ZANIDIP
LERCANIDIPINE HCL

COMPOSITION
Each film-coated tablet contains 10 mg of lercanidipine hydrochloride, which is equivalent to 9.4 mg of lercanidipine.

PHARMACOLOGICAL PROPERTIES
Pharmacodynamic Properties
Pharmacotherapeutic group:
Selective calcium channel blockers with mainly vascular effects – Dihydropyridine derivatives.
ATC Code: C08CA13

Mechanism of action
Lercanidipine is a calcium antagonist of the dihydropyridine group and inhibits the transmembrane influx of calcium into cardiac and smooth muscle. The mechanism of its antihypertensive action is due to a direct relaxant effect on vascular smooth muscle thus lowering total peripheral resistance.

Pharmacodynamic effects
Despite its short pharmacokinetic plasma half-1ife, lercanidipine is endowed with a prolonged antihypertensive activity because of its high membrane partition coefficient, and is devoid of negative inotropic effects due to its high vascular selectivity.
Since the vasodilatation induced by ZANIDIP is gradual in onset, acute hypotension with reflex tachycardia has rarely been observed in hypertensive patients.
As for other asymmetric l,4-dihydropyridines, the antihypertensive activity of lercanidipine is mainly due to its (S)-enantiomer.

Clinical efficacy and safety
The clinical efficacy and safety of lercanidipine at a dose of 10-20 mg once daily has been evaluated in double-blind, placebo-controlled clinical trials (with 1200 patients receiving lercanidipine and 603 patients receiving placebo) and in active-controlled and uncontrolled long term clinical trials on a total of 3676 hypertensive patients.
Most clinical trials have been conducted in patients with mild to moderate essential hypertension (including elderly and diabetic patients), receiving lercanidipine alone or in combination with ACE-Is, diuretics or beta-blockers.
In addition to the clinical studies conducted to support the therapeutic indications, a further small uncontrolled but randomized study of patients with severe hypertension (mean ± SD diastolic blood pressure of 114.5 ± 3.7 mmHg) showed that blood pressure was normalized in 40% of the 25 patients on 20 mg once daily dose and in 56% of 25 patients on 10 mg twice daily doses of ZANIDIP. In a double-blind, randomized, controlled study versus placebo in patients with isolated systolic hypertension ZANIDIP was efficacious in lowering systolic blood pressure from mean initial values of 172.6 ± mmH g to 140.2 ± 8.7 mmHg.
No clinical trial has been performed in the paediatric population.

Pharmacokinetic Properties
Absorption
ZANIDIP is completely absorbed after 10-20 mg oral administration and peak plasma levels, 3.30 ng/ml ± 2.09 s.d . and 7.66 ng/ml ± 5 90 s.d. respectively, occur about l.5 - 3 hours after dosing.

The two enantiomers of lercanidipine show a similar plasma level profile: the time to peak plasma concentration is the same, the peak plasma concentration and AUC are, on average, 1.2-fold higher for the (S) enantiomer and the elimination half- lives of the two enantiomers are essentially the same. No "in vivo" interconversion of enantiomers is observed.
Due to the high first pass metabolism, the absolute bioavailability of ZANIDIP orally administered to patients under fed conditions is around l0%, although it is reduced to 1/3 when administered to healthy volunteers under fasting conditions.
Oral availability of lercanidipine increases 4-fold when ZANIDIP is ingested up to 2 hours after a high fat meal. Accordingly, ZANIDIP should be taken before meals.

Distribution
Distribution from plasma to tissues and organs is rapid and extensive.
The degree of serum protein binding of lercanidipine exceeds 98%. Since plasma protein levels are reduced in patients with severe renal or hepatic dysfunction, the free fraction of the drug may be increased.

Biotransformation
ZANIDIP is extensively metabolized by CYP3A4; no parent drug is found in the urine or the faeces. It is predominantly converted to inactive metabolites and about 50% of the dose is excreted in the urine.

"In vitro" experiments with human liver microsomes have demonstrated that lercanidipine shows some degree of inhibition of CYP3A4 and CYP2D6, at concentrations 160- and 40-fold, respectively, higher than those reached at peak in the plasma after the dose of 20 mg.

Moreover, interaction studies in humans have shown that lercanidipine did not modify the plasma levels of midazolam, a typical substrate of CYP3A4, or of metoprolol, a typical substrate of CYP2D6. Therefore, inhibition of biotransformation of drugs metabolized by CYP3A4 and CYP2D6 by ZANIDIP is not expected at therapeutic doses.

