CARVETREND

SCHEDULING STATUS S3

1. NAME OF THE MEDICINE

CARVETREND 6,25 mg tablets
CARVETREND 12,5 mg tablets
CARVETREND 25 mg tablets

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each CARVETREND 6,25 mg tablet contains carvedilol 6,25 mg.
Each CARVETREND 12,5 mg tablet contains carvedilol 12,5 mg.
Each CARVETREND 25 mg tablet contains carvedilol 25 mg.

CARVETREND contains sugar (lactose monohydrate and sucrose) in the following quantities per tablet, respectively:
CARVETREND 6,25 mg: (72,25 mg; 5,00 mg)
CARVETREND 12,5 mg: (144,50 mg; 10,00 mg)
CARVETREND 25 mg: (85,00 mg; 60,00 mg)

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Tablets.
CARVETREND 6,25 mg: A white, oval, slightly biconvex tablet, one side scored, with sign S2 on the opposite side.
CARVETREND 12,5 mg: A white, oval, slightly biconvex tablet, one side scored, with sign S3 on the opposite side.
CARVETREND 25 mg: A white, round, slightly biconvex tablet, bevel-edged, one side scored.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

CARVETREND is indicated for the treatment of:

- essential mild to moderate hypertension
- mild to moderate stable symptomatic congestive heart failure either of cardiomyopathic or ischaemic origin. Used as an adjunct to standard therapy. Has been used in patients that are not tolerant to angiotensin-converting enzyme (ACE) inhibitors. Has been used in patients who may, or may not, be on digitalis therapy
- long term treatment following otherwise uncomplicated myocardial infarction, but with left ventricular dysfunction (left ventricular ejection fraction (LVEF) < 40 % or wall motion index < 1,3), in combination with ACE inhibitors and other treatments recommended in the management of patients after myocardial infarction.

4.2 Posology and method of administration

Posology

Oral use.
Treatment should be started with low doses, and gradually titrated upwards until an optimal effect is achieved.

Essential Hypertension:

Adults:
The initial recommended dose is 12,5 mg once daily for the first 2 days. Dosage is then increased to 25 mg daily thereafter. Combination with a diuretic may assist in attaining the desired clinical response.

Elderly:
The initial recommended dose is 12,5 mg once daily. If the clinical response is inadequate, the dose should be increased at 14-day intervals up to 25 mg once daily or in divided doses. The incidence of side effects increases significantly with doses higher than 25 mg with only a slight increase in efficacy.

Symptomatic congestive heart failure:

Dosage must be individualised and closely monitored by a medical practitioner experienced in the management of heart failure, during up-titration. Patients on concomitant digitalis, diuretics and ACE inhibitors should have dosing stabilised for these medicines before initiating treatment with CARVETREND.

Treatment should be initiated with 3,125 mg twice a day for at least 14 days; if this dose is tolerated, the dosage should be increased at intervals of not less than 14 days to 6,25 mg twice a day, 12,5 mg twice a day and then 25 mg twice a day.

Maximum recommended dose for patients weighing:

- less than 85 kg is 25 mg twice a day, and
- more than 85 kg is 50 mg twice a day.

The medical practitioner should assess the patient for symptoms of worsening heart failure or vasodilation before the dose increments. The diuretic should be increased to treat the transient worsening heart failure or fluid retention; sometimes lowering the CARVETREND dose or temporarily discontinuing CARVETREND may be necessary.
When treatment of CARVETREND has been discontinued for longer than 14 days, the dosage regimen should be initiated from the starting point reflected above. Reduction of the diuretic dose may assist in the management of vasodilation symptoms (such as dizziness, headache and postural hypotension). The ACE inhibitor dose may be reduced if symptoms continue. If necessary, the CARVETREND dose may be reduced.
CARVETREND dose should not be increased until the symptoms of worsening heart failure or vasodilation have been stabilised.

Left ventricular dysfunction following otherwise uncomplicated acute myocardial infarction:

Dosage must be individualised and closely monitored by a doctor during up-titration.
Treatment may be started as an inpatient or outpatient when the patient is haemodynamically stable and fluid retention has been minimised.

Prior to initiating CARVETREND:
Haemodynamically stable patients should have received an ACE inhibitor for at least 48 hours, given at a stable dose during at least the preceding 24 hours. CARVETREND can then be started between day 3 and day 21 after the myocardial infarction.

First dose of CARVETREND:
The initial recommended dose is 6,25 mg. Patients should remain under close medical supervision for at least 3 hours following the initial dose (see section 4.4).

Subsequent doses of CARVETREND:
If the patient has tolerated the first dose (i.e. heart rate > 50 beats/minute, systemic blood pressure > 80 mmHg, and absence of clinical signs of intolerance), the dose should be increased to 6,25 mg twice daily and maintained for 3 - 10 days. The dose should be reduced to 3,125 mg twice daily if the patient develops signs of intolerance during this period, in particular bradycardia < 50 beats/minute, systolic blood pressure < 80 mmHg or fluid retention. If this dose is not tolerated, treatment should be stopped. If it is well tolerated, it should be increased again to 6,25 mg twice daily after 3 - 10 days.

