pharmaniaga®

PRIVANTA

Privanta Film-Coated Tablet 2.5 mg
Privanta Film-Coated Tablet 5 mg
Privanta Film-Coated Tablet 10 mg

COMPOSITION
Privanta Film-Coated Tablet 2.5 mg
Each film coated tablet contains Bisoprolol fumarate 2.5 mg
Privanta Film-Coated Tablet 5 mg
Each film coated tablet contains Bisoprolol fumarate 5 mg
Privanta Film-Coated Tablet 10 mg
Each film coated tablet contains Bisoprolol fumarate 10 mg

DESCRIPTION
Privanta Film-Coated Tablet 2.5 mg
White, heart shaped, biconvex film-coated tablet, scored on both sides.
Privanta Film-Coated Tablet 5 mg
Light Yellow, heart shaped, biconvex film-coated tablet, scored on both sides.
Privanta Film-Coated Tablet 10 mg
Light Orange, heart shaped, biconvex film-coated tablet, scored on both sides.

INDICATIONS
For 5 mg & 10 mg
- Treatment of high blood pressure (hypertension).
- Treatment of coronary heart disease (angina pectoris).
- Treatment of stable chronic heart failure with reduced systolic left ventricular function in addition to ACE inhibitors, and diuretics, and optionally cardiac glycosides.

For 2.5 mg
- Treatment of stable chronic heart failure with reduced systolic left ventricular function in addition to ACE inhibitors, and diuretics, and optionally cardiac glycosides.

ROUTE OF ADMINISTRATION
Oral. Bisoprolol tablets are taken in the morning, can be taken with food, swallowed whole with some liquid and not to be chewed.

CONTRAINDICATIONS
Privanta must not be used in patients with:
- acute heart failure or during episodes of heart failure decompensation requiring intravenous therapy with substances increasing the contractility of the heart,
- shock induced by disorders of cardiac function (cardiogenic shock),
- severe disturbances of atrioventricular conduction (second or third degree AV block) without a pacemaker,
- sick sinus syndrome,
- sinoatrial block,
- slowed heart rate, causing symptoms (symptomatic bradycardia),
- decreased blood pressure, causing symptoms (symptomatic hypotension),
- severe bronchial asthma
- severe forms of peripheral arterial occlusive disease or Raynaud syndrome,
- untreated tumours of the adrenal gland (phaeochromocytoma),
- metabolic acidosis,
- hypersensitivity to bisoprolol or to any of the excipients.

WARNINGS AND PRECAUTIONS
The following section describes when Privanta must be used with special caution:
- diabetes mellitus with extremely fluctuating blood glucose levels: symptoms of markedly reduced blood glucose (hypoglycaemia) such as tachycardia, palpitations or sweating can be masked,
- strict fasting,
- ongoing desensitisation therapy,
- mild disturbances of atrioventricular conduction (first degree AV block),
- disturbed blood flow in the coronary vessels due to vasospasms (Prinzmetal's angina), Cases of coronary vasospasm have been observed. Despite its high beta1-selectivity, angina attacks cannot be completely excluded when bisoprolol is administered to patients with Prinzmetal's angina.
- peripheral arterial occlusive disease (aggravation of symptoms may occur especially when starting therapy),
- patients with psoriasis or with a personal history of psoriasis.

Respiratory system: Although cardioselective (beta1) beta-blockers may have less effect on lung function than nonselective beta-blockers, as with all beta-blockers, these should be avoided in patients with obstructive airways diseases, unless there are compelling clinical reasons for their use. Where such reasons exist, Privanta may be used with caution. In bronchial asthma or other symptomatic chronic obstructive pulmonary diseases concomitant bronchodilator therapy is indicated.

An increase in airway resistance may occasionally occur in patients with asthma, requiring a higher dose of beta2–sympathomimetics

Allergic reactions: Beta-blockers, including Privanta may increase the sensitivity to allergens and the severity of anaphylactic reactions because the adrenergic counterregulation under beta-blockade may be alleviated. Treatment with adrenaline may not always yield the expected therapeutic effect.

General anaesthesia: In patients undergoing general anaesthesia the anaesthetist must be aware of beta-blockade. If it is thought necessary to withdraw Privanta before surgery, this should be done gradually and completed about 48 hours prior to anaesthesia.

Phaeochromocytoma: In patients with a tumour of the adrenal gland (phaeochromocytoma) Privanta may only be administered after previous alpha-receptor blockade.
Thyrotoxicosis: Under treatment with Privanta the symptoms of a thyroid hyperfunction (thyrotoxicosis) may be masked.