Elimination
Elimination occurs essentially by biotransformation.
A mean terminal elimination half life of 8 - 10 hours was calculated and the therapeutical activity lasts for 24 hours because of its high binding to lipid membrane. No accumulation was seen upon repeated administration.

Linearity/non-linearity
Oral administration of ZANIDIP leads to plasma levels of lercanidipine not directly proportional to dosage (non-linear kinetics). After 10, 20 or 40 mg, peak plasma concentrations observed were in the ratio 1:3:8 and areas under plasma concentration- time curves in the ratio l:4:18, suggesting a progressive saturation of first pass metabolism. Accordingly, availability increases with dosage elevation.

Additional information on special population
In elderly patients and in patients with mild to moderate renal dysfunction or mild to moderate hepatic impairment the pharmacokinetic behaviour of lercanidipine was shown to be similar to that observed in the general patient population; patients with severe renal dysfunction or dialysis-dependent patients showed higher levels (about 70%) of the drug. In patients with moderate to severe hepatic impairment, the systemic bioavailability of lercanidipine is likely to be increased since the drug is normally metabolized extensively in the liver.

Pre-clinical safety data
Non –clinical data reveal no special hazard for human based on conventional studies of safety pharmacology, repeated dose toxicity, genotoxicity, carcinogenic potential, toxicity to reproduction.
Safety pharmacological studies in animals have shown no effects on the autonomic nervous system, the central nervous system or on gastrointestinal function at antihypertensive doses.
The relevant effects which have been observed in long-term studies in rats and dogs were related, directly or indirectly, to the known effects of high doses of Ca-antagonists, predominantly reflecting exaggerated pharmacodynamic activity.
Lercanidipine was not genotoxic and showed no evidence of carcinogenic hazard.
Fertility and general reproductive performance in rats were unaffected by treatment with lercanidipine.
There was no evidence of any teratogenic effects in rats and rabbits: however, in rats, lercanidipine at high dose levels induced pre- and post- implantation losses and delay in foetal development.
Lercanidipine hydrochloride, when administered at high dose (12 mg/kg/day) during labour, induced dystocia.
The distribution of lercanidipine and/or its metabolites m pregnant animals and their excretion in breast milk have not been investigated.
Metabolites have not been evaluated separately in toxicity studies.

INDICATIONS
ZANIDIP is indicated in adults for the treatment of mi id to moderate essential hypertension.

POSOLOGY AND METHOD OF ADMINISTRATION
Posology
The recommended dosage is 10 mg orally once a day at least 15 minutes before meals; the dose may be increased to 20 mg depending on the individual patient 's response.
Dose titration should be gradual, because it may take about 2 weeks before the maximal antihypertensive effect is apparent.
Some individuals, not adequately controlled on a single antihypertensive agent, may benefit from the addition of ZANIDIP to therapy with a beta-adrenoreceptor blocking drug (atenolol), a diuretic (hydrochlorothiazide) or an angiotensin converting enzyme inhibitor (captopril or enalapril).

Since the dose-response curve is steep with a plateau at doses between 20 - 30 mg, it is unlikely that efficacy will be improved by higher doses; whereas sideeffects may increase.

Elderly patients: although the pharmacokinetic data and clinical experience suggest that no adjustment of the daily dosage is required, special care should be exercised when initiating treatment in the elderly.

Paediatric population: the safety and efficacy of ZANIDIP in children aged up to 18 years have not been established. No data are available.

Patients with renal or hepatic impairment: special care should be exercised when treatment is commenced in patients with mild to moderate renal or hepatic dysfunction. Although the usually recommend dose schedule may be tolerated by these subgroups, an increase in dose to 20 mg daily must be approached with caution. The antihypertensive effect may be enhanced in patients with hepatic impairment and consequently an adjustment of the dosage should be considered.

ZANIDIP is contraindicated in patients with severe hepatic impairment or in patients with severe renal impairment (GFR < 30 ml/min), including patients undergoing dialysis (see section Contraindications and Special warnings and precautions for use).

Method of administration

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

- Treatment should be preferably administered in the morning at least 15 minutes before breakfast.
- This product should not been administered with grapefruit juice (see section Contraindications and Interaction with other medicinal products and other forms of interaction).