Subsequent up-titration:
If the dose of 6,25 mg twice daily is well tolerated, the dose should be increased at intervals of 3 - 10 days to 12,5 mg twice daily and then to 25 mg twice daily. The maintenance dose is the maximum dose tolerated by the patient.
The maximum recommended dose is 25 mg twice daily, irrespective of the patient's weight.

Special populations

Elderly:
Carvedilol plasma levels are approximately 50 % higher in elderly subjects when compared to young subjects; appropriate dosage adjustment should be made.

Renal impairment:
Available pharmacokinetic data in patients with varying degrees of renal impairment (including renal failure) suggest no changes in CARVETREND dosing recommendations are warranted in patients with moderate to severe renal insufficiency.

Hepatic impairment:
CARVETREND is contraindicated in patients with clinical manifestations of liver dysfunction (see section 4.3).

Paediatric population

The safety and efficacy of CARVETREND in children and adolescents (< 18 years) has not been established.

Method of administration

Tablets should be taken after meals and swallowed with sufficient fluid. In patients with heart failure, CARVETREND should be taken with food to slow the rate of absorption and reduce the incidence of orthostatic effects.

Withdrawal:
Treatment with CARVETREND is a long-term therapy. Treatment should not be stopped abruptly but rather gradually reduced at weekly intervals. This is particularly important in the case of patients with concomitant coronary heart disease.

4.3 Contraindications

CARVETREND is contraindicated in:

- hypersensitivity to carvedilol or to any of the ingredients of CARVETREND (see section 6.1)
- bronchial asthma
- chronic obstructive pulmonary disease
- severe bradycardia (< 50 bpm)
- sick sinus syndrome including sinoatrial block
- second or third-degree atrioventricular (AV) block (unless a permanent pacemaker is in place)
- decompensated heart failure (New York Heart Association (NYHA) Class IV) requiring intravenous inotropic support
- cardiogenic shock
- clinically manifest liver impairment
- severe hypotension (systolic BP < 85 mmHg)
- Prinzmetal angina
- untreated phaeochromocytoma
- metabolic acidosis
- severe peripheral arterial circulatory disturbances
- concomitant treatment with calcium channel blockers like verapamil or diltiazem (see sections 4.4 and 4.5).

4.4 Special warnings and precautions for use

In chronic heart failure patients, CARVETREND should be administered principally in addition to diuretics, ACE inhibitors, digitalis and/or vasodilators. Initiation of therapy should be under the supervision of a hospital doctor. Therapy should only be initiated, if the patient is stabilised on conventional basic therapy for at least 4 weeks. Patients with severe heart failure, salt and volume depletion, elderly or patients with low basic blood pressure should be monitored for approximately 2 hours after the first dose or after dose increase as hypotension may occur. Hypotension due to excessive vasodilatation is initially treated by reducing the dose of the diuretic. If symptoms still persist, the dose of any ACE inhibitor may be reduced. At the start of therapy or during up-titration of CARVETREND worsening of heart failure or fluid retention may occur. In these cases, the dose of diuretic should be increased. However, sometimes it will be necessary to reduce or withdraw CARVETREND.
The CARVETREND dose should not be increased before symptoms due to the worsening of heart failure or hypotension due to vasodilatation are under control.
In patients with chronic heart failure treated with digitalis, CARVETREND should be given with caution, as digitalis and CARVETREND both lengthen the AV conduction time (see section 4.5).
Do not use in patients with metabolic acidosis, partial heart block, or sinus bradycardia.

Interaction with clonidine:

Caution should be exercised when transferring a patient from clonidine. The withdrawal of clonidine may result in the release of large amounts of catecholamines that may give rise to a hypertensive crisis. If beta blockers are administered in these circumstances, the unopposed alpha receptor stimulation may potentiate this effect. If a beta blocker and clonidine are given concurrently, the clonidine should not be discontinued until several days after the withdrawal of the beta blocker, as severe rebound hypertension may occur (see section 4.5).

Congestive heart failure:

Use with extreme caution in patients with congestive heart failure who have previously achieved adequate clinical control.
When symptoms of worsening cardiac effects or fluid retention occur during dosage increase, the diuretic dose should be increased. CARVETREND dose should not be increased until the symptoms have been stabilised.
It may be necessary to reduce the dose of CARVETREND or temporarily discontinue its use.
As both CARVETREND and digitalis slow AV conduction, CARVETREND should be used with caution in patients who are controlled with digitalis, diuretics and/or ACE inhibitor treatment.

Left ventricular dysfunction following uncomplicated acute myocardial infarction:

Before treatment with CARVETREND is initiated, the patient must be clinically stable and should have received an ACE inhibitor for at least the preceding 48 hours, and the dose of the ACE inhibitor should have been stable for at least the preceding 24 hours (see section 4.2).

Bradycardia:

CARVETREND may cause bradycardia. If the pulse rate is below 55 beats per minute, CARVETREND dosage should be decreased.

Concomitant use of calcium channel blockers:

Careful monitoring of electrocardiogram (ECG) and blood pressure is necessary in patients receiving concomitant therapy with calcium channel blockers of the verapamil or diltiazem type or other antidysrhythmic medicines (see section 4.5). Intravenous co-administration should be avoided.

