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Pharmacode Reading Direction

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BLOPRESS® TABLETS

Composition
BLOPRESS® Tablet 8 mg is pale pink tablet with score line on both sides, each tablet contains 8 mg candesartan cilexetil.
BLOPRESS® Tablet 16 mg is light pink tablet with one convex side and one scored flat side, embossing 16 candesartan cilexetil.

Indication
Treatment of Hypertension

Dosage and Method of administration
A suggested starting dose of ***BLOPRESS®*** is 4 mg once daily. The dosage should be increased according to the therapeutic response until 16 mg once daily. The maximum antihypertensive effect is attained within 4 weeks of initiation treatment.

Administration
BLOPRESS® is to be taken once daily with or without food.

Use in the elderly
No dosage adjustment is necessary in patients up to 75 years old. In the patients with more than 75 years, an initial dose of 2 mg is recommended. The dose may be adjusted according to response.

Use in impaired renal function
No dosage adjustment is necessary in patients with mild renal impairment. In the patients with moderate to severe renal impairment, an initial dose of 2 mg once daily is recommended. The dose may be adjusted according to response.

Use in impaired hepatic function
An initial dose of 2 mg once daily is recommended in patients with mild to moderate hepatic impairment. The dose may be adjusted according to response. There is no experience in patients with severe hepatic impairment.
BLOPRESS® may be administered with other antihypertensive agents.

Use in children
The safety and efficacy of ***BLOPRESS®*** have not been established in children.

Contraindications
- Hypersensitivity to any component of ***BLOPRESS®*** Tablets.
- Pregnancy and lactation
- The use of canderstan cilexetil in combination with aliskiren-containing medicines in patients with diabetes or moderate to severe renal impairment (GFR<60ml/min/1.73m^2)

Overdose
Symptoms
Although there is no experience of overdosage with ***BLOPRESS®*** based on pharmacological considerations, the main manifestation of an overdose is likely to be hypotension.

Management
If symptomatic hypotension should occur, symptomatic treatment should be instituted and vital sign monitored. The patient should be placed supine with the legs elevated. If this is not sufficient, plasma volume should be increased by infusion of, for example, isotonic saline solution, Sympathomimetic drugs may be administered if the above-mentioned measures are not sufficient.
Candesartan is unlikely to be removed by haemodialysis.

Interaction with other medicaments and other forms of interaction
Dual Blockade of the Renin-Angiotensin-Aldosterone System (RAAS)
Dual blockade of the RAAS with angiotensin receptor blockers, ACE inhibitors, or aliskiren is associated with increased risks of hypotension, hyperkalemia, and changes in renal function (including acute renal failure) compared to the use of a single RAAS-acting agent.

Lithium
Reversible increases in serum lithium concentrations and toxicity have been reported during concomitant administration of lithium with ACE inhibitors. A similar effect may occur with angiotensin II receptor antagonists and careful monitoring of serum lithium levels is recommended during concomitant use.

Non-steroidal anti-inflammatory Drugs (NSAIDs)
Attenuation of the antihypertensive effect may occur when simultaneously administering angiotensin II receptor antagonists and NSAIDs (i.e. selective COX-2 inhibitors, acetylsalicylic acid and non-selective NSAIDs).
As with ACE inhibitors, concomitant use of angiotensin II receptor antagonists and NSAIDs may lead to an increased risk of worsening of renal function, including possible acute renal failure, and an increase in serum potassium, especially in patients with poor pre-existing renal function. The combination should be administered with caution, especially in older and volume-depleted patients. Patients should be adequately hydrated and consideration should be given to monitoring renal function after initiation of concomitant therapy and periodically thereafter.

Antihypertensives
The antihypertensive effect of candesartan cilexetil may be enhanced by other medicinal products with blood pressure lowering properties.
Potassium-sparing diuretics, potassium supplements or salt substitutes containing potassium
Based on experience with the use of other medicinal products that affect the RAAS, concomitant use of ***BLOPRESS®*** and potassium-sparing diuretics, potassium supplements, salt substitutes containing potassium, or other medicinal products that may increase potassium levels (e.g. heparin sodium) may lead to increases in serum potassium.