CONTRAINDICATIONS

- Hypersensitivity to the active substance or to any of the excipients of the medical product.
- Left ventricular outflow tract obstruction.
- Untreated congestive cardiac failure.
- Unstable angina pectoris or recent (within 1 month) myocardial infarction.
- Severe hepatic impairment.
- Severe renal impairment (GFR < 30 ml/min), including patients undergoing dialysis.
- Co-administration with:
  - Strong inhibitors of CYP3A4 (see section Interaction with other medicinal products and other forms of interaction),
  - Cyclosporin (see section Interaction with other medicinal products and other forms of interaction),
  - Grapefruit or grapefruit juice (see section Interaction with other medicinal products and other forms of interaction).

UNDESIRABLE EFFECTS

Summary of safety profile

The safety of lercanidipine at a dose of 10-20 mg once daily has been evaluated in double-blind, placebo-controlled clinical trials (with 1200 patients receiving lercanidipine and 603 patients receiving placebo) and in active-controlled and uncontrolled long term clinical trials on a total of 3676 hypertensive patients receiving lercanidipine.

The most commonly reported adverse reactions in clinical trials and in the post-marketing experience are: peripheral oedema, headache, flushing, tachycardia and palpitations.

Tabulated list of adverse reactions

In the table below, adverse reactions reported in clinical trials and in the worldwide post-marketing experience for which a reasonable causal relationship exists are listed by MedDRA system organ class and frequency: 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); very rare (<1/10,000), not known (cannot be estimated from available data). Within each frequency grouping the observed adverse reactions are presented in order of decreasing seriousness.

MedDRA System Organ Class	**Common**	**Uncommon**	**Rare**	**Not known**
Immune system disorders			Hypersensitivity	
Nervous system disorders	Headache	Dizziness	Somnolence Syncope	

Cardiac disorders	Tachycardia Palpitations		Angina pectoris	
Vascular disorders	Flushing	Hypotension		
Gastrointestinal disorders		Dyspepsia Nausea Abdominal pain upper	Vomiting Diarrhoea	Gingival hypertrophy[1] Peritoneal cloudy effluent[1]
Hepatobiliary disorders				Serum transaminase increased[1]
Skin and subcutaneous tissue disorders		Rash Pruritus	Urticaria	Angioedema[1]
Musculoskeletal and connective tissue disorders		Myalgia		
Renal and urinary disorders		Polyuria	Pollakiuria	
General disorders and administration site conditions	Oedema peripheral	Asthenia Fatigue	Chest pain	

[1]adverse reactions from spontaneous reporting in the worldwide post-marketing experience

Description of selected adverse reactions

In placebo controlled clinical trials the incidence of peripheral oedema was 0.9% with lercanidipine 10-20 mg and 0.83% with placebo. This frequency reached 2% in the overall study population including long term clinical trials.
Lercanidipine does not appear to influence adversely blood sugar or serum lipid levels.
Some dihydropyridines may rarely lead to precordial pain or angina pectoris. Very rarely patients with pre-existing angina pectoris may experience increased frequency, duration or severity of these attacks. Isolated cases of myocardial infarction may be observed.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorization of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions to PT. Abbott Indonesia (+62-21-27587888).

SPECIAL WARNINGS AND PRECAUTIONS FOR USE

Sick sinus syndrome

Lercanidipine should be administered with caution in patients with sick sinus syndrome (without a pacemaker).

Left ventricular dysfunction

Although hemodynamic controlled studies revealed no impairment of ventricular function, care is required in patients with left ventricular dysfunction.

Ischaemic heart disease

It has been suggested that some short-acting dihydropyridines may be associated with increased cardiovascular risk in patients with ischaemic heart disease. Although

lercanidipine is long-acting caution is required in such patients.
Some dihydropyridines may rarely lead to precordial pain or angina pectoris. Very rarely patients with pre-existing angina pectoris may experience increased frequency, duration or severity of these attacks. Isolated cases of myocardial infarction may be observed (see section Undesirable effects).

Use in renal or hepatic impairment
Special care should be exercised when treatment is commenced in patients with mild to moderate renal impairment. Although the usual recommended dose of 10 mg daily may be tolerated, an increase to 20 mg daily should be approached with caution. The antihypertensive effect may be enhanced in patients with moderate hepatic impairment and consequently an adjustment of the dosage should be considered. Lercanidipine is contraindicated in patients with severe hepatic impairment or renal impairment (GFR <30 ml/min), including patients undergoing haemo and peritoneal dialysis (see section Posology and method of administration and Contraindications).