Cimetidine:

Cimetidine should be administered concomitantly with caution as effects of carvedilol may be increased (see section 4.5).

Ischaemic heart disease:

In these patients, treatment should not be abruptly discontinued but should instead be over a period of 7 - 14 days, e.g. by reducing the daily dose to half every three days. If required, replacement therapy should be initiated at the same time to prevent exacerbation of angina pectoris.

Renal insufficiency:

Use with caution in patients with renal impairment.
As CARVETREND is metabolised mainly by the hepatic route, no dosage adjustment is necessary. However, in patients with congestive heart failure (CHF) having low blood pressure (systolic < 100 mmHg), diffuse vascular disease, ischaemic heart disease and/or an underlying renal insufficiency, reversible deterioration of renal function has been observed.
Given these risk factors in patients with congestive heart failure, monitoring of renal function during dosage adjustment is advised. If worsening of renal function occurs, CARVETREND treatment should be discontinued or the dosage reduced.

Diabetes mellitus:

CARVETREND should be used with care in diabetes mellitus patients as the early warning symptoms and signs of acute hypoglycaemia could be enhanced or masked.
In diabetics with CHF, worsening control of blood glucose may be accompanied with CARVETREND. Therefore, when CARVETREND therapy is initiated or even during dosage adjustment, regular monitoring of blood glucose is essential, and hypoglycaemia treated accordingly.
On the other hand, numerous studies have demonstrated that vasodilating ß-blockers, such as carvedilol, have a more favourable effect on glucose and lipid profiles. Carvedilol has shown modest insulin-sensitizing properties and may alleviate some manifestations of metabolic syndrome.

Pulmonary:

Do not use in patients with obstructive airway diseases, bronchospasm, or allergic conditions involving the airways (example, glottis oedema, allergic rhinitis).
In patients with chronic obstructive pulmonary disease (COPD) with a bronchospastic element, CARVETREND treatment is not recommended (see section 4.3). Where the benefit outweighs the risk in patients not requiring oral or inhaled treatment for their bronchospastic disease, CARVETREND has been initiated. However, when CARVETREND therapy is initiated or even during dosage adjustment, the patient should be closely monitored. Treatment should be discontinued or even reduced if bronchospasm is observed.

Thyrotoxicosis:

Symptoms may be masked by CARVETREND.

Raynaud's phenomenon:

Symptoms of arterial insufficiency (see Peripheral vascular disease) may be exacerbated.

Contact lens wearers:

The possibility of reduced lacrimation should be borne in mind.

Other cardiac:

Since there is limited clinical experience, carvedilol should not be administered in patients with labile or secondary hypertension, orthostasis, acute inflammatory heart disease, haemodynamic relevant obstruction of heart valves or outflow tract, end-stage peripheral arterial disease, concomitant treatment with alpha-1-receptor antagonist or alpha-2-receptor agonist.

Phaeochromocytoma:

Treatment should be initiated with alpha blocking agents before using any beta blocking agent. There is currently no documented evidence with CARVETREND use in this condition, despite CARVETREND displaying pharmacological properties of alpha- and beta blockers.

Peripheral vascular disease:

As beta blockers can accelerate or exacerbate arterial insufficiency symptoms, CARVETREND should be used with caution (see Raynaud's phenomenon above). Because of its negative dromotropic action, CARVETREND should be given with caution to patients with first degree heart block.

Debrisoquine:

Patients known to be poor metabolizers of debrisoquine should be closely monitored during initiation of therapy.

Prinzmetal angina:

Medicines having nonselective beta blocking activity can aggravate chest pains in patients with Prinzmetal variant angina. Caution should be exercised when initiating CARVETREND treatment in patients suspected of having Prinzmetal angina as there is no documented evidence of its use in this condition.

Vagal influences:

Intravenous administration of 1 - 2 mg atropine can be used for protection against vagal influences. In case of severe postural hypotension, CARVETREND should be discontinued in these patients.

Anaesthesia and major surgery:

Caution should be exercised in patients undergoing general surgery, because of the synergistic negative inotropic effects of CARVETREND and anaesthetic medicines.
Beta blockers like CARVETREND may reduce the risk of arrhythmias at anaesthesia, however the risk of hypotension may also be increased. Caution is advised with the use of certain anaesthetic medicines.

Hypersensitivity:

Care should be taken in administering CARVETREND to patients with a history of serious hypersensitivity reactions, and in those undergoing desensitisation therapy, as beta blockers may increase both the sensitivity towards allergens and the seriousness of anaphylactic reactions.

Severe cutaneous adverse reactions (SCARs):

Severe cutaneous adverse reactions like toxic epidermal necrolysis and Stevens-Johnson syndrome have been reported during treatment with CARVETREND.
CARVETREND should be permanently discontinued in patients who experience severe cutaneous adverse reactions possibly attributable to carvedilol.

Psoriasis:

Patients with a history of psoriasis associated with beta blockers should take CARVETREND only after consideration of the risk-benefit ratio as skin reactions may be aggravated.

Information on excipients of CARVETREND

CARVETREND contains sucrose and lactose.
Patients with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption should not take CARVETREND.
Patients with rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrase-isomaltase insufficiency should not take CARVETREND.

Paediatric population

Safety has not been established.

