1.3 Product Information

1.3.1 Summary of Product Characteristics

Summary of product characteristic is attached.

SUMMARY OF PRODUCT CHARACTERISTICS

1. Name of medicinal product

Nitrocontin tablets 6.4 mg
(Controlled release tablets of Nitroglycerin)

2. Qualitative and Quantitative Composition

Composition:

NAME OF INGREDIENT (S)	Reference Standard	Quantity (mg/tablet)	Function	Label Claim
ACTIVE INGREDIENT(S)				
Nitroglycerin Diluted (10%)	USP	70.40*	Active	6.4 mg
INACTIVE INGREDIENT(S)				
Lactose Monohydrate	BP/ Ph.Eur.	200.68	Diluent	-
Hydroxyethyl Cellulose (Natrosol 250 HX)	BP/ Ph.Eur.	30.00	Drug Release controlling agent	-
Cetostearyl Alcohol (Kolliwax CSA 50)	BP/ Ph.Eur.	90.00	Drug Release controlling agent	-
Purified Talc	BP/Ph.Eur.	10.0	Antiadherent	-
Magnesium Stearate	BP/Ph.Eur.	4.00	Lubricant	-
Erythrosine Lake	IH	1.31	Colour	
Purified Water	BP/Ph.Eur.	0.09ml**	Granulating Agent	-
Weight of the tablet		406.39 mg		

*Includes 10% overage.

** Not present in final weight.

3. Pharmaceutical form

Controlled release tablets

4. Clinical Particulars

4.1 Therapeutic indications

Nitrocontin Continus tablets are indicated for the management of angina pectoris.

4.2 Posology and method of administration

Dosage should always be adjusted according to the requirement and response obtained by the individual patient and the severity of the angina pain.

Adults: One Nitrocontin™ Continus™ tablet 6.4 mg twice daily or as described by the physician. The tablets should be taken empty stomach.

Children: Not recommended.

Elderly: Normal adult dose.

The tablets should be swallowed whole & not chewed.

4.3 Contraindications

Allergic reactions to organic nitrates are extremely rare, but they do occur. Nitroglycerin should not be administered to individuals with a known hypersensitivity or idiosyncrasy reaction to nitroglycerin, other organic nitrates, or nitrites or to the excipients of the medicine.

Nitrocontin Continus tablets should not be used in patients with acute myocardial infarction, marked anaemia, head trauma, cerebral haemorrhage, or closed angle glaucoma.

Concomitant intake of nitric oxide donors and phosphodiesterase type 5 inhibitors (e.g Sildenafil, tadalfil and verdenafil) enhances the hypotensive effect. Therefore the concomitant use of above drugs is contraindicated. If a patient treated with sildenafil, tadalfil or verdenafil needs a rapidly effective nitrate (e.g in case of an acute angina pectoris attack) he/she must be hospitalized immediately.

4.4 Special Warnings and Precautions for use

As with other drugs for the treatment of angina pectoris, abrupt discontinuation of therapy may lead to exacerbation of symptoms. When discontinuing long-term treatment, the dosage should be reduced gradually over several days, and the patient carefully monitored.
Although, tolerance has not been demonstrated to occur in clinical trials with Nitrocontin™ Continus™ tablets, the possibility of tolerance to the drug should be considered if symptoms of angina recur on high or more frequent dosing schedules.

The use of any form of nitroglycerin during the early days of acute myocardial infarction requires particular attention to hemodynamic monitoring and clinical status to avoid the hazards of hypotension and tachycardia.

Severe hypotension, particularly with upright posture, may occur even with small doses of nitroglycerin. The drug, therefore, should be used with caution in subjects who may have volume depletion from diuretic therapy or in patients who have low systolic blood pressure (e.g. below 90 mmHg.). Paradoxical tachycardia and increased angina pectoris may accompany nitroglycerin-induced hypotension. Nitrate therapy may aggravate the angina caused by hypertrophic cardiomyopathy. Tolerance to this drug and cross-tolerance to other nitrates and nitrates may occur.

