

1. NAME OF THE MEDICINAL PRODUCT

Angitel 40 (Telmisartan tablets USP 40 mg)

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Composition:

Each uncoated tablet contains:

Telmisartan USP 40 mg

Excipients: q.s.

Batch Size: 100000 tablets

SN	Ingredients	Spec.	Qty/ Tab(mg	Ovg %	Std. qty for batch (gm)
1	Telmisartan	USP	40.000	7.5 %	4.300
2	Mannitol	BP	45.000	--	4.500
3	Meglumine	BP	32.000	--	3.200
4	Iso Propyl Alcohol	BP	85.000	--	8.500
5	Kyron (T-314)	IHS	19.000	--	4.000
6	Microcrystalline cellulose (pH 102)	BP	13.000	--	1.300
7	Colloidal anhydrous silica	BP	2.000	--	0.200
8.	Croscarmellose sodium	BP	10.000	--	1.000
9.	Purified talc	BP	2.000	--	0.200
10.	Sodium stearyl fumarate	BP	4.000	--	0.400
	Total		170.00		

USP: United States Pharmacopoeia

BP: British Pharmacopoeia

IHS: IN- House specifications

Average weight of uncoated tablet: 170.00 mg $\pm$ 5.0%

Note: * Isopropyl alcohol is used as solvent and is not found in the final product

3. PHARMACEUTICAL FORM: Uncoated tablet

4. Clinical particulars

4.1 Therapeutic indications

Telmisartan Tablets is indicated in the treatment of the followings:

1. Hypertension
2. Treatment of essential hypertension in adults
3. Cardiovascular prevention
- 4.Reduction of cardiovascular morbidity in adults with:
 - a.Manifest atherothrombotic cardiovascular disease (history of coronary heart disease, stroke or peripheral arterial disease)
 - b.Type 2 diabetes mellitus with documented target organ damage

4.2 Posology and method of administration:

Route of administration: Oral

Posology

Treatment of essential hypertension

The usually effective dose is 40 mg once daily. Some patients may already benefit at a daily dose of 20 mg. In cases where the target blood pressure is not achieved, the dose of telmisartan can be increased to a maximum of 80 mg once daily. Alternatively, telmisartan may be used in combination with thiazide-type diuretics such as hydrochlorothiazide, which has been shown to have an additive blood pressure lowering effect with telmisartan. When considering raising the dose, it must be borne in mind that the maximum antihypertensive effect is generally attained four to eight weeks after the start of treatment.

Cardiovascular prevention

The recommended dose is 80 mg once daily. It is not known whether doses lower than 80 mg of telmisartan are effective in reducing cardiovascular morbidity.

When initiating telmisartan therapy for the reduction of cardiovascular morbidity, close monitoring of blood pressure is recommended, and if appropriate adjustment of medications that lower blood pressure may be necessary.

Special populations

Patients with renal impairment:

Limited experience is available in patients with severe renal impairment or hemodialysis. A lower starting dose of 20 mg is recommended in these patients.

No posology adjustment is required for patients with mild to moderate renal impairment.

Patients with hepatic impairment:

Telmisartan tablet is contraindicated in patients with severe hepatic impairment.

In patients with mild to moderate hepatic impairment, the posology should not exceed 40 mg once daily.

Elderly patients

No dose adjustment is necessary for elderly patients.

Paediatric population

The safety and efficacy of telmisartan tablets USP 80 mg in children and adolescents aged below 18 years have not been established.

Currently in sufficient data available, no recommendation on a posology can be made.

Method of administration

Telmisartan tablets are for once-daily oral administration and should be taken with liquid, with or without food.

Precautions to be taken before handling or administering the medicinal product.

Telmisartan should be kept in the sealed blister due to the hygroscopic property of the tablets. Tablets should be taken out of the blister shortly before administration.

4.3 Contraindications

Telmisartan tablets USP 80 mg is contraindicated in the following conditions.