4.5 Interaction with other medicines and other forms of interaction

Pharmacokinetic interactions

CARVETREND may result in the potentiation of the effect when used with other antihypertensives or medicines that result in hypotension as a side effect.

Effects of CARVETREND on the pharmacokinetics of other medicines:

CARVETREND is a substrate as well as an inhibitor of P-glycoprotein. Bioavailability of medicines transported by P-glycoprotein may therefore be increased with concomitant administration of CARVETREND. The bioavailability of CARVETREND can also be modified by inducers or inhibitors of P-glycoprotein.

Digoxin: An increased exposure of digoxin of up to 20 % has been shown in healthy patients and patients with heart failure. Digoxin levels should be monitored when CARVETREND therapy is initiated, adjusted or discontinued (see section 4.4).

Cimetidine: May result in the increase of systemic bioavailability (approximately 30 %) of carvedilol without affecting C_{max} when administered with cimetidine.

Phenothiazines: The concurrent use of phenothiazines and beta blockers result in a rise in the plasma levels of both medicines, since phenothiazines are inhibitors of cytochrome P450 isoenzyme CYP2D6 and may inhibit the metabolism of CARVETREND, which is a substrate for this isoenzyme. Both beta blockers and phenothiazines can cause hypotension, and these effects could be additive.

Ciclosporin: Modest increases in mean trough ciclosporin concentrations were observed following initiation of CARVETREND treatment. Due to wide inter-individual variability of ciclosporin levels, it is recommended that ciclosporin concentrations be monitored closely after initiation of CARVETREND therapy, and that the dose of ciclosporin be adjusted as appropriate. In case of intravenous administration of ciclosporin, no interaction with CARVETREND is expected.

Effects of other medicines on the pharmacokinetics of CARVETREND:

Inhibitors and inducers of CYP2D6 and CYP2C9 can modify the systemic and/or pre-systemic metabolism of CARVETREND, leading to increased or decreased plasma concentrations.

Rifampicin: May lead in the reduced systemic availability of carvedilol. Close monitoring of the beta blockade activity in patients receiving concomitant administration of CARVETREND and rifampicin is appropriate. Rifampicin reduces plasma concentrations of carvedilol by about 70 %.

Amiodarone: Monitoring of the beta blockade activity in patients treated with the combination of CARVETREND and amiodarone is advised. Bradycardia, cardiac arrest and ventricular fibrillation have been reported shortly after initiation of beta blocker treatment in patients receiving amiodarone. There is a risk of cardiac failure in case of class Ia or Ic antiarrhythmics concomitant intravenous therapy.

Medicines inducing or inhibiting cytochrome P450 enzymes: Patients receiving medicines that induce (e.g. rifampicin and barbiturates) or inhibit (e.g. ketoconazole, fluoxetine, haloperidol, erythromycin) cytochrome P450 enzymes have to be monitored closely during concomitant treatment with CARVETREND as serum carvedilol concentrations may be reduced by the first agents and increased by the enzyme inhibitors.

Fluoxetine and Paroxetine: In a randomised cross-over study in 10 patients with heart failure, co-administration of fluoxetine, a strong inhibitor of CYP2D6, resulted in stereo-selective inhibition of carvedilol metabolism with a 77 % increase in mean R (+) enantiomer AUC, and a non-statistically significant 35 % increase of the S (-) enantiomer's AUC as compared to the placebo group. However, no differences in adverse events, blood pressure or heart rate were noted between treatment groups. The effect of a single dose paroxetine, a strong CYP2D6 inhibitor, on carvedilol pharmacokinetics was investigated in 12 healthy subjects following single oral administration. Despite significant increase in R and S-carvedilol exposure, no clinical effects were observed in these healthy subjects.

Pharmacodynamic interactions

Insulin or oral hypoglycaemics: The effects of these agents may be increased. Regular blood glucose monitoring is recommended as hypoglycaemic signs and symptoms are either hidden or aggravated (see section 4.4).

Catecholamines: With medicines that lead to catecholamine depletion, e.g. reserpine, or adrenergic neuron blocking agents like guanethidine or bethanidine, methyldopa and monoamine oxidase inhibitors (exception MAO-B inhibitors) may lead to hypotension and/or severe bradycardia. These patients should be closely monitored for these signs and symptoms.

Digoxin: The combined use of beta blockers and digoxin may result in additive prolongation of atrioventricular (AV) conduction time.

Clonidine: Concomitant administration of clonidine with agents with beta blocking properties may potentiate blood pressure and heart rate lowering effects. If concomitant treatment with CARVETREND and clonidine is to be withdrawn, CARVETREND should be discontinued first. Clonidine can be discontinued several days later by gradually reducing the dosage.

Alpha- and beta-adrenoreceptor stimulating agents: The effects of CARVETREND are diminished by beta-adrenoreceptor stimulating agents such as isoprenaline; the hypotensive effects of CARVETREND may be dangerously reversed and the peripheral vasoconstrictor effects enhanced by alpha-adrenoreceptor stimulating agents such as noradrenaline or those with mixed alpha- and beta-adrenoreceptor stimulating properties such as adrenaline; bradycardia can also occur.