Peritoneal Dialysis
Lercanidipine has been associated with the development of cloudy peritoneal effluent in patients on peritoneal dialysis. The turbidity is due to an increased triglyceride concentration in the peritoneal effluent. Whilst the mechanism is unknown, the turbidity tends to resolve soon after withdrawal of lercanidipine. This is an important association to recognise as cloudy peritoneal effluent can be mistaken for infective peritonitis with consequential unnecessary hospitalisation and empiric antibiotic administration.

Inducers of CYP3A4
Inducers of CYP3A4 like anticonvulsants (e.g. phenytoin, carbamazepine) and rifampicin may reduce lercanidipine plasma levels and therefore the efficacy of lercanidipine may be less than expected (see section Interaction with other medicinal products and other forms of interaction).

Alcohol
Alcohol should be avoided since it may potentiate the effect of vasodilating antihypertensive drugs (see section Interaction with other medicinal products and other forms of interaction).

This medicine contains lactose. Patients with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption should not take this medicine.

Paediatric population
The safety and efficacy of lercanidipine have not been demonstrated in children.

Fertility, Pregnancy and Lactation
Pregnancy
There are no data from the use of lercanidipine in pregnant women. Studies in animals have not shown teratogenic effects (see section Pre-clinical safety data), but these have been observed with other dihydropyridine compounds. Lercanidipine is not recommended during pregnancy and in women of childbearing-potential not using contraception.

Breast-feeding
It is unknown whether lercanidipine/metabolites are excreted in human milk. A risk to the newborns/infants cannot be excluded. Lercanidipine should not be used during breast-feeding.

Fertility
No clinical data are available with lercanidipine. Reversible biochemical changes in the head of spermatozoa which can impair fecundation have been reported in some patients treated by channel blockers. In cases where repeated in-vitro fertilisation is unsuccessful and where another explanation cannot be found, the possibility of calcium channel blockers as the cause should be considered.

Effects on Ability to Drive and Use Machines
Lercanidipine has minor influence on the ability to drive or use machinery. However, caution should be exercised because dizziness, asthenia , fatigue and rarely somnolence may occur.

Overdose
In the post-marketing experience of lercanidipine, some cases of overdose have been reported 30-40 mg up to 800 mg, including reports of suicide attempt.

Symptoms
As with other dihydropyridines, lercanidipine overdosage results in excessive peripheral vasodilatation with marked hypotension and reflex tachycardia. However, at very high doses, the peripheral selectivity may be lost, causing bradycardia and a negative inotropic effect. The most common ADRs associated to cases of overdose have been hypotension, dizziness, headache and palpitations.

Treatment
Clinically significant hypotension requires active cardiovascular support including frequent monitoring of cardiac and respiratory function, elevation of extremities and attention to circulating fluid volume and urine output. In view of the prolonged pharmacological effect of lercanidipine, it is essential that the cardiovascular status of the patient is monitored for 24 hours at least. Since the product has a high protein binding, dialysis is not likely to be effective.
Patients in whom a moderate to severe intoxication is anticipated should be observed in a high-care setting.

INTERACTION WITH OTHER MEDICINAL PRODUCTS AND OTHER FORMS OF INTERACTION

Contraindications of concomitant use
Inhibitors of CYP3A4
Lercanidipine is known to be metabolised by the CYP3A4 enzyme and therefore inhibitors of CYP3A4 administered concurrently may interact with the metabolism and elimination of lercanidipine. An interaction study with a strong CYP3A4 inhibitor, ketoconazole, has shown a considerable increase in plasma levels of lercanidipine (a 15-fold increase of the AUC and an 8-fold increase of the C_{max} for the eutomer S-lercanidipine).
Co-prescription of lercanidipine with inhibitors of CYP3A4 (e.g. ketoconazole, itraconazole, ritonavir , erythromycin , troleandomycin, clarithromycin) should be avoided (see section Contraindications).

Cyclosporin
Increased plasma levels of both lercanidipine and cyclosporin have been observed following concomitant administration. A study in young healthy volunteers has shown that when cyclosporin was administered 3 hours after the lercanidipine intake, the plasma levels of

lercanidipine did not change, while the AUC of cyclosporin increased by 27%. However, the co-administration of lercanidipine with cyclosporin has caused a 3-fold increase of the plasma levels of lercanidipine and a 21% increase of the cyclosporin AUC.
Cyclosporin and lercanidipine should not be administered together (see section Contraindications).