1. Hypersensitivity to the active substance or to any of the excipients
2. Second and third trimesters of pregnancy
3. Biliary obstructive disorders
4. Severe hepatic impairment

4.4 Special warnings and precautions for use

Pregnancy

Angiotensin II receptor antagonists should not be initiated during pregnancy. Unless continued angiotensin II receptor antagonist therapy is considered essential, patients planning pregnancy should be changed to alternative antihypertensive treatments which have an established safety profile for use in pregnancy. When pregnancy is diagnosed, treatment with angiotensin II receptor antagonists should be stopped immediately, and, if

appropriate, alternative therapy should be started.

Hepatic impairment

Telmisartan tablets is not to be given to patients with cholestasis, biliary obstructive disorders or severe hepatic impairment since telmisartan is mostly eliminated with the bile. These patients can be expected to have reduced hepatic clearance for telmisartan. Telmisartan tablets should be used only with caution in patients with mild to moderate hepatic impairment.

Renovascular hypertension

There is an increased risk of severe hypotension and renal insufficiency when patients with bilateral renal artery stenosis or stenosis of the artery to a single functioning kidney are treated with medicinal products that affect the renin-angiotensin-aldosterone system.

Renal impairment and kidney transplantation

Telmisartan tablets is used in patients with impaired renal function, periodic monitoring of potassium and creatinine serum levels is recommended. There is no experience regarding the administration of telmisartan tablets in patients with recent kidney transplantation.

Intravascular hypovolaemia

Symptomatic hypotension, especially after the first dose of telmisartan tablets, may occur in patients who are volume and/or sodium depleted by vigorous diuretic therapy, dietary salt restriction, diarrhoea, or vomiting. Such conditions should be corrected before the administration of telmisartan tablets. Volume and/or sodium depletion should be corrected prior to administration of telmisartan tablets.

Dual blockade of the renin-angiotensin-aldosterone system (RAAS)

There is evidence that the concomitant use of ACE-inhibitors, angiotensin II receptor blockers or aliskiren increases the risk of hypotension, hyperkalaemia and decreased renal function (including acute renal failure). Dual blockade of RAAS through the combined use of ACE-inhibitors, angiotensin II receptor blockers or aliskiren is therefore not recommended. If dual blockade therapy is considered absolutely necessary, this should only occur under specialist supervision and subject to frequent close monitoring of renal function, electrolytes and blood pressure.

ACE-inhibitors and angiotensin II receptor blockers should not be used concomitantly in patients with diabetic nephropathy.

Other conditions with stimulation of the renin-angiotensin-aldosterone system

In patients whose vascular tone and renal function depend predominantly on the activity of the renin-angiotensin-aldosterone system (e.g. patients with severe congestive heart failure or underlying renal disease, including renal artery stenosis), treatment with medicinal products that affect this system such as telmisartan has been associated with acute hypotension, hyperazotaemia, oliguria, or rarely acute renal failure.

Primary aldosteronism

Patients with primary aldosteronism generally will not respond to antihypertensive medicinal products acting through inhibition of the renin-angiotensin system. Therefore, the use of telmisartan is not recommended.

Aortic and mitral valve stenosis, obstructive hypertrophic cardiomyopathy

As with other vasodilators, special caution is indicated in patients suffering from aortic or mitral stenosis, or obstructive hypertrophic cardiomyopathy.

Diabetic patients treated with insulin or antidiabetics.

In these patients' hypoglycaemia may occur under telmisartan treatment. Therefore, in these patients an appropriate blood glucose monitoring should be considered; a dose adjustment of insulin or antidiabetics may be required, when indicated.

Hyperkalaemia

The use of medicinal products that affect the renin-angiotensin-aldosterone system may cause hyperkalaemia.

In the elderly, in patients with renal insufficiency, in diabetic patients, in patients concomitantly treated with other medicinal products that may increase potassium levels, and/or in patients with intercurrent events, hyperkalaemia may be fatal.

Before considering the concomitant use of medicinal products that affect the renin-angiotensin-aldosterone system, the benefit risk ratio should be evaluated.