Calcium channel blockers: Synergism occurs if CARVETREND and diltiazem are used concomitantly. The risk of atrioventricular (AV) conduction disturbances can be increased in combination with CARVETREND. Cases of conduction disturbance (some with haemodynamic compromise) have been observed when CARVETREND and verapamil, diltiazem and/or amiodarone are co-administered. When CARVETREND is used simultaneously with calcium antagonists, caution should be exercised, particularly in the case of verapamil. This combination is contraindicated in patients with disturbed heart function. It is recommended that ECG and blood pressure be monitored.

Anaesthetic agents: It is recommended that CARVETREND therapy be discontinued at least 48 hours before anaesthesia. Careful monitoring of vital signs is recommended during anaesthesia due to the synergistic negative inotropic and hypotensive effects of CARVETREND and anaesthetic medicines (see section 4.4).

Nonsteroidal anti-inflammatory drugs (NSAIDS): The concurrent use of CARVETREND with NSAIDs may result in an increased blood pressure and an impaired control of blood pressure.

Beta agonist bronchodilators: CARVETREND opposes the bronchodilator effects of beta agonists, and careful monitoring of patients is advised.

Alcohol and hydralazine: Increased plasma levels of carvedilol have been observed when CARVETREND was administered with hydralazine and alcohol, as these agents are metabolised by the liver.

Dihydropyridines: Since heart failure and severe hypotension have been reported, the administration of CARVETREND with dihydropyridines should be done under close supervision.

Nitrates: Increased hypotensive effects.

Oestrogens and corticosteroids: The antihypertensive effect of CARVETREND is decreased due to retention of sodium and water.

Sympathomimetics with alpha-mimetic and beta-mimetic effects: There is a risk of hypertension and excessive bradycardia.

Ergotamine: Vasoconstriction is increased.

Neuromuscular blocking agents: An increase in neuromuscular block.

Other antihypertensive medicines: CARVETREND may potentiate the effects of other concomitantly administered antihypertensives (e.g. alpha-1-receptor antagonists) and medicines with antihypertensive adverse reactions such as barbiturates, phenothiazines, tricyclic antidepressants, vasodilating agents and alcohol.

Other: Myocardial depressant agents including antiarrhythmic like quinidine, disopyramide, lignocaine, procainamide and phenytoin due to the probability of increased AV conduction time and a negative inotropic effect.

4.6 Fertility, pregnancy and lactation

Pregnancy

Safety has not been established and CARVETREND should not be used in pregnant women. Beta blockers reduce placental perfusion, which may result in intrauterine foetal death, and immature and premature deliveries. In addition, adverse effects (especially hypoglycaemia and bradycardia) may occur in the foetus and neonate. There may be an increased risk of cardiac and pulmonary complications in the neonate in the postnatal period. There is no evidence from animal studies that CARVETREND has any teratogenic effects. CARVETREND should not be used during pregnancy unless the potential benefit for the mother outweighs the potential risk for the foetus/neonate. Treatment should be discontinued 2 - 3 days before expected birth. If not possible, the newborn should be monitored for the first 2 - 3 days of life.
Administration to pregnant mothers shortly before giving birth or during labour may result in the newborn infants being born hypotonic, collapsed and hypoglycaemic.

Breastfeeding

As carvedilol is excreted into breast milk, it should not be administered when breastfeeding.

Fertility

There is no data on fertility with CARVETREND.

4.7 Effects on ability to drive and use machines

CARVETREND has minor influence on the ability to drive and use machines.
Vision abnormalities, dizziness, headaches, fatigue and reduced alertness, especially at initiation and dose adjustment of therapy are some of the common side effects caused by the use of carvedilol. Caution should be used when driving a motor vehicle, operating machinery or performing potentially dangerous tasks, where loss of concentration may lead to an accident.

4.8 Undesirable effects

a. Summary of the safety profile

With the exception of bradycardia, abnormal vision and dizziness, the adverse event frequency is not dose dependent. These effects are usually mild, short-term and usually occur at the beginning of treatment.