Tolerance to the vascular and anti-anginal effects of nitrates has been demonstrated in clinical trials, experience through occupational exposure and in isolated tissue experiments in the laboratory.

In industrial workers who have had long-term exposure to unknown (presumably high) dose of organic nitrates, tolerance clearly occurs, chest pain, acute myocardial infarction and even sudden death have occurred during temporary withdrawal of nitroglycerin from the workers demonstrating the existence of true physical dependence. In various clinical trials in angina patients, there are reports of angina attacks being more easily provoked and of rebound in the hemodynamic effects soon after nitrate withdrawal. The relative importance of these observations to the routine, clinical use of nitroglycerin is not known

4.5 Interactions with other medicinal products and other forms of interactions:

Drug/ Food interactions:
Concomitant use of nitrates and alcohol may cause hypotension. Patients receiving antihypertensive drugs, betaadrenergic blockers, phenothiazines with nitrates should be observed for possible additive hypotensive effects. Marked orthostatic hypotension has been reported when calcium channel blockers and organic nitrates were used concomitantly. Dose adjustment of either class of agent may be necessary. Aspirin decreases the clearance and enhance the hemodynamic effects of nitroglycerin. Nitroglycerin may reduce the pharmacologic effects of heparin when used concomitantly. Nitrates increase the bioavailability of dihydroergotamine with resultant increase in mean standing systolic blood pressure or functional antagonism between these agents, decreasing the antianginal effects.
Nitrates may interfere with the Zlatkis-Zak colour reaction causing a false report of decreased serum cholesterol.

4.6 Fertility, Pregnancy and Lactation
Pregnancy Category C- There is no evidence relating to the safety of nitrates in pregnancy and lactation. Nitrates should not be administered to pregnant women and nursing mothers unless considered essential by the physician.
Children:
The safety and effectiveness of Nitrocontin^{TM} Continus^{TM} tablets in children have not been established.

4.7 Effects on ability to drive and use machines

Not Applicable

4.8 Undesirable effects

Adverse reactions to nitroglycerin are generally dose-related, and almost all of these reactions are the result of nitroglycerin's activity as a vasodilator. Headache is the most commonly reported side effect. Headache may be recurrent with each daily dose, especially at higher doses. Transient episodes of light-headedness, occasionally related to blood pressure changes, may also occur. Hypotension occurs infrequently, but in some patients it may be severe enough to warrant discontinuation of therapy. Syncope, crescendo angina, and rebound hypertension have been reported but are uncommon. Allergic reactions to nitroglycerin are also uncommon, and the great majority of those reported have been cases of contact dermatitis or fixed drug eruptions in patients receiving nitroglycerin in ointments or patches. There have been a few reports of genuine anaphylactoid reactions, and these reactions can probably occur in patients receiving nitroglycerin by any route.

Extremely rarely, ordinary doses of organic nitrates have caused methaemoglobinaemia in normal-seeming patients. Methaemoglobinaemia is so infrequent at these doses that further discussion of its diagnosis and treatment is deferred. Other adverse reactions occurring in less than 1% of patients are the following: tachycardia, nausea, vomiting, apprehension, restlessness, muscle twitching, retrosternal discomfort, palpitation, dizziness and abdominal pain.

4.9 Overdose and Its Treatment

Overdose
Symptoms of overdosage include vomiting, hypotension, restlessness, syncope, cyanosis and methaemoglobinaemia.

Treatment of overdosage
Treatment should include gastric lavage, respiratory and circulatory support attention to circulatory signs and symptoms. In severe cases, oxygen and other symptomatic and supportive respiratory and cardiovascular measures should be provided. Methaemoglobinaemia may also be treated with intravenous methylene blue. Keep unconscious patients horizontal and lower head. Physicians should be aware that tablets in the intestine will release the drug for a period of hours.