The main risk factors for hyperkalaemia to be considered are:

- Diabetes mellitus, renal impairment, age (>70 years)
- Combination with one or more other medicinal products that affect the renin-angiotensin-aldosterone system and/or potassium supplements. Medicinal products or

therapeutic classes of medicinal products that may provoke hyperkalaemia are salt substitutes containing potassium, potassium-sparing diuretics, ACE inhibitors, angiotensin II receptor antagonists, non-steroidal anti-inflammatory medicinal products (NSAIDs, including selective COX-2 inhibitors), heparin, immunosuppressives (cyclosporin or tacrolimus), and trimethoprim.

- Intercurrent events, in particular dehydration, acute cardiac decompensation, metabolic acidosis, worsening of renal function, sudden worsening of the renal condition (e.g. infectious diseases), cellular lysis (e.g. acute limb ischemia, rhabdomyolysis, extend trauma).

Close monitoring of serum potassium in at risk patients is recommended.

Sorbitol

This medicinal product contains sorbitol (E420). Patients with rare hereditary problems of fructose intolerance should not take telmisartan tablets USP 80 mg.

Ethnic differences

As observed for angiotensin converting enzyme inhibitors, telmisartan and the other angiotensin II receptor antagonists are apparently less effective in lowering blood pressure in black people than in non-blacks, possibly because of higher prevalence of low-renin states in the black hypertensive population.

Other

As with any antihypertensive agent, excessive reduction of blood pressure in patients with ischemic cardiopathy or ischemic cardiovascular disease could result in a myocardial infarction or stroke.

4.5 Interaction with other medicinal products and other forms of interaction:

Digoxin

When telmisartan was co-administered with digoxin, median increases in digoxin peak plasma concentration (49%) and in trough concentration (20%) were observed. When initiating, adjusting, and discontinuing telmisartan, monitor digoxin levels in order to maintain levels within the therapeutic range.

As with other medicinal products acting on the renin-angiotensin-aldosterone system, telmisartan may provoke hyperkalaemia. The risk may increase in case of treatment combination with other medicinal products that may also provoke hyperkalaemia (salt substitutes containing potassium, potassium-sparing diuretics, ACE inhibitors,

angiotensin II receptor antagonists, non-steroidal anti-inflammatory medicinal products (NSAIDs, including selective COX-2 inhibitors), heparin, immunosuppressives (cyclosporin or tacrolimus), and trimethoprim).

The occurrence of hyperkalaemia depends on associated risk factors. The risk is increased in case of the above-mentioned treatment combinations. The risk is particularly high in combination with potassium sparing-diuretics, and when combined with salt substitutes containing potassium. A combination with ACE inhibitors or NSAIDs, for example, presents a lesser risk provided that precautions for use are strictly followed.

Concomitant use not recommended.

Potassium sparing diuretics or potassium supplements.

Angiotensin II receptor antagonists such as telmisartan, attenuate diuretic induced potassium loss. Potassium sparing diuretics e.g., spironolactone, eplerenone, triamterene, or amiloride, potassium supplements, or potassium-containing salt substitutes may lead to a significant increase in serum potassium. If concomitant use is indicated because of documented hypokalemia, they should be used with caution and with frequent monitoring of serum potassium.

Lithium

Reversible increases in serum lithium concentrations and toxicity have been reported during concomitant administration of lithium with angiotensin converting enzyme inhibitors, and with angiotensin II receptor antagonists, including telmisartan. If use of the combination proves necessary, careful monitoring of serum lithium levels is recommended.

Concomitant use requiring caution.

Non-steroidal anti-inflammatory medicinal products

NSAIDs (i.e. acetylsalicylic acid at anti-inflammatory dosage regimens, COX-2 inhibitors and non-selective NSAIDs) may reduce the antihypertensive effect of angiotensin II receptor antagonists.