b. Tabulated list of adverse reactions

System Organ Class	Frequency	Side effects
Infections and infestations	*Frequent*	Pneumonia, bronchitis, upper respiratory tract infection, urinary tract infection
Blood and lymphatic system disorders	*Frequent*	Anaemia
	Less frequent	Thrombocytopaenia and hypercholesterolaemia, reduced peripheral circulation, Raynaud's phenomenon or symptom exacerbation of intermittent claudication leukopaenia, changes in serum transaminases
Immune system disorders	*Less frequent*	Hypersensitivity
Endocrine disorders	*Frequent*	Hyperglycaemia (patients with pre-existing diabetes mellitus). It is possible for latent diabetes mellitus to become evident and existing diabetes to be exacerbated due to the beta blocking properties of CARVETREND
Metabolism and nutrition disorders	*Frequent*	Weight increase, hypercholesterolaemia, impaired blood glucose control in patients with pre-existing diabetes
Psychiatric disorders	*Frequent*	Depression, depressed mood
	Less frequent	Sleep disturbances, confusion
Nervous system disorders	*Frequent*	Headache and dizziness, syncope, pre-syncope
	Less frequent	Paraesthesia
Eye disorders	*Frequent*	Visual impairment, reduced lacrimation, eye irritation
Cardiac disorders	*Frequent*	Hypotension, bradycardia, postural hypotension, cardiac failure, hypervolaemia, generalised fluid overload, hypertension, oedema
	Less frequent	AV block, cardiac failure during dosage increase, angina pectoris or progression of heart failure
Vascular disorders	*Frequent*	Oedema of the legs, dependent and genital oedema, disturbances of peripheral circulation (cold extremities, peripheral vascular disease, exacerbation of intermittent claudication and Raynaud's phenomenon), orthostatic hypotension
Respiratory, thoracic and mediastinal disorders	*Frequent*	Asthma and dyspnoea in predisposed patients, pulmonary oedema, wheezing in patients with asthma and COPD
	Less frequent	Flu-like symptoms, stuffy nose
Gastrointestinal disorders	*Frequent*	Vomiting, nausea, diarrhoea, abdominal pain, dyspepsia
	Less frequent	Constipation, dryness of the mouth
Hepatobiliary disorders	*Frequent*	Increased alanine aminotransferase (ALT), aspartate aminotransferase (AST) and gamma-glutamyl transferase (GGT)
Skin and subcutaneous tissue disorders	*Less frequent*	Existing lesions can be aggravated, psoriatic skin lesions may occur, isolated or less frequently skin reactions, e.g. pruritus, urticaria, lichen planus-like reactions and allergic exanthema, dermatitis, increased sweating, alopecia, severe cutaneous adverse reactions (e.g. erythema multiforme, Stevens-Johnson syndrome, toxic epidermal necrolysis)
Musculoskeletal, connective tissue and bone disorders	*Frequent*	Pain in extremities
Renal and urinary disorders	*Frequent*	Renal abnormalities in patients with diffuse vascular disease and/or impaired function, micturition disturbances and acute renal failure
	Less frequent	Micturition disorders, urinary incontinence in women
Reproductive system and breast disorders	*Less frequent*	Sexual impotence, erectile dysfunction
General disorders and administrative site conditions	*Frequent*	Asthenia (fatigue), pain

c. Description of selected adverse reactions

Dizziness, syncope, headache and asthenia are usually mild and are more likely to occur at the beginning of treatment.
In patients with congestive heart failure, worsening cardiac failure and fluid retention may occur during up-titration of CARVETREND dose (see section 4.4).
Cardiac failure is a commonly reported adverse event in both placebo and carvedilol-treated patients (14,5 % and 15,4 % respectively, in patients with left ventricular dysfunction following acute myocardial infarction).
Reversible deterioration of renal function has been observed with CARVETREND therapy in chronic heart failure patients with low blood pressure, ischaemic heart disease and diffuse vascular disease and/or underlying renal insufficiency (see section 4.4).
As a class, beta-adrenergic receptor blockers may cause latent diabetes to become manifest, manifest diabetes to be aggravated, and blood glucose counter-regulation to be inhibited.
CARVETREND may cause urinary incontinence in women which resolves upon discontinuation of the medicine.

Reporting of suspected adverse reactions
Reporting suspected adverse reactions after authorisation of the medicine is important. It allows continued monitoring of the benefit/risk balance of the medicine. Healthcare professionals are requested to report any suspected adverse drug reactions to SAHPRA via the Med Safety APP (Medsafety X SAHPRA) and eReporting platform (who-umc.org) found on the SAHPRA website.
An email can be sent directly to the company, pharmacovigilance@pharmadynamics.co.za, to ensure safety of the product.

4.9 Overdose

Signs and symptoms

Symptoms may include bradycardia, severe hypotension, heart failure, cardiogenic shock and cardiac arrest. Vomiting, bronchospasm, respiratory problems, disturbed consciousness and generalized seizures have also been observed.

Management of overdose

The patient must be kept under observation preferably under intensive care conditions where necessary. The patient should be made to lie down, to improve brain blood supply.
Intravenous injection of atropine up to 3 mg should be used to treat the bradycardia immediately.
Sympathomimetics such as dobutamine, isoprenaline, adrenaline or orciprenaline, based on body mass and effect, may be used. When further measures are deemed necessary, it is recommended that noradrenaline be preferred to isoprenaline in order to restore circulation.
The recommended initial dose of noradrenaline is intravenous 5 micrograms (µg) - 10 micrograms (µg) and repeated accordingly to the patient's response; alternatively use an Intravenous (IV) infusion at 5 micrograms (µg)/minute till a satisfactory clinical response is achieved. Glucagon may be preferred in severe overdosage.
The recommended starting dose is 1 mg - 10 mg intravenously followed by a 2 mg - 2,5 mg per hour as a long-term infusion to sustain heart function. Norfenefrine or noradrenaline may be administered while continuously evaluating the circulatory conditions in cases where intoxication is dominated by peripheral vasodilation.
When bradycardia is resistant to therapy, therapy with a pacemaker should be considered.
Beta-sympathomimetics (IV and/or aerosol) should be used for bronchospasm.
IV injection of clonazepam or diazepam is recommended for seizures. In cases where there are symptoms of shock during severe intoxication, antidote treatment should be continued for a relatively long period due to the elimination of carvedilol from its binding sites.

