

in dose titration. No dose adjustment required for the elderly. Not recommended in paediatrics.

OR
As directed by the physician

CONTRAINDICATIONS:

Bisoprolol fumarate must not be used in case of acute heart failure or episodes of heart failure decompensation requiring I.V. therapy with inotropic drugs. Bisoprolol fumarate is contraindicated in patients in cardiogenic shock, overt cardiac failure, second or third degree AV block, marked sinus bradycardia, anuria and hypersensitivity to either component of this product or to other sulfonamide-derived drugs

PRECAUTIONS:

Use with care in patients with prolonged PR conduction interval, poor cardiac reserve and peripheral circulatory disturbances such as Raynaud's phenomenon, chronic obstructive airways disease, diabetes. In patients with ischaemic heart disease, treatment should not be withdrawn abruptly

PREGNANCY AND LACTATION:

Pregnancy: Category C, use only if essential

DRUG INTERACTION:

Bisoprolol fumarate may potentiate the action of other antihypertensive agents used concomitantly. Bisoprolol fumarate should not be combined with other beta-blocking agents. Patients receiving catecholamine-depleting drugs, such as reserpine or guanethidine, should be closely monitored because the added beta-adrenergic blocking action of bisoprolol fumarate may produce excessive reduction of sympathetic activity

ADVERSE REACTIONS:

Bisoprolol is well tolerated in most patients. Most adverse effects have been mild and transient. Some of the commonly reported side effects include: dizziness, vertigo, headache, syncope, sleep disturbance, insomnia, bradycardia, palpitations, peptic ulcer, gastritis, dyspepsia, nausea, vomiting, diarrhoea, muscle/joint pain, back/neck pain, rash, acne, psoriasis, skin irritation, asthma, bronchospasm, bronchitis. In addition, a variety of adverse effects has been reported with other beta-adrenergic blocking agents and should be considered potential adverse effects

STORAGE:

Store below 30° C in a dry place, protect from light. To be dispensed on the prescription of a registered medical practitioner only. Keep out of the reach of children.

PRESENTATION:

Blicor 2.5mg tablets are available in Alu-Alu blister pack of 2x7's.
Blicor 5mg tablets are available in Alu-Alu blister pack of 2x10's.
Blicor 10mg tablets are available in Alu-Alu blister pack of 2x10's.

Manufactured by:

Platinum
Pharmaceuticals (Pvt) Ltd.
A-20, North Western Industrial Zone,
Bin Qasim, Karachi-75020, Pakistan.

Mfg. Lic. 000415

QAR No. AW22-1054-02

Blicor

(Bisoprolol Fumarate)

2.5mg, 5mg & 10mg Tablets

بلیکور
(بیسوپرولول فیومارےٹ)

DESCRIPTION:

Bisoprolol fumarate is indicated for the treatment of hypertension. Bisoprolol fumarate is a beta 1-selective (cardio selective) adrenoceptor blocking agent. Bisoprolol fumarate is chemically described as (±)-1-[4-[(2-(1-methylethoxy) ethoxy) methyl] phenoxy]-3-[(1-methylethyl)amino]-2-propanol (E)- 2-butanedioate (2:1) (salt).

COMPOSITION:

Blicor 2.5 mg Tablets:
Each film coated tablet contains:
Bisoprolol Fumarate 2.5mg
Product Complies U.S.P. Specs.

Blicor 5 mg Tablets:
Each film coated tablet contains:
Bisoprolol Fumarate 5mg
Product Complies U.S.P. Specs.

Blicor 10 mg Tablets:
Each film coated tablet contains:
Bisoprolol Fumarate 10mg
Product Complies U.S.P. Specs.

PHARMACOKINETICS AND METABOLISM:

The absolute bioavailability after a 10mg oral dose of bisoprolol is about 80%. The first pass metabolism of bisoprolol is about 20%. The pharmacokinetic profile of bisoprolol has been examined following single doses and at steady state. Binding to serum proteins is approximately 30%. Peak plasma concentrations occur within 2-4 hours of dosing with 2.5 to 20mg and mean peak values range from 9.0ng/ml at 2.5mg to 70ng/ml at 20mg. Once daily dosing with bisoprolol results in less than twofold intersubject variation in peak plasma concentration. In subjects with creatinine clearance less than 40ml/min, the plasma half-life is increased approximately threefold compared to healthy subject. In patients with liver cirrhosis, the rate of elimination of bisoprolol is more variable and significantly slower than that in healthy subjects, with a plasma half-life ranging from 8 to 22 hours. In elderly subjects, mean plasma concentrations at steady state are increased, in part attributed to lower creatinine clearance. However, no significant differences in the degree of bisoprolol accumulation is found between young and elderly populations.

INDICATIONS & USAGE: Bisoprolol fumarate is indicated in the management of hypertension, angina pectoris, stable chronic, moderate to severe heart failure in addition to ACE inhibitors and diuretics.

DOSAGE AND ADMINISTRATION: The dose of Blicor must be individualized to the needs of the patients. The usual starting dose is 5mg once daily. In some patients, 2.5mg may be an appropriate starting dose. If the antihypertensive effect of 5mg is inadequate, the dose may be increased to 10mg and then, if necessary to 20mg once daily. In patients with renal or hepatic impairment, the dose should be 2.5mg and caution should be used