Special populations
So far, no sufficient therapeutic experience is available for Privanta in patients with heart failure and concomitant insulin dependent type I diabetes mellitus, severely impaired kidney function, severely impaired hepatic function, restrictive cardiomyopathy, congenital heart diseases or haemodynamically relevant organic valvular heart disease. No sufficient therapeutic experience is available either in patients with heart failure and myocardial infarction within the last 3 months. There is insufficient experience with Privanta in children, therefore the use of Privanta cannot be recommended for children

INTERACTIONS WITH OTHER MEDICAMENTS

The effect and tolerability of medicines can be influenced by simultaneous intake of other medication. Such interactions can also occur if a short time has elapsed since the use of the other medication.

Combinations not recommended
Treatment of stable chronic heart failure
Class-I antiarrhythmic medicines (e.g. quinidine, disopyramide, lidocaine, phenytoin; flecainide, propafenone) may increase the depressant effect of Privanta on atrio-ventricular impulse conduction and the contractility of the heart.

Calcium antagonists of the verapamil type and to a lesser extent of the diltiazem type may lead to reduced contractility of the heart muscle and delayed atrioventricular impulse conduction when used concomitantly with Privanta. Especially intravenous administration of verapamil in patients on beta-blocker treatment may lead to profound hypotension and atrioventricular block.

Centrally acting blood pressure-lowering medicines (such as clonidine, methyldopa, moxonodine, rilmenidine) may lead to a reduction of heart rate and cardiac output, as well as to vasodilation due to a decrease in the central sympathetic tonus. Abrupt withdrawal, particularly if prior to beta-blocker discontinuation, may increase risk of “rebound hypertension”

Combinations to be used with caution
Calcium antagonists of the dihydropyridine type (e.g. nifedipine, felodipine, amlodipine) may increase the risk of hypotension when used concomitantly with Privanta. An increased risk of a further deterioration of the ventricular pump function in patients with heart failure cannot be excluded.

Class-III antiarrhythmic medicines (e.g. amiodarone) may increase the inhibitory effect of Privanta on atrio-ventricular impulse conduction.

Topical beta-blockers (e.g. eye drops for glaucoma treatment) may add to the systemic effects of Privanta.

Parasympathomimetic medicines may increase the inhibitory effect on atrio-ventricular impulse conduction and the risk of bradycardia when used concomitantly with Privanta.

The blood sugar lowering effect of insulin or oral antidiabetic medicines may be increased. Warning signs of reduced blood glucose (hypoglycaemia) especially accelerated heart rate (tachycardia) may be masked or suppressed. Such interactions are considered to be more likely with nonselective beta-blockers.

Anaesthetic agents may increase the risk of cardio depressive actions of Privanta, leading to hypotension (for further information on general anaesthesia see also section special warnings and precautions).

Cardiac glycosides (digitalis) may lead to an increase in impulse conduction time and thus reduction in heart rate when used concomitantly with Privanta.

Non-steroidal anti-inflammatory medicines (NSAIDs) may reduce the blood pressure lowering effect of Privanta.

β-Sympathomimetics (e.g. isoprenaline, dobutamine) used in combination with Privanta may lead to a reduced effect of both agents.

A combination of Privanta with sympathomimetics that activate both β - and α-adrenoceptors (e.g. noradrenaline, adrenaline) may intensify the α- drenoceptor-mediated vasoconstrictor effects of these agents leading to blood pressure increase. Such interactions are considered to be more likely with nonselective beta-blockers.

Antihypertensive agents as well as other medicines with blood pressure lowering potential (e.g. tricyclic antidepressants, barbiturates, phenothiazines) may increase the blood pressure lowering effect of Privanta.

For Privanta Tablet 5 mg and 10 mg
Treatment of hypertension or coronary heart disease (angina pectoris)
Class-I antiarrhythmic medicines (e.g. quinidine, disopyramide, lidocaine, phenytoin; flecainide, propafenone) may increase the depressant effect of Privanta on atrioventricular impulse conduction and the contractility of the heart.

Combinations to be considered
- Mefloquine: Increased risk of bradycardia.
- Monoamine oxidase inhibitors (except MAO-B inhibitors): Enhanced hypotensive effect of the beta-blockers but also risk for hypertensive crisis.

PREGNANCY AND LACTATION
Pregnancy

During pregnancy Privanta is only recommended following careful assessment of benefit-to-risk ratio by the doctor. In general, beta-blockers reduce placental blood flow and may affect the development of the unborn child. Placental and uterine blood flow as well as the growth of the unborn child must be monitored and, in case of harmful effects on pregnancy or the foetus, alternative therapeutic measures considered.

The newborn infant must be monitored closely after delivery. Symptoms of reduced blood glucose and slowed pulse rate generally may occur within the first 3 days of life.