Grapefruit or grapefruit juice
As for other dihydropyridines, lercanidipine is sensitive to inhibition of metabolism by grapefruit or grapefruit juice, with a consequent rise in its systemic availability and increased hypotensive effect. Lercanidipine should not be taken with grapefruit or grapefruit juice (see section Contraindications).

Concomitant use not recommended
Inducers of CYP3A4
Co-administration of lercanidipine with CYP3A4 inducers like anticonvulsants (e.g. phenytoin, phenobarbital, carbamazepine) and rifampicin should be approached with caution since the antihypertensive effect may be reduced and blood pressure should be monitored more frequently than usual (see section Special warnings and precautions for use).

Alcohol
Alcohol should be avoided since it may potentiate the effect of vasodilating antihypertensive drugs (see section Special warnings and precautions for use).

Precautions including dose adjustment
Substrates of CYP3A4
Caution should be exercised when lercanidipine is co-prescribed with other substrates of CYP3A4, like terfenadine, astemizole, class III antiarrhytmic drugs such as amiodarone, quinidine, sotalol.

Midazolam
When concomitantly administered at a dose of 20 mg with midazolam p.o. to elderly volunteers, lercanidipine absorption was increased (by approximately 40%) and the rate of absorption was decreased (t_{max} was delayed from 1.75 to 3 hours). Midazolam concentrations were not modified.

Metoprolol
When lercanidipine was co-administered with metoprolol, a β-blocker eliminated mainly by the liver, the bioavailability of metoprolol was not changed while that of lercanidipine was reduced by 50%. This effect may be due to the reduction in the hepatic blood flow caused by β-blockers and may therefore occur with other drugs of this class. Consequently, lercanidipine may be safely administered with β-adrenoceptor blocking drugs, but dose adjustment may be required.

Digoxin
Co-administration of 20 mg lercanidipine in patients chronically treated with β -methyldigoxin showed no evidence of pharmacokinetic interaction. However, a mean increase of 33% in digoxin C_{max} was observed, while AUC and renal clearance were not significantly modified. Patients on concomitant digoxin treatment should be closely monitored clinically for signs of digoxin toxicity.

Concomitant use with other drugs

Fluoxetine

An interaction study with fluoxetine (an inhibitor of CYP2D6 and CYP3A4), conducted in volunteers of an age of 65 ± 7 years (mean ± s.d.), has shown no clinically relevant modification of the pharmacokinetics of lercanidipine.

Cimetidine

Concomitant administration of cimetidine 800 mg daily does does not cause significant modifications in plasma levels of lercanidipine, but at higher doses caution is required since the bioavailability and the hypotensive effect of lercanidipine may be increased.

Simvastatin

When a dose of 20 mg of lercanidipine was repeatedly co-administered with 40 mg of simvastatin, the AUC of lercanidipine was not significantly modified, while simvastatin AUC increased by 56% and that of its active metabolite β-hydroxyacid by 28%. It is unlikely that such changes are of clinical relevance. No interaction is expected when lercanidipine is administered in the morning and simvastatin in the evening, as indicated for such drug.

Warfarin

The co-administration of 20 mg lercanidipine to healthy volunteers given fasted did not alter the pharmacokinetics of warfarin.

Diuretics and ACE inhibitors

Lercanidipine has been safely administered with diuretics and ACE inhibitors.

Other medications affecting blood pressure

As for all antihypertensive medications, an increased hypotensive effects may be observed when lercanidipine is administered with other medications affecting blood pressure, such as alpha-blockers for the treatment of urinary symptoms, tricyclic antidepressants, neuroleptics. On the contrary, a reduction of the hypotensive effect may be observed with a concomitant use with corticosteroids.

SPECIAL PRECAUTIONS FOR STORAGE

Store at temperature not exceeding 30°C.