5.0 Pharmacological properties

5.1 Pharmacodynamic properties

The principal pharmacologic action of nitroglycerin is relaxation of vascular smooth muscle, producing a vasodilator effect on both peripheral arteries and veins with more prominent effects on the latter. Dilation of the post capillary vessels, including large veins, promotes peripheral pooling of blood and decreases venous return to the heart, thereby reducing left ventricular end-diastolic pressure (preload). Arteriolar relaxation reduces systemic vascular resistance and arterial pressure (afterload).
The mechanism by which nitroglycerin relieves angina pectoris is not fully understood. Myocardial oxygen consumption or demand (as measured by the pressure-rate product, tension-time index and stroke-work index) is decreased by both the artierial and venous effects of nitroglycerin and a more favorable supply-demand ratio is achieved. In coronary circulation, the nitrates redistribute circulating blood flow along collateral channels, improving perfusion to the ischaemic myocardium. While large epicardial coronary arteries are also dilated by nitroglycerin, the extent to which this action contributes to relief of exertional angina is unclear.
Therapeutic doses of nitroglycerin reduce systolic, diastolic and mean arterial blood pressure, effective coronary perfusion pressure is usually maintained, but can be compromised if blood pressure falls excessively or increased heart rate decreases diastolic filling time.
Elevated central venous and pulmonary capillary wedge pressures, pulmonary vascular resistance and systemic vascular resistance are also reduced by nitroglycerin therapy. Heart rate is usually slightly increased, presumably a reflex response to the fall in blood pressure. Cardiac index may be increased, decreased or unchanged. Patients with elevated left ventricular filling pressure and systemic vascular resistance values in conjunction with a depressed cardiac index are likely to experience an improvement in cardiac index. On the other hand, when filling pressures and cardiac index are normal, cardiac index may be slightly reduced by intravenous nitroglycerin.

5.2 Pharmacokinetic properties

Nitroglycerin is widely distributed in the body with an apparent volume of distribution of approximately 3L/Kg in adult male subjects, and is rapidly metabolized to dinitrates (1.2 dinitroglycerol and 1,3 dinitroglycerol) and mononitrates, with a short half-life estimated at 1-4 minutes. A liver reductase enzyme is of primary importance in the metabolism of nitroglycerin to its metabolites. Dinitrates are metabolized to mononitrates and ultimately to glycerols and carbon dioxide. At plasma concentrations between 50 and 500 µg/ml, the binding of nitroglycerin to plasma proteins is approximately 60%, while that of 1,2 dinitroglycerol and 1,3 dinitroglycerol is 60% and 30% respectively. The activity and half-life of the nitroglycerin metabolites is not well characterized. The dinitrates are less potent as vasodilators and the mononitrate is inactive.

5.3 Preclinical Safety Data

Nitroglycerine is well established drug for its safety and tolerability as reported in published literature.

6.0 Pharmaceutical particulars

6.1 List of excipients

1. Lactose
2. Hydroxyethyl Cellulose (Natrosol 250 HX)
3. Cetostearyl alcohol (Kolliwax CSA 50)
4. Purified Talc
5. Magnesium Stearate
6. Erythrosine Lake
7. Purified Water

6.2 Incompatibilities

Not Applicable

6.3 Shelf Life

24 months

6.4 Special precautions for storage

Store at or below 30^{o} C, in a dry place, protected from light

6.5 Nature and content of container

Primary Packaging

25 tablets of Nitrocontin 6.4mg are packed in a Polypropylene bottle (with polypropylene body and LDPE Cap) along with a violet coloured LDPE spacer. The body colour of bottle is violet with a white cap.

Secondary Packaging

Propylene bottle packed of Nitrocontin 6.4 is packed in carton comprising of Laminated Indian duplex board and contain a package insert comprising of cream wove art paper.

6.6 Special precautions for disposal

No special requirements.