Important note:
In the event of severe intoxication where there are symptoms of shock, treatment with antidotes must be continued for a sufficiently long period of time since a prolonged elimination half-life of CARVETREND from deeper compartments can be expected.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Alpha and beta blocking agents
ATC code: C07AG02
Pharmacological classification: A: 7.1.3 Other hypotensives.

Mechanism of action

In the same dosage range, carvedilol exhibits both nonselective beta blocking properties which are associated with the laevorotary S(-) enantiomer and acts as an antihypertensive agent having vasodilating properties. Carvedilol is racemic, and both R(+) and S(-) enantiomers have the same alpha adrenergic receptor blocking properties and antioxidant properties.
Carvedilol is a competitive, nonselective antagonist of beta 1- and beta 2- adrenoreceptors; as demonstrated in both *in vivo* and *in vitro* animal studies. Its beta blockade activity leads to a reduction of peripheral vascular resistance via suppression of the renin-angiotensin-aldosterone system and vasodilation. Selective blockade of alpha 1-adrenoreceptors is responsible mainly for vasodilation. Carvedilol attenuates the increase in blood pressure induced by phenylephrine, an alpha 1-adrenoreceptor agonist, but not that induced by angiotensin II. Carvedilol has intrinsic sympathomimetic activity. The pharmacological action of carvedilol in congestive heart failure has not been established (see section 4.1).

5.2 Pharmacokinetic properties

Absorption:

Carvedilol undergoes extensive first-pass hepatic metabolism resulting in a low and variable absolute bioavailability of 25 %. Maximum serum levels are reached approximately one (1) hour after a single oral dose. Metabolism is primarily hepatic. Linear correlation between dose and serum concentration has been observed.

Distribution:

Carvedilol is extensively (approximately 98 %) bound to plasma protein (primarily alpha-acid glycoproteins and also albumin). The average elimination half-life is 6 - 10 hours.
The distribution volume is approximately 2 L/kg. The rate of absorption (time to reach maximum serum concentration), but not the extent of absorption (bioavailability) is decreased by food.

Biotransformation:

In humans, carvedilol is extensively metabolised into a variety of metabolites that are eliminated mainly in the bile. The first-pass effect after oral administration amounts to about 60 - 75 %. Carvedilol is metabolised extensively by the liver and glucuronidation is one of the major reactions. Demethylation and hydroxylation at the phenol ring produce 3 metabolites with beta-adrenergic receptor blocking activity. Based on pre-clinical studies, the 4'-hydroxyphenol metabolite is approximately 13 times more potent than carvedilol for beta blockade. Compared to carvedilol, the three active metabolites exhibit weak vasodilating activity. In humans, the concentrations of the three active metabolites are about 10 times lower than that of the parent substance.

Elimination:

Elimination is primarily biliary. The average elimination half-life is 6 - 10 hours. Plasma clearance is approximately 500 - 700 mL/min. The primary route of excretion is via the faeces. The metabolites are mainly excreted in the bile, whereas a small part (approximately 15 %) is excreted by the kidneys.

Pharmacokinetics in special patient groups

Patients with renal impairment:
Dosage adjustment in renally impaired patients is not required. In patients with hypertension and renal insufficiency, the area under the plasma level-time curve, elimination half-life and maximum plasma concentration does not change significantly. Renal excretion of the unchanged medicine decreases in the patients with renal insufficiency; however pharmacokinetic parameters are modest. Carvedilol is not eliminated during dialysis because it does not cross the dialysis membrane, probably due to its high plasma protein binding.

Patients with hepatic impairment:
In patients with cirrhosis of the liver, the systemic availability of the medicine is increased by up to 80 % because of reduction in the first-pass effect. Therefore, carvedilol is contraindicated in patients which clinically manifest liver dysfunction (see section 4.3).

Geriatric use:
The pharmacokinetics are affected by age; plasma levels of carvedilol are approximately 50 % higher in the elderly compared to young subjects.

Diabetic patients:
In hypertensive patients with non-insulin dependent diabetes no influence of carvedilol on fasting or post prandial blood glucose concentration, glycosylated haemoglobin A1 or need for change of the dose of antidiabetic agents was found. In patients with non-insulin dependent diabetes, carvedilol had no statistically significant influence on the glucose tolerance test. In hypertensive non-diabetic patients with impaired insulin sensitivity (syndrome X) carvedilol improved the insulin sensitivity. The same results were found in hypertensive patients with non-insulin dependent diabetes.

Hypertension:
Carvedilol is an antihypertensive agent with vasodilating and nonselective beta blocking properties in the same dose range. *In vitro* and *in vivo* animal studies have indicated that carvedilol is a competitive, nonselective antagonist of both beta 1- and beta 2- adrenoreceptors. Clinical studies have shown that the balance of vasodilation and beta receptor blockade provided by carvedilol results in the following desirable haemodynamic and metabolic effects:

- myocardial function is maintained. A smaller reduction in the resting heart rate is observed with carvedilol compared to the effect seen with beta receptor blocking medicines which lack additional vasodilating properties. Peripheral blood flow is maintained
- cholesterol, triglycerides, high-density lipoproteins and low-density lipoproteins are not affected. Serum electrolytes are not affected. The activity of plasma renin is reduced, leaving the renal function unaffected.