SHELFLIFE

3 years

PACKING

Box, 2 blisters of 14 tablets. Reg. No. DKI1405100217A1

ON MEDICAL PRESCRIPTION ONLY
HARUS DENGAN RESEP DOKTER

Manufactured by:
RECORDATI S.p.A., Milan, ltaly
Imported by:
PT. ABBOTT INDONESIA
Jl. Raya Jakarta - Bogor, Km. 37
Depok, Indonesia

Informasi Untuk Pengguna

Zanidip tablet salut selaput 10mg
lerkanidipin hidroklorida

Baca seluruh selebaran ini dengan seksama sebelum Anda menggunakan obat ini karena informasi yang terkandung penting untuk Anda.
- Simpan selebaran ini. Anda mungkin butuh membacanya lagi.
- Jika punya pertanyaan lebih lanjut, silakan tanyakan pada dokter Anda atau apoteker.
- Obat ini diresepkan khusus untuk Anda. Jangan disebarkan pada orang lain. Karena dapat membahayakan mereka meskipun gejalanya sama dengan Anda.
- Jika Anda mengalami efek samping apapun, konsultasikan dengan dokter atau apoteker. Termasuk efek samping apapun yang tidak tercantum dalam brosur ini. Lihat bagian 4.

Isi selebaran ini:

1. Tentang Zanidip dan kegunaannya

Zanidip, lerkanidipin hidroklorida, termasuk dalam kelompok obat yang disebut Penghambat Saluran Kalsium (turunan dihidropiridin) yang berfungsi menurunkan tekanan darah.

Zanidip digunakan untuk mengobati tekanan darah tinggi atau hipertensi pada orang dewasa usia di atas 18 tahun (tidak dianjurkan untuk anak usia di bawah 18 tahun).

2. Hal yang harus diketahui sebelum mengonsumsi Zanidip

Jangan mengonsumsi Zanidip
- jika Anda alergi terhadap lerkanidipin hidroklorida atau bahan lain dari obat ini (tercantum di bagian 6).
- Jika Anda alergi terhadap obat-obat yang sekelompok dengan Lercanidipine (seperti Amlodipine, nircanidipine, nifedipine)
- jika Anda menderita penyakit jantung tertentu:
  - hambatan aliran darah dari jantung;
  - gagal jantung yang tidak diobati;
  - angina tidak stabil (ketidaknyamanan dada yang terjadi saat istirahat atau yang semakin meningkat);
  - dalam satu bulan setelah serangan jantung.
- jika Anda memiliki masalah hati yang parah.
- jika Anda memiliki masalah ginjal yang parah atau Anda sedang menjalani cuci darah.
- jika Anda sedang mengonsumsi obat-obatan penghambat metabolisme hati, seperti:
  - obat antijamur (seperti ketokonazol atau itrakonazol);
  - antibiotik makrolida (seperti eritromisin, troleandomisin, atau klaritromisin);
  - antivirus (seperti ritonavir).
- jika Anda sedang mengonsumsi obat lain yang disebut siklosporin (digunakan setelah transplantasi untuk mencegah penolakan organ).
- dengan grapefruit atau jus grapefruit.
- Jangan digunakan bila anda hamil atau menyusui (lihat bagian kehamilan, menyusui dan fertilitas

untuk Informasi lebih lanjut)

Peringatan dan pencegahan
Konsultasikan dengan dokter atau apoteker sebelum mengonsumsi Zanidip:
- jika Anda punya masalah jantung;
- jika Anda punya masalah hati atau ginjal.

Anda harus memberi tahu dokter jika merasa (atau mungkin akan) hamil atau menyusui (lihat bagian kehamilan, menyusui, dan kesuburan).

Anak-anak dan remaja
Keamanan dan efikasi Zanidip pada anak-anak usia di bawah 18 tahun belum ditetapkan.

Obat-obatan lain dan Zanidip
Beri tahu dokter atau apoteker jika Anda sedang mengonsumsi, baru saja mengonsumsi, atau mungkin mengonsumsi obat lain, sebab saat dikonsumsi dengan obat lain, efek dari Zanidip atau obat lain dapat berubah atau efek samping tertentu dapat terjadi lebih sering (lihat juga bagian 2, Jangan mengonsumsi Zanidip) .