Lactation

There are no data on the excretion of bisoprolol in human breast milk or the safety of bisoprolol exposure in infants. Therefore, administration of Privanta is not recommended during breastfeeding.

EFFECTS ON THE ABILITY TO DRIVE AND USE MACHINES
Bisoprolol did not affect the driving performance of the patients. However, depending on the individual response to treatment an effect on the ability to drive a vehicle or to use machines may be impaired. This needs to be considered particularly at the start of treatment, upon change of medication, or in conjunction with alcohol.

ADVERSE EFFECTS
• *Cardiac disorders*
Very common: bradycardia (in patients with chronic heart failure)
Common: worsening of pre-existing heart failure (in patients with chronic heart failure)
Uncommon: AV-conduction disturbances; bradycardia (in patients with hypertension or angina pectoris); worsening of pre-existing heart failure (in patients with hypertension or angina pectoris)

• *Investigations*
Rare: increased triglycerides, increased liver enzymes (ALAT, ASAT)

• *Nervous system disorders*
Common: dizziness*, headache*
Rare: Syncope

• *Eye disorders*
Rare: reduced tear flow (to be considered if the patient uses contact lenses)
Very rare: conjunctivitis

• *Ear and labyrinth disorders*
Rare: hearing disorders

• *Respiratory, thoracic and mediastinal disorders*
Uncommon: bronchospasm in patients with bronchial asthma or a history of obstructive airways disease
Rare: allergic rhinitis

• *Gastrointestinal disorders*
Common: gastrointestinal complaints such as nausea, vomiting, diarrhoea, constipation

• *Skin and subcutaneous tissue disorders*
Rare: hypersensitivity reactions such as pruritus, flush, rash and angioedema
Very rare: alopecia. Beta-blockers may provoke or worsen psoriasis or induce psoriasis-like rash

• *Musculoskeletal and connective tissue disorders*
Uncommon: muscle weakness, muscle cramps

• *Vascular disorders*
Common: feeling of coldness or numbness in the extremities, hypotension especially in patients with heart failure

• *General disorders*
Common: asthenia (in patients with chronic heart failure), fatigue*
Uncommon: asthenia (in patients with hypertension or angina pectoris)

• *Hepatobilary disorders*
Rare: hepatitis

• *Reproductive system and breast disorders*
Rare: erectile dysfunction

• *Psychiatric disorders*
Uncommon: depression, sleep disorders
Rare: nightmares, hallucinations

Applies only to patients with hypertension or angina pectoris:
*These symptoms especially occur at the beginning of the therapy. They are generally mild and usually disappear within 1-2 weeks.

RECOMMENDED DOSAGE
For Privanta Tablet 5 mg and 10 mg
Treatment of hypertension or angina pectoris

In all cases the dose regimen is adjusted individually by your doctor, in particular according to the pulse rate and therapeutic success.

The usual initial dose is 5 mg bisoprolol fumarate once daily. If necessary, the dose may be increased to 10 mg bisoprolol fumarate once daily.

The maximum recommended dose is 20 mg bisoprolol fumarate once daily.

Privanta must be used with caution in patients with hypertension or angina pectoris and accompanying heart failure.

For Privanta Tablet 2.5 mg, 5 mg and 10 mg
Treatment of stable chronic heart failure

Standard treatment of CHF consists of an ACE inhibitor (or an angiotensin receptor blocker in case of intolerance to ACE inhibitors), a beta-blocker, diuretics, and when appropriate cardiac glycosides. The initiation of treatment of stable chronic heart failure with Privanta necessitates a special titration phase.

Precondition for treatment with bisoprolol is stable chronic heart failure without acute failure. It is recommended that the treating physician be experienced in the management of chronic heart failure.

The treatment of stable chronic heart failure with bisoprolol is initiated according to the following titration scheme, individual adaptation may be necessary depending on how well the patient tolerates each dose, i.e. the dose is to be increased only, if the previous dose is well tolerated.

1st week	1.25mg	bisoprolol fumarate once daily*
2nd week	2.5mg	bisoprolol fumarate (1/2 tablet Privanta 5mg) once daily
3rd week	3.75mg	bisoprolol fumarate once daily*
4th - 7th week	5mg	bisoprolol fumarate (1 tablet Privanta 5mg) once daily
8th - 11th week	7.5mg	bisoprolol fumarate (1 1/2 tablet Privanta 5mg)
12th week and beyond	10mg	bisoprolol fumarate (2 tablets Privanta 5mg) once daily as maintenance treatment

* Privanta 5mg is not suitable for initial treatment of stable chronic heart failure. Lower strengths are available for this purpose.