7.0 Name and address of marketing authorization holder

Modi-Mundipharma Pvt. Ltd.
1400, Modi Tower,
98, Nehru Place,
New Delhi – 110019, India.

8.0 Marketing authorization number

A4-7839

9.0 Date of first authorization/renewal of the authorization

3rd May 2012 (First authorisation date)

6th Dec 2017 (Renewal date)

10.0 Date of (partial) revision of the text

12th June, 2022

1.3.2 Labelling (outer & inner labels)

Please find the enclosed mock ups of Nitrocontin 6.4 attached.

Rx 25 Tablets 6.4 mg

NITROCONTIN™ 6.4

CONTINUS™ controlled release system

Controlled Release Tablets of Nitroglycerin

NIGERIA

Each uncoated tablet contains :
Diluted Nitroglycerin USP equivalent to Nitroglycerin : 6.4 mg (in a controlled release system)
Colour : Erythrosine

Dosage : As directed by the physician.

These tablets should be swallowed whole and not chewed.

Discard remaining tablets 8 weeks after opening the bottle.

Keep out of reach of children.

WARNING : To be sold by retail on the prescription of a Registered Medical Practitioner only.

Store at or below 30°C, in a dry place, protected from light.

NCN2-CTM1-E03/0520-NIG

8 901814 001165

TM : Trade Mark
NAFDAC Reg. No. A4-7839
Mfg. Lic. No. 29/92

Manufactured by :
MODI-MUNDIPHARMA PVT. LTD.
Mfd. at Modipuram-250110 , U.P., India
Office : 1400, Modi Tower
98, Nehru Place, New Delhi-110019, India

Imported and Distributed by:
Phillips Pharmaceuticals (Nigeria) Limited.
122-132, Afprint Industrial Estate,
Apapa-Oshodi Expressway,
Iyana-Isolo, Lagos, Nigeria.

Rx 25 Tablets 6.4 mg

NITROCONTIN™ 6.4

CONTINUS™ controlled release system

Controlled Release Tablets of Nitroglycerin

Rx 25 Tablets 6.4 mg

NITROCONTIN™ 6.4

CONTINUS™ controlled release system

Controlled Release Tablets of Nitroglycerin

Artwork of **Nitrocontin 6.4 Sale Carton (Nigeria)**
Pantone 220 C, Label Size - 34 x 70 x 34 mm, Same Size Print
25.05.2020, Dynamic Design (OD0520)

Rx 25 Tablets 6.4 mg

NCN2-LTM1-E03/0520-NIG

NITROCONTIN™ 6.4

CONTINUS™ controlled release system

Controlled Release Tablets of Nitroglycerin

DO NOT ACCEPT IF SEAL IS BROKEN.

TM : Trade Mark

NAFDAC Reg. No. A4-7839

Mfg. Lic. No. 29/92

Batch No.

Mfg. date

Expiry date

Manufactured by :
MODI-MUNDIPHARMA PVT. LTD.
Mfd. at Modipuram-250110 , U.P., India
Office : 1400, Modi Tower
98, Nehru Place, New Delhi-110019, India

Imported and Distributed by:
Phillips Pharmaceuticals (Nigeria) Limited.
122-132, Afprint Industrial Estate,
Apapa-Oshodi Expressway,
Iyana-Isolo, Lagos, Nigeria.

Each uncoated tablet contains :
Diluted Nitroglycerin USP
equivalent to Nitroglycerin : 6.4 mg
(in a controlled release system)
Colour : Erythrosine

Dosage : As directed by the physician.

These tablets should be swallowed whole and not chewed.

Discard remaining tablets 8 weeks after opening the bottle.

Keep out of reach of children.

WARNING : To be sold by retail on the prescription of a Registered Medical Practitioner only.

Store at or below 30°C, in a dry place, protected from light.