Secara khusus, beri tahu dokter atau apoteker jika Anda sedang mengonsumsi obat-obatan berikut:
- fenitoin, fenobarbital, atau karbamazepin (obat epilepsi)
- rifampisin (obat untuk tuberkulosis)
- astemizol atau terfenadin (obat untuk alergi)
- amiodaron, kuinidin, atau sotalol (obat-obatan untuk detak jantung cepat)
- midazolam (obat tidur)
- digoksin (obat untuk masalah jantung)
- penghambat beta mis. metoprolol (obat untuk mengatasi tekanan darah tinggi, gagal jantung, dan irama jantung tidak normal)
- simetidin (lebih dari 800mg, obat maag, gangguan pencernaan, atau sakit maag)
- simvastatin (obat untuk menurunkan kolesterol dalam darah)
- obat-obatan lain untuk mengobati tekanan darah tinggi, termasuk diuretik

Zanidip dengan makanan, minuman, dan alkohol
- Makanan tinggi lemak dapat meningkatkan kadar obat dalam darah secara signifikan (lihat bagian 3).
- Alkohol dapat meningkatkan efek dari Zanidip. Jangan mengonsumsi alkohol selama pengobatan dengan Zanidip.
- Zanidip tidak boleh dikonsumsi dengan grapefruit atau jus grapefruit (dapat meningkatkan efek hipotensinya atau penurunan tekanan darah). Lihat bagian 2, Jangan mengonsumsi Zanidip.

Kehamilan, menyusui, dan kesuburan
Zanidip sebaiknya tidak digunakan saat anda hamil atau menyusui, merasa anda mungkin hamil, merencanakan untuk hamil atau anda sedang tidak menggunakan kotrasepsi. Mintalah nasihat dokter atau apoteker sebelum mengonsumsi obat ini.

Mengemudi dan mengoperasikan mesin
Jika Anda mengalami pusing, lemas, atau mengantuk karena obat ini, jangan mengemudikan kendaraan atau mengoperasikan mesin**.**

Zanidip mengandung laktosa
Jika telah diberi tahu dokter bahwa Anda memiliki intoleransi terhadap gula tertentu, hubungi dokter sebelum mengonsumsi produk ini.

3. Cara mengonsumsi Zanidip

Selalu konsumsi obat ini sesuai arahan dokter Anda. Pastikan lagi pada dokter Anda atau apoteker bila tidak yakin.

Dewasa: Dosis yang dianjurkan adalah 10mg sekali sehari, pada waktu yang sama setiap hari. Sebaiknya di pagi hari, minimal 15 menit sebelum sarapan. Dokter Anda mungkin menyarankan untuk meningkatkan dosis menjadi satu Zanidip 20mg sekali sehari, jika diperlukan (lihat bagian 2, Zanidip terhadap makanan, minuman, dan alkohol).

Zanidip 10mg: garis tengah pada tablet hanya untuk memudahkan pematahan, agar tablet mudah ditelan dan bukan untuk pembagian dosis.
Zanidip 20mg: tablet dapat dibagi menjadi 2 dosis yang sama.
Tablet sebaiknya ditelan utuh dengan sedikit air.

Penggunaan pada anak-anak: Obat ini tidak boleh digunakan anak-anak usia di bawah 18 tahun.

Pasien lansia: Tidak diperlukan penyesuaian dosis harian. Namun, perhatian khusus harus diberikan saat memulai pengobatan.

Pasien dengan masalah lever atau ginjal: Perhatian khusus diperlukan saat memulai pengobatan pada pasien ini. Peningkatan dosis harian hingga 20mg harus dilakukan dengan hati-hati.

Jika Anda berlebih mengonsumsi Zanidip
Jangan melebihi dosis yang diresepkan. Jika Anda telah mengonsumsi lebih dari dosis yang ditentukan, konsultasikan dengan dokter atau segera pergi ke rumah sakit. Bawa serta kemasan obat. Mengonsumsi lebih dari dosis yang benar dapat menyebabkan penurunan tekanan darah berlebih dan jantung Anda berdetak tidak teratur atau lebih cepat, juga dapat menyebabkan ketidaksadaran.

Jika Anda lupa mengonsumsi Zanidip
Jika Anda lupa meminum tablet, cukup lewatkan dosisnya dan lanjutkan seperti sebelumnya.
Jangan menggandakan dosis untuk mengganti dosis yang terlupakan.

Jika Anda berhenti mengonsumsi Zanidip
Jika Anda berhenti mengonsumsi Zanidip, tekanan darah Anda akan meningkat kembali. Mohon berkonsultasi dahulu dengan dokter sebelum menghentikan pengobatan.
Jika anda memiliki pertanyaan lebih lanjut tentang penggunaan obat ini, tanyakan pada dokter atau apoteker.

