels or digoxin renal clearance in normal volunteers.
Ethanol (alcohol): Single and multiple 10mg doses of amlodipine had no significant effect on the pharmacokinetics of ethanol.
Warfarin: Co-administration of amlodipine with warfarin did not change the warfarin prothrombin response time. **Cyclosporin:** Pharmacokinetic studies with cyclosporin have demonstrated that amlodipine does not significantly alter the pharmacokinetics of cyclosporin. In vitro data from studies with human plasma indicate that amlodipine has no effect on protein binding of the drugs tested (digoxin, phenytoin, warfarin, or indomethacin).

PREGNANCY AND LACTATION

Safety of amlodipine in human pregnancy or lactation has not been established. Amlodipine does not demonstrate toxicity in animal reproductive studies other than to delay parturition and prolong labor in rats at a dose level 50 times the maximum recommended dose in humans. Accordingly, use in pregnancy is only recommended when there is no safer alternative and when the disease itself carries greater risk for the mother and fetus.

SIDE EFFECTS

Amlodipine is well tolerated. In placebo controlled clinical trials involving patients with hypertension or angina, the most commonly observed side effects were headache, edema, fatigue, somnolence, nausea, abdominal pain, flushing, palpitations, and dizziness. In these clinical trials no pattern of clinically significant laboratory test abnormalities related to amlodipine has been observed.

Less commonly observed side effects in marketing experience include alopecia, altered bowel habits, arthralgia, asthenia, back pain, dyspepsia, dyspnea, gingival hyperplasia, gynecomastia, hyperglycemia, impotence, increased urinary frequency, leucopenia, malaise, mood changes, dry mouth, muscle cramps, myalgia, peripheral neuropathy, pancreatit is, increased sweating, syncope, thrombocytopenia, vasculitis, and visual disturbances. In many instances, causal association in uncertain. Rarely, allergic reaction including pruritus, rash, angiodedma and erythema. multiforme. Hepatitis, jaundice and hepatic enzyme elevations have also been reported infrequently (mostly consistent with cholestasis). Some cases severe enough to require hospitalization have been reported in association with use of amlodipine. In many instances, causal association is uncertain.
As with other calcium channel blockers, the following adverse events have been rarely reported and cannot be distinguished from the natural history of the underlying disease: myocardial infarction, arrhythmia (including ventricular tachycardia and atrial fibrillation) and chest pain.

OVERDOSE

In humans, experience with intentional overdose is limited. Gastric lavage may be worthwhile in some cases. Available data suggest that gross overdosage could result in excessive peripheral vasodilation with subsequent marked and probably prolonged systemic hypotension. Clinically significant hypotension due to amlodipine overdosage calls for active cardiovascular support including frequent monitoring of cardiac and respiratory function, elevation of extremities, and attention to circulating fluid volume and urine output. A vasoconstrictor may be helpful in restoring vascular tone and blood pressure, provided that there is no contraindication to its use. IV calcium gluconate may be beneficial in reversing the effects of calcium-channel blockade. Since amlodipine is highly protein-bound, dialysis is not likely to be of benefit.

FOR SPECIALIST USE OLY

PACKING/PACK SIZE
5mg: Blister packs of 3x10's and 10x10's
10mg: Blister packs of 3x10's and 10x10's

STORAGE CONDITIONS

Store in a dry place below 30°C.
Protect from light and moisture.
Keep out of reach of children.
Jauhkan daripada kanak-kanak.

SHELF LIFE
Please refer outer carton

PRODUCT REGISTRATION HOLDER:

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1500011586 N.2

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