In some patients with compromised renal function (e.g. dehydrated patients or elderly patients with compromised renal function), the co-administration of angiotensin II receptor antagonists and agents that inhibit cyclo-oxygenase may result in further deterioration of renal function, including possible acute renal failure, which is usually reversible. Therefore, the combination should be administered with caution, especially in the elderly. Patients should be adequately hydrated and consideration should be given to

monitoring of renal function after initiation of concomitant therapy and periodically thereafter.

In one study the co-administration of telmisartan and ramipril led to an increase of up to 2.5 fold in the AUC₀₋₂₄ and C_{max} of ramipril and ramiprilat. The clinical relevance of this observation is not known.

Diuretics (thiazide or loop diuretics)

Prior treatment with high dose diuretics such as furosemide (loop diuretic) and hydrochlorothiazide (thiazide diuretic) may result in volume depletion and in a risk of hypotension when initiating therapy with telmisartan.

To be taken into account with concomitant use

Other antihypertensive agents

The blood pressure lowering effect of telmisartan can be increased by concomitant use of other antihypertensive medicinal products.

Clinical trial data has shown that dual blockade of the renin-angiotensin-aldosterone-system (RAAS) through the combined use of ACE-inhibitors, angiotensin II receptor blockers or aliskiren is associated with a higher frequency of adverse events such as hypotension, hyperkalaemia and decreased renal function (including acute renal failure) compared to the use of a single RAAS-acting agent.

Based on their pharmacological properties it can be expected that the following medicinal products may potentiate the hypotensive effects of all antihypertensives including telmisartan: Baclofen, amifostine. Furthermore, orthostatic hypotension may be aggravated by alcohol, barbiturates, narcotics or antidepressants.

Corticosteroids (systemic route)

Reduction of the anti-hypertensive effect.

4.6 Pregnancy and Lactation

Pregnancy

There are inadequate data available for using telmisartan tablets in pregnant women. However studies in animals have shown certain reproductive toxicity.

Epidemiological evidence regarding the risk of teratogenicity following exposure to ACE inhibitors during the first trimester of pregnancy has not been conclusive; however, a small increase in risk cannot be excluded. Whilst there is no controlled epidemiological data on

the risk with angiotensin II receptor antagonists, similar risks may exist for this class of drugs. Unless continued angiotensin II receptor antagonist therapy is considered essential, patients planning pregnancy should be changed to alternative antihypertensive treatments which have an established safety profile for use in pregnancy. When pregnancy is diagnosed, treatment with angiotensin II receptor antagonists should be stopped immediately, and, if appropriate, alternative therapy should be started.

Exposure to angiotensin II receptor antagonist therapy during the second and third trimesters is known to induce human fetotoxicity (decreased renal function, oligohydramnios, skull ossification retardation) and neonatal toxicity (renal failure, hypotension, hyperkalaemia).

Should exposure to angiotensin II receptor antagonists have occurred from the second trimester of pregnancy, ultrasound check of renal function and skull is recommended.

Infants whose mothers have taken angiotensin II receptor antagonists should be closely observed for hypotension.

Breast-feeding

Because no information is available regarding the use of Telmisartan during breast-feeding, Telmisartan is not recommended and alternative treatments with better established safety profiles during breast-feeding are preferable, especially while nursing a newborn or preterm infant.

Fertility

In preclinical studies no effects on male and female fertility was observed.

4.7 Effects on ability to drive and use machines:

When driving vehicles or operating machinery, it should be taken into account that dizziness or drowsiness may occur occasionally when taking anti-hypertensive therapy.

4.8 Undesirable effects

Tabulated summary of adverse reaction

Adverse reactions have been ranked under headings of frequency using the following convention: very common ($\geq 1/10$); common ($\geq 1/100$ to $< 1/10$); uncommon ($\geq 1/1,000$ to $< 1/100$); rare ($\geq 1/10,000$ to $< 1/1,000$); very rare ($< 1/10,000$).

Within each frequency grouping, adverse reactions are presented in order of decreasing seriousness.

