Module 1.3.1.1 – CLEAN PACKAGE INSERT

SCHEDULING STATUS: **S3**

PROPRIETARY NAME AND DOSAGE FORM:

ADCO BISOCOR 5 mg (TABLET)

ADCO BISOCOR 10 mg (TABLET)

COMPOSITION:

ADCO BISOCOR 5 mg: Each film-coated tablet contains 5 mg bisoprolol hemifumarate equivalent to 4,24 mg of bisoprolol.

Sugar free.

The other ingredients are: calcium hydrogen phosphate, colloidal anhydrous silica, crospovidone, hydroxypropylmethylcellulose, Iron oxide red (E 172), Iron oxide yellow (E 172), magnesium stearate, microcrystalline cellulose, polyethylene glycol 400, pregelatinised starch, and titanium dioxide (E171).

ADCO BISOCOR 10 mg: Each film-coated tablet contains 10 mg bisoprolol hemifumarate equivalent to 8,49 mg of bisoprolol.

Sugar free.

The other ingredients are: calcium hydrogen phosphate, colloidal anhydrous silica, crospovidone, hydroxypropylmethylcellulose, Iron oxide red (E 172), Iron oxide yellow (E 172), magnesium stearate, microcrystalline cellulose, polyethylene glycol 400, pregelatinised starch, and titanium dioxide (E171).

PHARMACOLOGICAL CLASSIFICATION:

A 5.2 Adrenolytics (sympathicolytics)

PHARMACOLOGICAL ACTION:

Bisoprolol is a selective β1 adrenoceptor antagonist devoid of intrinsic sympathomimetic and membrane-stabilising activity.

Pharmacokinetic properties:

Bisoprolol is well absorbed following oral administration with a resultant bioavailability of about 90 %. Bisoprolol undergoes minimal hepatic first-pass metabolism. About 50% of a dose is metabolised in the liver and the remainder is excreted unchanged via the kidneys. The plasma elimination half-life is approximately 10 to 12 hours and the duration ·of action is about 24 hours.

INDICATIONS:

ADCO BISOCOR is indicated for the management of mild to moderate hypertension and angina pectoris.

CONTRAINDICATIONS:

- Hypersensitivity to bisoprolol or to any of the ingredients
- Uncontrolled asthma
- Second and third degree heart block and bradycardia (less than 50 beats per minute)
- Pregnancy and lactation
- Uncontrolled cardiac failure
- Metabolic acidosis
- Sinus bradycardia (less than 50 beats per minute)
- Phaeochromocytoma
- Hyperthyroidism, as clinical manifestations may be masked.

Particular caution should be exercised with patients suffering from the following: asthma, bronchitis, chronic respiratory diseases, peripheral vascular diseases and Raynaud's phenomenon.

The normal dose should be reduced in elderly patients, or in patients suffering from renal dysfunction. In the perioperative period it is generally unwise to reduce the dosage to which the patient is accustomed, as there may be danger of aggravation of angina pectoris or hypertension.

A patient's normal tachycardic response to hypovolaemia or blood loss may be obscured during or after surgery. Particular caution should be taken in this regard and in diabetes mellitus, as symptoms and signs of hypoglycaemia may be masked, and as responses to hypoglycaemia is diminished.

WARNINGS AND SPECIAL PRECAUTIONS:

Safety and efficacy in children have not been established.

If the decision is made to withdraw **ADCO BISOCOR** before anaesthesia, at least 48 hours should be allowed to elapse between the last dose and surgery. If the medicine is to be continued, care should be taken when using anaesthetics such as ether, cyclopropane and trichloroethylene. Atropine (1 to 2 mg IV) may be used to correct vagal dominance. The patient must be maintained on their usual dosage perioperatively to avoid aggravation of angina pectoris or hypertension.

Tachycardia responses may be obscured. Particular caution should be taken in this regard.

The dosage of **ADCO BISOCOR** should be adjusted in severe renal impairment. (See **DOSAGE AND DIRECTIONS FOR USE**).

Care should be taken in prescribing **ADCO BISOCOR** together with Class 1 antidysrhythmic agents such as disopyramide, myocardial depressants and inhibitors of AV conduction such as calcium antagonists.

Caution should be exercised when transferring a patient from clonidine, as the withdrawal of clonidine may result in the release of large amounts of catecholamines that may give rise to a hypertensive crisis.

If **ADCO BISOCOR** is administered in these circumstances, the unopposed alpha receptor stimulation may potentiate this effect. If **ADCO BISOCOR** and clonidine are given concurrently, the clonidine should not be discontinued until several days after the withdrawal of **ADCO BISOCOR** as severe rebound hypertension may occur.

ADCO BISOCOR should be used with caution in combination with verapamil in patients with impaired ventricular function. This combination should not be given to patients with conduction abnormalities. Neither drug should be administered intravenously within 48 hours of discontinuing the other. The intravenous

administration of calcium antagonists and antiarrthythmic agents is not recommended during therapy with **ADCO BISOCOR**.

ADCO BISOCOR modifies the tachycardia associated with hypoglycaemia.