4. Efek samping yang mungkin dialami

Seperti semua obat, obat ini bisa menimbulkan efek samping, meski tidak semua orang mengalaminya. Efek samping berikut dapat terjadi akibat obat ini:

Beberapa efek samping mungkin serius.
Jika salah satu efek samping berikut terjadi, segera beri tahu dokter:

Jarang *(dapat dialami hingga 1 dari 1.000 orang):* angina pektoris (mis. dada sesak karena kurangnya darah ke jantung), reaksi alergi (gejalanya meliputi gatal, ruam, urtikaria), pingsan.

Pasien dengan angina pektoris - sebelumnya mungkin mengalami peningkatan frekuensi, durasi, atau tingkat keparahan serangan ini dengan obat yang sekelompok dengan Zanidip. Kasus serangan jantung yang terisolasi dapat diamati,

Efek samping lain yang mungkin terjadi:
Umum *(bisa dialami oleh 1 dari 10 orang)*: sakit kepala, detak jantung cepat, perasaan detak jantung cepat atau tidak teratur (palpitasi), kemerahan (*flushing*) mendadak pada wajah, leher atau dada bagian atas, pembengkakan pergelangan kaki.

Tidak umum *(bisa dialami oleh 1 dari 100 orang)*: pusing, tekanan darah turun, nyeri ulu hati, rasa mual, sakit perut, ruam kulit, gatal-gatal, nyeri otot, buang air kecil dalam jumlah banyak, rasa lemah atau lelah.

Jarang *(bisa dialami oleh 1 dari 1.000 orang):* mengantuk, muntah, diare, gatal-gatal, peningkatan frekuensi buang air kecil, nyeri dada.

Tidak diketahui *(frekuensi tidak dapat diperkirakan dari data yang tersedia):* pembengkakan gusi, perubahan fungsi hati (terdeteksi melalui tes darah), cairan keruh (saat melakukan cuci darah melalui selang ke perut), pembengkakan pada wajah, bibir, lidah, atau tenggorokan yang dapat menyebabkan kesulitan bernapas atau menelan.

Pelaporan dugaan reaksi yang merugikan

Jika Anda mengalami efek samping apapun, konsultasikan dengan dokter atau apoteker. Termasuk efek samping apapun yang tidak tercantum dalam brosur ini.
Anda juga dapat melaporkan efek samping secara langsung melalui sistem pelaporan efek samping pada pv.indonesia@abbott.com.
Dengan melaporkan efek samping, Anda dapat membantu memberikan informasi lebih lanjut mengenai keamanan obat ini.

5. Cara menyimpan Zanidip

Simpan obat ini jauh dari penglihatan dan jangkauan anak-anak

Jangan menggunakan obat ini setelah tanggal kadaluwarsa yang tertera pada label, karton, dan blister setelah huruf EXP. Tanggal kedaluwarsa mengacu pada hari terakhir bulan tersebut.

Zanidip 10 mg :
Simpan pada suhu tidak lebih dari 30°C, simpan pada kemasan asli agar terlindung dari cahaya

Jangan membuang obat apapun ke pembuangan air atau tempat sampah rumah tangga. Tanyakan pada apoteker cara membuang obat yang tidak digunakan lagi. Langkah ini dapat membantu melindungi lingkungan.

6. Isi kemasan dan informasi lainnya

Kandungan Zanidip
Bahan aktifnya adalah lerkanidipin hidroklorida.
Tiap tablet salut selaput mengandung 10mg lerkanidipin hidroklorida (setara dengan 9,4mg lerkanidipin)
Bahan-bahan penyusun lainnya adalah:
Inti tablet: laktosa monohidrat, mikrokristalin selulosa, natrium pati glikolat, povidon K30, magnesium stearat.
Lapisan selaput: hipromelosa, talc, titanium dioksida (E171), makrogol 6000, besi oksida (E172).

Isi kemasan

Zanidip 10mg tersedia dalam kemasan blister berisi 28 tablet.

Nomor Izin Edar
DKI1405100217A1

HARUS DENGAN RESEP DOKTER

Pemegang Izin Edar dan Produsen

Produsen:
RECORDATI S.p.A., Milan, Italy

Pemilik Izin Edar :
PT. ABBOTT INDONESIA
Jl. Raya Jakarta – Bogor, Km. 37
Depok, Indonesia

Selebaran ini terakhir direvisi pada 08 December 2023
L017/11/23