Infections and infestations	
Uncommon:	Urinary tract infection including cystitis, upper respiratory tract infection including pharyngitis and sinusitis. Sepsis including fatal outcome.
Rare:	
Blood and the lymphatic system disorders	
Uncommon:	Anaemia
Rare:	Eosinophilia, thrombocytopenia
Immune system disorders	
Rare:	Anaphylactic reaction, hypersensitivity
Metabolism and nutrition disorders	
Uncommon:	Hyperkalaemia
Rare:	Hypoglycaemia (in diabetic patients)
Psychiatric disorders	
Uncommon:	Insomnia, depression
Rare:	Anxiety
Nervous system disorders	
Uncommon:	Syncope
Rare:	Somnolence
Eye disorders	
Rare:	Visual disturbance
Ear and labyrinth disorders	
Uncommon:	Vertigo
Cardiac disorders	
Uncommon:	Bradycardia
Rare:	Tachycardia
Vascular disorders	
Uncommon:	Hypotension ² , orthostatic hypotension
Respiratory, thoracic and mediastinal disorders	
Uncommon:	Dyspnoea, cough
Very rare:	Interstitial lung disease ⁴
Gastrointestinal disorders	

Uncommon: Rare:	Abdominal pain, diarrhoea, dyspepsia, flatulence, vomiting Dry mouth, stomach discomfort, dysgeusia
Hepato-biliary disorders	
Rare:	Hepatic function abnormal/liver disorder ³
Skin and subcutaneous tissue disorders	
Uncommon: Rare:	Pruritus, hyperhidrosis, rash Angioedema (also with fatal outcome), eczema, erythema, urticaria, drug eruption, toxic skin eruption
Musculoskeletal and connective tissue disorders	
Uncommon: Rare:	Back pain (e.g. sciatica), muscle spasms, myalgia Arthralgia, pain in extremity, tendon pain (tendinitis like symptoms)
Renal and urinary disorders	
Uncommon:	Renal impairment including acute renal failure
General disorders and administration site conditions	
Uncommon: Rare:	Chest pain, asthenia (weakness) Influenza-like illness
Investigations	
Uncommon:	Blood creatinine increased
Rare:	Haemoglobin decreased, blood uric acid increased, hepatic enzyme increased, blood creatine phosphokinase increased

4.9 Overdose

There is limited data available with regards to overdose in human for telmisartan tablets USP 80 mg;

Symptoms:

The most prominent manifestations of Telmisartan overdose were hypotension and tachycardia; bradycardia dizziness, increase in serum creatinine, and acute renal failure have also been reported.

Treatment:

Telmisartan is not removed by haemodialysis. The patient should be closely monitored, and the treatment should be symptomatic and supportive. Management depends on the time since ingestion and the severity of the symptoms. Suggested measures include

induction of emesis and /or gastric lavage. Activated charcoal may be useful in the treatment of overdosage. Serum electrolytes and

creatinine should be monitored frequently. If hypotension occurs, the patient should be placed in a supine position, with salt and volume replacement given quickly.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamics properties

ATC code

Telmisartan : C09CA07

Pharmacotherapeutic group: Angiotensin-converting Enzyme Inhibitor,
Angiotensin II Type 1 Receptor- Blocker

Mechanism of action:

Telmisartan is an orally active and specific angiotensin II receptor (type AT1) antagonist. Telmisartan displaces angiotensin II with very high affinity from its binding site at the AT1 receptor subtype, which is responsible for the known actions of angiotensin II. Telmisartan does not exhibit any partial agonist activity at the AT1 receptor. Telmisartan selectively binds the AT1 receptor. The binding is long-lasting. Telmisartan does not show affinity for other receptors, including AT2 and other less characterised AT receptors. The functional role of these receptors is not known, nor is the effect of their possible overstimulation by angiotensin II, whose levels are increased by telmisartan.

Plasma aldosterone levels are decreased by telmisartan. Telmisartan does not inhibit human plasma renin or block ion channels. Telmisartan does not inhibit angiotensin converting enzyme (kininase II), the enzyme which also degrades bradykinin.