Artwork of **Nitrocontin 6.4 Label Sale (Nigeria)**
Pantone 266 C, Label Size - 90 x 23 mm, 200% Enlarged Print
25.05.2020, Dynamic Design (OD0520)

1.3.3 Packaging Insert (also known as patient information PIL)

Pack insert of Nitrocontin 6.4 mg is enclosed.

the schedule of their treatment with nitroglycerin.

Treatment with nitroglycerin may be associated with light-headedness on standing, especially just after rising from a recumbent or seated position. This effect may be more frequent in patients who have also consumed alcohol.

Physicians should discuss with patients the contraindication of nitroglycerin with concurrent sildenafil.

Pharmaceutical Particulars

Incompatibilities : None reported

Expiry : 24 months from date of manufacturing.

Storage Precautions : Store at or below 30°C, in a dry place, protected from light.

Keep out of reach of children.

Presentation:

Tablets 2.6 mg : Polypropylene bottle of 25 tablets.
Tablets 6.4 mg : Polypropylene bottle of 25 tablets.

Manufactured by
MODI-MUNDIPHARMA PVT. LTD.,
Mfd. at: Modipuram - 250 110, U.P., India
Office : 1400, Modi Tower,
98, Nehru Place, New Delhi - 110 019, India

Imported and Distributed by:
Phillips Pharmaceuticals (Nigeria) Limited.
122-132, Afprint Industrial Estate,
Apapa-Oshodi Expressway,
Iyana-Isolo, Lagos, Nigeria.

NAFDAC Reg. No.
Nitrocontin 2.6 : A4-7838
Nitrocontin 6.4 : A4-7839

TM : Trade Mark

NCN1-PTM1-E01/0520-NIG

For the use only of a Registered Medical Practitioner or a Hospital or a Laboratory.

Rx

NITROCONTIN™ 2.6/6.4

CONTINUS™ controlled release system

Controlled Release Tablets of Nitroglycerin

Description

NITROCONTIN™ Continus™ tablets 2.6 mg or 6.4 mg are flat, bevelled, pink, controlled release tablets containing diluted Nitroglycerin USP equivalent to Nitroglycerin 2.6 mg and embossed "NC" on one side and with the symbol (MM) on the other or diluted Nitroglycerin USP equivalent to Nitroglycerin 6.4 mg and embossed "NC 6.4" on one side and (MM) on the other.

Indication

NITROCONTIN™ Continus™ tablets are indicated for the management of angina pectoris.

Clinical Pharmacology

The principal pharmacologic action of nitroglycerin is relaxation of vascular smooth muscle, producing a vasodilator effect on both peripheral arteries and veins with more prominent effects on the latter. Dilation of the post capillary vessels, including large veins, promotes peripheral pooling of blood and decreases venous return to the heart, thereby reducing left ventricular end-diastolic pressure (preload). Arteriolar relaxation reduces systemic vascular resistance and arterial pressure (afterload).

The mechanism by which nitroglycerin relieves angina pectoris is not fully understood. Myocardial oxygen consumption or demand (as measured by the pressure-rate product, tension-time index and stroke-work index) is decreased by both the arterial and venous effects of nitroglycerin, and a more favorable supply-demand ratio is achieved. In coronary circulation, the nitrates redistribute circulating blood flow along collateral channels, improving perfusion to the ischaemic myocardium. While large epicardial coronary arteries are also dilated by nitroglycerin, the extent to which this action contributes to relief of exertional angina is unclear.

Therapeutic doses of nitroglycerin reduce systolic, diastolic and mean arterial blood pressures. Effective coronary perfusion pressure is usually maintained, but can be compromised if blood pressure falls excessively or increased heart rate decreases diastolic filling time.

Elevated central venous and pulmonary capillary wedge pressures, pulmonary vascular resistance and systemic vascular resistance are also reduced by nitroglycerin therapy. Heart rate is usually slightly increased, presumably a reflex response to the fall in blood pressure. Cardiac index may be increased, decreased or unchanged. Patients with elevated left ventricular filling pressure and systemic vascular resistance values in conjunction with a depressed cardiac index are likely to experience an improvement in cardiac index. On the other hand, when filling pressures and cardiac index are normal, cardiac index may be slightly reduced by intravenous nitroglycerin.