Pregnancy and Lactation
Pregnancy
Candesartan cilexetil must not be used in pregnancy. If pregnancy is detected during treatment, ***BLOPRESS®*** therapy must be immediately discontinued.
Animal studies with Candesartan cilexetil have demonstrated late foetal and neonatal injury in the kidney. The mechanism is believed to be pharmacologically mediated through effects on the renin-angiotensin-aldosterone system.
In humans, foetal renal perfusion, which is dependent upon the development of the renin-angiotensin-aldosterone system, begins in the second trimester. Thus, the risk to the foetus increases if ***BLOPRESS®*** is administered during the second or third trimester of pregnancy.

Lactation
It is not known whether candesartan is excreted in human milk. However candesartan cilexetil is excreted in the milk of lactating rats. Because the potential for adverse effects on the nursing infant, breast- feeding must be discontinued if the use of ***BLOPRESS®***, is considered essential.

Special Warnings and Precautions For Use
Dual blockade of the renin-angiotensin-aldosterone system (RAAS) with aliskiren- containing medicines.
Dual blockade of the renin-angiotensin-aldosterone system (RAAS) by combining candesartan cilexetil and aliskiren is not recommended since there is an increased risk of hypotension, hyperkalemia and changes in renal function.

Renal artery stenosis.
Renal function may worsen in patients with renal artery stenosis.
Other drugs affect the renin-angiotensin-aldosterone system, i.e. angiotensin converting enzyme (ACE) inhibitors, may increase blood urea and serum creatinine in patients with bilateral renal artery stenosis or stenosis of the artery to a solitary kidney. While not confirmed, potentially this may occur also with angiotensin II receptor antagonist.

Intravascular volume depletion
Hypotension may occur in hypertensive patients with intravascular volume depletion.

Hyperkalemia
Co-administration with potassium-sparing diuretics may result in increased potassium levels.
Based on experience with the use of other medicinal products that affect the renin-angiotensin-aldosterone system (RAAS), concomitant use of candesartan cilexetil with potassium-sparing diuretics, potassium supplements, salt substitutes containing potassium, or other medicinal products that may increase potassium levels (e.g.,heparin) may lead to increases in serum potassium in hypertensive patients.

Renal impairment
When candesartan cilexetil is used in patients with renal impairment, periodic monitoring of serum potassium and creatinine levels should be considered.

Intestinal angioedema
Intestinal angioedema has been reported in patients treated with angiotensin II receptor antagonists, ***BLOPRESS®*** (see section Undesirable effects). These patients presented with abdominal pain, nausea, vomiting and diarrhoea. Symptoms resolved after discontinuation of angiotensin II receptor antagonists. If intestinal angioedema is diagnosed, ***BLOPRESS®*** should be discontinued and appropriate monitoring should be initiated until complete resolution of symptoms has occurred.

Anaesthesia and surgery
Hypotension may occur during anaesthesia and surgery in patients treated with angiotensin II antagonists due to blockade of the RAAS. Very rarely, hypotension may be severe such that it may warrant the use of intravenous fluids and/or vasopressors.
As with other vasodilators, special caution is indicated in patients suffering from hemodynamically relevant aortic or mitral valve stenosis, or obstructive hypertrophic cardiomyopathy.

Effects on ability to drive and use machines
There are no studies on the effect of ***BLOPRESS®*** on the ability to drive. Patients should know their reaction to ***BLOPRESS®*** before they drive vehicles or operate machines.

Undesirable effects
Clinical studies for treatment of hypertension

In controlled clinical studies adverse reactions were mild and transient. The overall incidence of adverse events showed no association with dose or age. Withdrawals from treatment due to adverse events were similar with candesartan cilexetil (3.1%) and placebo (3.2%).
In a pooled analysis of clinical trial data of hypertensive patients, adverse reactions with candesartan cilexetil were defined based on an incidence of adverse events with candesartan cilexetil at least 1% higher than the incidence seen with placebo. By this definition, the most commonly reported adverse reactions were dizziness/

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Pharmacode Reading Direction

Pharmacode Reading Direction

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vertigo, headache and respiratory infection.

The table below presents adverse reactions from clinical trials and post-marketing experience.
The frequencies used in the tables throughout section 4.8 are: 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) and very rare (< 1/10,000).