Therefore, it is not expected to potentiate bradykinin-mediated adverse effects.

In human, an 80 mg dose of telmisartan almost completely inhibits the angiotensin II evoked blood pressure increase. The inhibitory effect is maintained over 24 hours and still measurable up to 48 hours.

5.2 Pharmacokinetic properties

Absorption

Absorption of Telmisartan is rapid although the amount absorbed varies. The mean absolute bioavailability for Telmisartan is about 50 %. When Telmisartan is taken with food, the reduction in the area under the plasma concentration-time curve ($AUC_{0-\infty}$) of Telmisartan varies from approximately 6 % (40 mg dose) to approximately 19 % (160 mg dose). By 3 hours after administration, plasma concentrations are similar whether Telmisartan is taken fasting or with food.

Linearity/non-linearity

The small reduction in AUC is not expected to cause a reduction in the therapeutic efficacy. There is no linear relationship between doses and plasma levels. C_{max} and to a lesser extent AUC increase disproportionately at doses above 40 mg.

Distribution

Telmisartan is largely bound to plasma protein (>99.5 %), mainly albumin and alpha-1 acid glycoprotein. The mean steady state apparent volume of distribution (V_{dss}) is approximately 500

Biotransformation

Telmisartan is metabolized by conjugation to the glucuronide of the parent compound. No pharmacological activity has been shown for the conjugate.

Elimination

Telmisartan is characterized by biexponential decay pharmacokinetics with a terminal elimination half-life of >20 hours. The maximum plasma concentration (C_{max}) and, to a smaller extent, the area under the plasma concentration-time curve (AUC), increase disproportionately with dose.

There is no evidence of clinically relevant accumulation of Telmisartan taken at the recommended dose. Plasma concentrations were higher in females than in males, without relevant influence on efficacy.

After oral (and intravenous) administration, Telmisartan is nearly exclusively excreted with the faeces, mainly as unchanged compound. Cumulative urinary excretion is <1 % of dose. Total plasma clearance (Cl_{tot}) is high (approximately 1,000 ml/min) compared with hepatic blood flow (about 1,500 ml/min).

Special Populations

Gender

Differences in plasma concentrations were observed, with $C_{\max}$ and AUC being approximately 3- and 2-fold higher, respectively, in females compared to males.

Elderly

The pharmacokinetics of Telmisartan do not differ between the elderly and those younger than 65 years.

Renal impairment

In patients with mild to moderate and severe renal impairment, doubling of plasma concentrations was observed. However, lower plasma concentrations were observed in patients with renal insufficiency undergoing dialysis. Telmisartan is highly bound to plasma protein in renal-insufficient patients and cannot be removed by dialysis. The elimination half-life is not changed in patients with renal impairment.

Hepatic impairment

Pharmacokinetic studies in patients with hepatic impairment showed an increase in absolute bioavailability up to nearly 100 %. The elimination half-life is not changed in patients with hepatic impairment.

5.3 Preclinical safety data

Not applicable

6.0 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

S.N.	Excipients	Specification
1	Mannitol	BP
2	Meglumine	BP
3	Iso Propyl Alcohol	BP
4	Kyron (T-314)	IHS
5	Microcrystalline cellulose (pH 102)	BP
6	Colloidal anhydrous silica	BP
7	Croscarmellose sodium	BP
8	Purified talc	BP
9	Sodium stearyl fumarate	BP

6.2 Incompatibilities

None such data reported.

6.3 Shelf life:

36 months (3 years)

6.4 Special precautions for storage

Store in a cool and dry place below 30°C. Protect from light & moisture.

6.5 Nature and contents of container <and special equipment for use, administration or implantation>

Alu/Alu Blister pack of 10 tablets

6.6 Special precautions for disposal <and other handling>

None such special precautions for disposing and handling required for this product.

7 APPLICANT/MANUFACTURER

APPLICANT :

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