Nitroglycerin is widely distributed in the body with an apparent volume of distribution of approximately 3L/Kg in adult male subjects, and is rapidly metabolized to dinitrates (1,2 dinitroglycerol and 1,3 dinitroglycerol) and mononitrates, with a short half-life, estimated at 1-4 minutes. A liver reductase enzyme is of primary importance in the metabolism of nitroglycerin to its metabolites. Dinitrates are metabolized to mononitrates and ultimately to glycerols and carbon dioxide. At plasma concentrations between 50 and 500 ng/ml, the

Artwork of **NITROCONTIN Pack Insert (Nigeria)**
A/w Size : 70 x 210 mm, Same Size Print
25.05.2020, **Dynamic Design** (OD-0520)

binding of nitroglycerin to plasma proteins is approximately 60%, while that of 1,2 dinitroglycerol and 1,3 dinitroglycerol is 60% and 30% respectively. The activity and half-life of the nitroglycerin metabolites is not well characterized. The dinitrates are less potent as vasodilators and the mononitrate is inactive.

Dosage & Administration

Dosage should always be adjusted according to the requirement and response obtained by the individual patient and the severity of the anginal pain.

***Adults*:** One NITROCONTIN™ Continus™ tablet 2.6 mg in morning and evening. The tablets should be taken empty stomach.

If the symptoms have not been adequately controlled after a week on this regimen, the dosage should be increased to one 6.4 mg tablet morning and evening.

Children **:** Not recommended.

Elderly **:** Normal adult dose.

The tablets should be swallowed whole & not chewed.

Contraindications

Allergic reactions to organic nitrates are extremely rare, but they do occur. Nitroglycerin should not be administered to individuals with a known hypersensitivity or idiosyncrasy reaction to nitroglycerin, other organic nitrates, or nitrites or to the excipients of the medicine.

NITROCONTIN™ Continus™ tablets should not be used in patients with acute myocardial infarction, marked anaemia, head trauma, cerebral haemorrhage, or closed angle glaucoma.

Concomitant intake of nitric oxide donors and phospho-diesterase type–5 inhibitors (e.g sildenafil, tadalfil and vardenafil) enhances the hypotensive effect. Therefore, the concomitant use of above drugs is contraindicated. If a patient treated with sildenafil, tadalfil or vardenafil needs a rapidly effective nitrate (e.g. in case of an acute angina pectoris attack), he/she must be hospitalized immediately.

Warnings & Precautions

As with other drugs for the treatment of angina pectoris, abrupt discontinuation of therapy may lead to exacerbation of symptoms. When discontinuing long-term treatment, the dosage should be reduced gradually over several days, and the patient carefully monitored.

Although, tolerance has not been demonstrated to occur in clinical trials with NITROCONTIN™ Continus™ tablets, the possibility of tolerance to the drug should be considered if symptoms of angina recur on high or more frequent dosing schedules.

The use of any form of nitroglycerin during the early days of acute myocardial infarction requires particular attention to hemodynamic monitoring and clinical status to avoid the hazards of hypotension and tachycardia.

Severe hypotension, particularly with upright posture, may occur even with small doses of nitroglycerin. The drug, therefore, should be used with caution in subjects who may have volume depletion from diuretic therapy or in patients who have low systolic blood pressure (*e.g.,* below 90 mmHg). Paradoxical tachycardia and increased angina pectoris may accompany nitroglycerin-induced hypotension. Nitrate therapy may aggravate the angina caused by hypertrophic cardiomyopathy. Tolerance to this drug and cross-tolerance to other nitrates and nitrites may occur.

Tolerance to the vascular and anti-anginal effects of nitrates has been demonstrated in clinical trials, experience through occupational exposure and in isolated tissue experiments in the laboratory.