System Organ Class	Frequency	Undesirable Effect
Infections and infestations	Common	Respiratory infection
Blood and lymphatic system disorders	Very rare	Leukopenia, neutropenia and agranulocytosis
Metabolism and nutrition disorders	Very rare	Hyperkalaemia, hyponatraemia
Nervous system disorders	Common	Dizziness/vertigo, headache
Respiratory, thoracic and mediastinal disorders	Very rare	Cough
Gastrointestinal disorders	Very rare	Nausea, intestinal angioedema
Hepato-biliary disorders	Very rare	Increased liver enzymes, abnormal hepatic function or hepatitis
Skin and subcutaneous tissue disorders	Very rare	Angioedema, rash, urticaria, pruritus
Musculoskeletal and connective tissue disorders	Very rare	Back pain, arthralgia, myalgia
Renal and urinary disorders	Very rare	Renal impairment, including renal failure in susceptible patients

Pediatric population
The adverse reaction profile of candesartan cilexetil as treatment for hypertension in paediatric patients appears similar to that seen in adults. Data in the pediatric population are limited.

Laboratory findings
In general there were no clinically important influences of ***BLOPRESS®*** on routine laboratory variables. As for other inhibitors of the renin-angiotensin-aldosterone system, small decreases in haemoglobin have been seen. Increases in creatinine, urea or potassium and decreases in sodium have been observed. Increases in S-ALAT (S-GPT) were reported as adverse events slightly more often with ***BLOPRESS®*** than with Placebo (1.3% vs 0.5%). No routine monitoring of laboratory variables is necessary for patients receiving ***BLOPRESS®***. However, in patients with severe renal impairment, periodic monitoring of serum potassium and creatinine levels should be considered.

Pharmacodynamic properties
Angiotensin II, the primary vasoactive hormone of the renin-angiotensin-aldosterone system plays a significant role in the pathophysiology of hypertension and other cardiovascular disorders. It also has an important role in the pathogenesis of end organ hypertrophy and damage.
BLOPRESS® is a prodrug suitable for oral use. It is rapidly converted to the active drug, candesartan, by ester hydrolysis during absorption from the gastrointestinal tract. Candesartan is an angiotensin II receptor antagonist, selective for AT1 receptors, with tight binding to and slow dissociation from the receptor. It has no agonist activity.
Candesartan does not inhibit ACE, which converts angiotensin I to angiotensin II and degrades bradykinin. Since there is no effect on ACE, and no potentiation of bradykinin or substance P, angiotensin II receptor antagonist are unlikely to be associated with cough. This has been confirmed in controlled clinical studies with ***BLOPRESS®*** Candesartan does not bind to or block other hormone receptors or ion channels known to be important in cardiovascular regulation.
In hypertension, ***BLOPRESS®*** causes a dose-dependent, long lasting reduction in arterial blood pressure. The antihypertensive action is due to decreased systemic peripheral resistance, while heart rate, stroke volume and cardiac output are not affected. There is no indication of serious or exaggerated first dose hypotension or rebound effect after cessation of treatment.
After administration of a single dose, onset of antihypertensive effect generally occurs within 2 hours. With continuous treatment, the maximum reduction in blood pressure with any dose is generally attained within four weeks and is sustained during long term treatment. It provides effective and smooth blood pressure reduction over the 24 hours dosing interval, with a trough/peak ratio confirming once daily dosing. In combination with other antihypertensive drugs, such as thiazide diuretics and calcium antagonist for enhanced efficacy. ***BLOPRESS®*** is similarly effective in patients irrespective of age and gender. ***BLOPRESS®*** has favourable renal haemodynamic effects. It increases renal blood flow and maintains or increases glomerular filtration rate while renal vascular resistance and filtration fraction are reduced. ***BLOPRESS®*** has no adverse effect on blood glucose or lipid profile.

Pharmacokinetic properties
Absorption
Following oral administration, candesartan cilexetil is converted to the active drug candesartan.
The absolute bioavailability of candesartan is approximately 40% after an oral solution of candesartan cilexetil. The relative bioavailability of the tablet formulation compared with the same oral solution is approximately 34% with very little variability. The estimated absolute bioavailability of the tablet is therefore 14%. The mean peak serum concentration (C_{max}) is reached 3 to 4 hours following tablet intake. The candesartan serum concentrations increase linearly with increasing doses in the therapeutic dose range. No gender related differences in the pharmacokinetics of candesartan have been observed. The area under the serum concentration versus time curve (AUC) of candesartan is not significantly affected by food.