The maximum recommended dose is 10 mg bisoprolol fumarate once daily. Close monitoring of vital signs (blood pressure, heart rate) and symptoms of worsening heart failure is recommended during the titration phase. Symptoms may already occur within the first day after initiating therapy.

Treatment modification
If during the titration phase or thereafter, transient worsening of heart failure, hypotension or bradycardia occurs, reconsideration of the dosage of concomitant medication is recommended. It may also be necessary to temporarily lower the dose of bisoprolol or to consider discontinuation.

The reintroduction and/or up-titration of bisoprolol should always be considered when the patient becomes stable again.

Duration of treatment for all indications
Treatment with Privanta is generally a long-term therapy.
The treatment using Privanta Tablet 2.5 mg, it may be interrupted if necessary and reintroduced as appropriate.

Do not stop treatment abruptly or change the recommended dose without talking to your doctor first since this might lead to a transitory worsening of heart condition. Especially in patients with ischaemic heart disease, treatment must not be discontinued suddenly. If discontinuation is necessary, the daily dose is gradually decreased.

Special populations
Renal or hepatic impairment:

Treatment of hypertension or angina pectoris: In patients with liver or kidney function disorders of mild to moderate severity no dosage adjustment is normally required. In patients with severe renal impairment (creatinine clearance < 20 ml/min) and in patients with severe hepatic impairment a daily dose of 10 mg bisoprolol fumarate must not be exceeded.

Treatment of stable chronic heart failure: There is no information regarding pharmacokinetics of bisoprolol in patients with chronic heart failure and concomitant hepatic or renal impairment. Titration of the dose in these populations must therefore be made with particular caution.

Elderly:
No dosage adjustment is required.

Children:
There is no paediatric experience with bisoprolol, therefore its use cannot be recommended for children.

OVERDOSE AND TREATMENT
Symptoms
The most frequent signs of Privanta overdose include slow heart rate (bradycardia), marked drop in blood pressure, acute heart failure, hypoglycaemia and bronchospasm. In the case of suspected Privanta overdose, please inform your doctor immediately. The effect of overdose may vary from one person to the next and patients with heart failure are probably very sensitive.

Treatment
Depending on the degree of overdose, your doctor can then decide which measures to take. In general, if overdose occurs, bisoprolol treatment is stopped and supportive and symptomatic treatment is provided. Limited data suggest that bisoprolol is hardly dialysable.

PHARMACODYNAMICS

ATC code: C07AB07
Pharmacotherapeutic group: Beta blocking agents, selective

Bisoprolol, the active ingredient of Privanta is a beta1-selective-adrenoceptor blocking agent, lacking intrinsic stimulating and relevant membrane stabilising activity. It only shows very low affinity to the beta2-receptor of the smooth muscles of bronchi and vessels as well as to the beta2-receptors concerned with metabolic regulation. Therefore, bisoprolol is generally not to be expected to influence the airway resistance and beta2- mediated metabolic effects. Its beta1-selectivity extends beyond the therapeutic dose range.

PHARMACOKINETICS
Absorption: Bisoprolol is almost completely (>90%) absorbed from the gastrointestinal tract and, because of its small first pass metabolism of approximately 10% has a bioavailability of approximately 90% after oral administration.

Distribution. Bisoprolol is extensively distributed. The volume of distribution is 3.5 l/kg. Binding to plasma proteins is approximately 30%.

Metabolism. It is mainly metabolised via oxidative pathways with no subsequent conjugation. Metabolism is primarily via CYP3A4 (~95%) with CYP2D6 having only a minor role. All metabolites, being very polar, are renally eliminated. The major metabolites in human plasma and urine were found to be without pharmacological activity.

Elimination. The clearance of bisoprolol is 'balanced' between renal elimination of the unchanged molecule (~50%) and hepatic metabolism (~50%) to metabolites which are also renally excreted. The total clearance of bisoprolol is approximately 15 l/h. Bisoprolol has an elimination half-life of 10-12 hours.

SHELF LIFE
Product should not be used beyond the expiry date imprinted on the product packaging.

STORAGE CONDITIONS
Store below 30°C.

DOSAGE FORMS AND PACKAGING AVAILABLE
In box of 100 tablets (10 blisters × 10 tablets).

PRODUCT REGISTRATION HOLDER/MANUFACTURER
PHARMANIAGA MANUFACTURING BERHAD (198001006232)
No. 11A, Jalan P/1, Kawasan Perusahaan Bangi,
43650 Bandar Baru Bangi, Selangor Darul Ehsan, Malaysia

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25th August 2025

By: Idealprins Industries Sdn Bhd
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