In industrial workers who have had long-term exposure to unknown (presumably high) doses of organic nitrates, tolerance clearly occurs. Chest pain, acute myocardial infarction and even sudden death have occurred during temporary withdrawal of nitroglycerin from the workers demonstrating the existence of true physical dependence. In various clinical trials in angina patients, there are reports of anginal attacks being more easily provoked and of rebound in the hemodynamic effects soon after nitrate withdrawal. The relative importance of these observations to the routine, clinical use of nitroglycerin is not known.

Pregnancy & Lactation **:** Pregnancy Category C- There is no evidence relating to the safety of nitrates in pregnancy and lactation. Nitrates should not be administered to pregnant women and nursing mothers unless considered essential by the physician.

Children : The safety and effectiveness of NITROCONTIN™ Continus™ tablets in children have not been established.

Drug Interactions

Concomitant use of nitrates and alcohol may cause hypotension. Patients receiving antihypertensive drugs, beta-adrenergic blockers, phenothiazines with nitrates should be observed for possible additive hypotensive effects. Marked orthostatic hypotension has been reported when calcium channel blockers and organic nitrates were used concomitantly. Dose adjustment of either class of agent may be necessary. Aspirin decreases the clearance and enhances the hemodynamic effects of nitroglycerin. Nitroglycerin may reduce the pharmacologic effects of heparin when used concomitantly.

Nitrates increase the bioavailability of dihydroergotamine with resultant increase in mean standing systolic blood pressure or functional antagonism between these agents, decreasing the antianginal effects.

Nitrates may interfere with the Zlatkis-Zak colour reaction causing a false report of decreased serum cholesterol.

Side Effects

Adverse reactions to nitroglycerin are generally dose-related, and almost all of these reactions are the result of nitroglycerin's activity as a vasodilator. Headache is the most commonly reported side effect. Headache may be recurrent with each daily dose, especially at higher doses. Transient episodes of light-headedness, occasionally related to blood pressure changes, may also occur. Hypotension occurs infrequently, but in some patients it may be severe enough to warrant discontinuation of therapy. Syncope, crescendo angina, and rebound hypertension have been reported but are uncommon. Allergic reactions to nitroglycerin are also uncommon, and the great majority of those reported have been cases of contact dermatitis or fixed drug eruptions in patients receiving nitroglycerin in ointments or patches. There have been a few reports of genuine anaphylactoid reactions, and these reactions can probably occur in patients receiving nitroglycerin by any route.

Extremely rarely, ordinary doses of organic nitrates have caused methaemoglobinaemia in normal-seeming patients. Methaemoglobinaemia is so infrequent at these doses that further discussion of its diagnosis and treatment is deferred.

Other adverse reactions occurring in less than 1% of patients are the following: tachycardia, nausea, vomiting, apprehension, restlessness, muscle twitching, retrosternal discomfort, palpitation, dizziness and abdominal pain.

However, such side-effects are virtually absent or substantially diminished with NITROCONTIN™ Continus™ tablets therapy due to the controlled release system.

Overdose & Its Treatment

Symptoms of overdosage include vomiting, hypotension, restlessness, syncope, cyanosis and methaemoglobinaemia. Treatment should include gastric lavage, respiratory and circulatory support and attention to circulatory signs and symptoms. In severe cases, oxygen and other symptomatic and supportive respiratory and cardiovascular measures should be provided. Methaemoglobinaemia may also be treated with intravenous methylene blue. Keep unconscious patients horizontal and lower head. Physicians should be aware that tablets in the intestine will release the drug for a period of hours.

Information for the patient

Daily headaches sometime accompany treatment with nitroglycerin. In patients who get these headaches, the headaches may be a marker of the activity of the drug. Patients should resist the temptation to avoid headaches by altering

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Artwork of **NITROCONTIN Pack Insert (Nigeria)**
A/w Size : 70 x 210 mm, Same Size Print
25.05.2020,**Dynamic Design** (OD-0520)