Distribution
Candesartan is highly bound to plasma protein (more than 99%). The apparent volume of distribution of candesartan is 0.1 L/kg.

Metabolism and Elimination
Candesartan is eliminated only to a minor extent by hepatic metabolism (CYP2C9). Available interaction studies indicate no effect on CYP2C9 and CYP3A4 but the effect on other cytochrome P450 isoenzymes is presently unknown.
Candesartan is mainly eliminated unchanged via urine and bile and only to a minor extent eliminated by hepatic metabolism (CYP2C9). Available interaction studies indicate no effect on CYP2C9 and CYP3A4. Based on *in vitro* data, no interaction would be expected to occur *in vivo* with drugs whose metabolism is dependent upon cytochrome P450 isoenzymes CYP1A2, CYP2A6, CYP2C9, CYP2C19, CYP2D6, CYP2E1 or CYP3A4.
The terminal half-life of candesartan is approximately 9 hours. There is no accumulation following multiple doses. Total plasma clearance of candesartan is about 0.37 ml/min/kg, with a renal clearance of about 0.19 ml/min/kg. The renal elimination of candesartan is both by glomerular filtration and active tubular secretion. Following an oral dose of 14C-labeled candesartan cilexetil, approximately 26% of the dose is excreted in the urine as candesartan and 7% as an inactive metabolite while approximately 56% of the dose is recovered in the feces as candesartan and 10% as the inactive metabolite.

Pharmacokinetics in Special Populations
Elderly
In the elderly (over 65 years) C_{max} and AUC of candesartan are increased by approximately 50% and 80%, respectively in comparison to young subjects. However, the blood pressure response and the incidence of adverse events are similar after a given dose of candesartan cilexetil in young and elderly patients.

Impaired Renal Function
In patients with mild to moderate renal impairment C_{max} and AUC of candesartan increased during repeated dosing by approximately 50% and 70%, respectively, but $t_{1/2}$ was not altered, compared to patients with normal renal function. The corresponding changes in patients with severe renal impairment were approximately 50% and 110%, respectively. The terminal $t_{1/2}$ of candesartan was approximately doubled in patients with severe renal impairment.
The AUC of candesartan in patients undergoing hemodialysis was similar to that in patients with severe renal impairment.

Impaired Hepatic Function
In two studies, both including patients with mild to moderate hepatic impairment, there was an increase in the mean AUC of candesartan of approximately 20% in one study and 80% in the other study. There is no experience in patients with severe hepatic impairment.

Drug Interactions
No drug interactions of clinical significance have been identified. Compounds which have been investigated in clinical pharmacokinetic studies include hydrochlorothiazide, warfarin, digoxin, oral contraceptives (i.e. ethinylestradiol/levonorgestrel), glibenclamide, nifedipine and enalapril.

Shelf life
3 years

Doctor's prescription is required for this preparation.

Storage
Store below 30°C

Package
28 Tablets

Excipients
Calcium carboxymethylcellulose, hydroxypropyl cellulose, lactose monohydrate, magnesium stearate, maize starch, polyethylene glycol 8000 and iron oxide red.

Manufactured by:
Delpharm Novara S.r.l.
Via Crosa, 86, 28065, Cerano (NO), Italy

Product Registration Holder:
DKSH MALAYSIA SDN. BHD.
B-11-01, The Ascent, Paradigm,
No.1, Jalan SS 7/26A, Kelana Jaya,
47301 Petaling Jaya, Selangor, Malaysia

Last Update:
Nov. 2025

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VOLTA/BACK

Mechanical Artwork Identification Panel

General Information

Market:	*MY*
Component Type:	*PI*
Product Name:	*Blopress 8mg and 16mg*
Material Number:	*6201307-01*
Printing Version No.:	*R01*
Smallest Body Text Size:	*7PT*
Dimension:	*185x297mm*

Version Control

4 Version No.

Mechanical AW History

Date:	Version record and revision description:
02.01.25	*V1 - Artwork Build*
22.01.25	*V2 - Artwork Change*
27.11.25	*V3 - Artwork Change*
11.12.25	*V4 - Artwork Change*
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File Name: PI_6201307-01R01_Blopress_ 8mg and 16mg_28Tablets_MY_V4

Account Manager: Nic. Jiang

Job Coordinator: Paul. Wang

Operator: Zechen. Yang