Patients with phaeochromocytoma usually require treatment with an alpha-adrenergic blocker.

Abrupt discontinuation of therapy may cause exacerbation of angina pectoris in patients suffering from ischaemic heart disease. Discontinuation of therapy should be gradual, and patients should be advised to limit the extent of their physical activity during the period that the medicine is being discontinued.

INTERACTIONS:

- Concomitant use of **ADCO BISOCOR** with hypoglycaemic agents. phenothiazines and various antiarrhythmic agents can have life-threatening consequences. e.g.
  - profound hypoglycaemia with oral hypoglycaemic agents and insulin;
  - myocardial depression with antiarrhythmic agents.
- Beta-adrenoceptor stimulating agents (e.g. isoprenaline) may antagonise the effects of **ADCO BISOCOR.**
- Alpha-adrenoceptor stimulants as well as adrenergic neurone blocking agents such as guanethidine and reserpine may lead to life-threatening vasoconstriction in combination with **ADCO BISOCOR.**
- **ADCO BISOCOR** and digoxin may be used concomitantly for patients with congestive heart failure provided that the pulse rate and patient response is monitored.

PREGNANCY AND LACTATION:

Administration of **ADCO BISOCOR** to pregnant mothers shortly before birth or during labour may result in hypotonia, collapse or hypoglycaemia in the newborn. (See **CONTRAINDICATIONS**).

DOSAGE AND DIRECTIONS FOR USE:

Adults: 5 to 10 mg once a day in the morning with or without food.

The dose must be individualised according to response and tolerance.

The maximum recommended daily dose is 20 mg.

Severe renal impairment (creatinine clearance < 20 ml/min) or severe hepatic impairment:

Do not exceed the daily dose of 10 mg.

Elderly: The normal dose should be reduced in these patients.

SIDE EFFECTS:

Blood and the lymphatic system disorders:

Blood disorders such as leukopenia and thrombocytopenia.

Endocrine disorders / Metabolism and nutrition disorders:

Metabolic disturbances, hypoglycaemia, increase in uric acid levels, hypercholesterolaemia.

Nervous system disorders:

Lassitude, dizziness, mild headache, sleep disorders, restlessness, cold extremities, hypotension, paradoxical hypertension, depression, paraesthesia, hallucinations, psychosis.

Eye disorders:

Disturbances of vision.

Cardiac disorders:

Bradycardia and congestive cardiac failure, heart block, fluid retention, exacerbation of peripheral vascular disease or the development of Raynaud's phenomenon, peripheral gangrene may be precipitated.

Congestive cardiac failure and marked bradycardia may occur.

Respiratory, thoracic and mediastinal disorders:

Bronchoconstriction may occur in patients suffering from asthma, bronchitis and other chronic pulmonary diseases.

Adverse reactions are more common in patients with renal decompensation.

Gastrointestinal disorders:

Nausea, vomiting, diarrhoea, constipation, mass gain, stomatitis.

Hepato-biliary disorders:

Raised liver enzymes.

Skin and subcutaneous tissue disorders:

Perspiration, skin rash, alopecia.

Musculoskeletal, connective tissue and bone disorders:

Muscle cramps, myopathy, skeletal muscle weakness.

Other:

Transient hearing loss, hypersensitivity reactions, sexual impotence.

KNOWN SYMPTOMS OF OVERDOSAGE AND PARTICULARS OF ITS TREATMENT:

(See **SIDE EFFECTS**)

Overdosage may produce bradycardia and severe hypotension. Bronchospasm and heart failure may be produced in certain individuals.

Cases of overdose should be observed for at least 4 hours. as apnoea and cardiovascular collapse may appear suddenly.

Repeated activated charcoal may be necessary in overdose.

Atropine may be used to treat severe bradycardia. If the response is inadequate, glucagon may be given intravenously. Alternatively, dobutamine may' be required to reverse beta-blockade.

Cardiac pacing may be required for severe bradycardia. Bronchospasm should be treated with IV aminophylline or inhaled or IV beta-agonist e.g. salbutamol.

IDENTIFICATION:

ADCO BISOCOR 5 mg: Light pink, round, biconvex film-coated tablets. Scored on both sides with "BSL 5" embossed on one side

ADCO BISOCOR 10 mg: Yellow to orange, round, biconvex film-coated tablets, scored on both sides with "BSL 10" embossed on one side.

PRESENTATION:

Carton boxes of PVC/PE/PVDC/Al blisters either with or without Al sachets containing 14, 28, 30, 50, 56 or 100 tablets.

STORAGE INSTRUCTIONS:

Store in the original package at or below 25 °C in a dry place.

KEEP OUT OF REACH OF CHILDREN.

REGISTRATION NUMBER:

ADCO BISOCOR 5 mg: 37/5.2/0010

ADCO BISOCOR 10 mg: 37/5.2/0011

NAME AND BUSINESS ADDRESS OF HOLDER OF THE CERTIFICATE OF REGISTRATION:

Adcock Ingram Limited
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2021

DATE OF PUBLICATION OF PACKAGE INSERT:

Registration date: 17 September 2004

Date of the latest approved Package Insert: To be allocated.