Paediatric population

There is no data available on pharmacokinetics in people younger than 18 years of age.

5.3 Preclinical safety data

Carvedilol demonstrated no mutagenic or carcinogenic potential.
High doses of carvedilol impaired fertility and affected pregnancy in rats (increased resorptions). Decreased foetal weight and delayed skeletal development were also seen in rats. Embryotoxicity (increased post-implantation loss) occurred in rats and rabbits.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Silica colloidal anhydrous
Crospovidone
Lactose monohydrate
Magnesium stearate
Povidone K25
Sucrose

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

5 years.

6.4 Special precautions for storage

Store at or below 30 °C in a cool, dry place.

6.5 Nature and contents of container

CARVETREND is available in OPA/Al/PVC and aluminium foil blister packs of 30 tablets.

6.6 Special precautions for disposal

No special requirements.

7. HOLDER OF THE CERTIFICATE OF REGISTRATION

Pharma Dynamics (Pty) Ltd
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Cape Town, South Africa
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8. REGISTRATION NUMBERS

CARVETREND 6,25 mg: A37/7.1.3/0276
CARVETREND 12,5 mg: A37/7.1.3/0277
CARVETREND 25 mg: A37/7.1.3/0278

9. DATE OF FIRST AUTHORISATION

Date of registration: 03 June 2005

10. DATE OF REVISION OF THE TEXT

04 July 2024

NAMIBIA:
CARVETREND 6,25 mg: NS2 08/7.1.3/0105
CARVETREND 12,5 mg: NS2 08/7.1.3/0104
CARVETREND 25 mg: NS2 08/7.1.3/0103

BOTSWANA:
CARVETREND 6,25 mg: S2 BOT1101790
CARVETREND 12,5 mg: S2 BOT1101791
CARVETREND 25 mg: S2 BOT1101792

MOZAMBIQUE:
CARVETREND 6,25 mg: 2851
CARVETREND 12,5 mg: 2853
CARVETREND 25 mg: C5667

ZAMBIA:
CARVETREND 6,25 mg: POM 051/014
CARVETREND 12,5 mg: POM 051/015

PATIENT INFORMATION LEAFLET

SCHEDULING STATUS S3

CARVETREND 6,25 mg tablets
CARVETREND 12,5 mg tablets
CARVETREND 25 mg tablets
Carvedilol
CARVETREND contains sugar (lactose monohydrate and sucrose) in the following quantities per tablet, respectively:
CARVETREND 6,25 mg: (72,25 mg; 5,00 mg)
CARVETREND 12,5 mg: (144,50 mg; 10,00 mg)
CARVETREND 25 mg: (85,00 mg; 60,00 mg)

Read all of this leaflet carefully before you start taking CARVETREND

- Keep this leaflet. You may need to read it again.
- If you have further questions, please ask your doctor or your pharmacist, nurse or other healthcare provider.
- CARVETREND has been prescribed for you personally and you should not share your medicine with other people. It may harm them, even if their symptoms are the same as yours.

What is in this leaflet

1. What CARVETREND is and what it is used for
2. What you need to know before you take CARVETREND
3. How to take CARVETREND
4. Possible side effects
5. How to store CARVETREND
6. Contents of the pack and other information

1. What CARVETREND is and what it is used for

CARVETREND contains carvedilol. Carvedilol belongs to a group of medicines called beta blockers that work by relaxing and
widening the blood vessels. This makes it easier for your heart to pump blood around the body and reduces blood pressure and strain on your heart.

CARVETREND tablets are used to:

- treat high blood pressure (hypertension). High blood pressure may lead to various forms of cardiovascular diseases. The doctor has prescribed CARVETREND to you with a view to prolonging your life and reducing the risk of heart attack and stroke. If so directed by your doctor, you may take CARVETREND together with another medicine with a blood pressure lowering effect
- reduce worsening congestive heart failure
- prevent chest pains (angina pectoris). Even when you are on medication, you should continue with your diet and exercise, as directed by your doctor.

2. What you need to know before you take CARVETREND

Do not take CARVETREND:

- if you are hypersensitive (allergic) to carvedilol or any of the other ingredients of CARVETREND (listed in section 6)
- inform your doctor if you have any chronic disease, metabolic disorder, or if you are taking any other medication. Chronic diseases include heart disease, vascular disease, psoriasis or high thyroid activity
- tell the doctor if you have low blood pressure, any allergic reaction or metabolic acidosis. In these cases, your doctor will give you additional instructions
- CARVETREND tablets should not be taken if you suffer from bronchial asthma, chronic obstructive pulmonary disease (COPD), severe liver insufficiency, slow heart rate or some other heart rhythm disorders, severe or unstable heart failure, pulmonary hypertension, or cor pulmonale (pulmonary heart disease) or cardiogenic shock
- if you suffer from a heart condition called variant or Prinzmetal angina, characterised by chest pain
- untreated phaeochromocytoma, a tumour that secretes chemicals like noradrenaline, causing symptoms like sweating, headache, rapid heartbeat and trembling
- if you suffer from a condition that occurs when the body produces excessive quantities of acid, also called metabolic acidosis. You may experience shallow breathing, confusion and tiredness
- if you suffer from severe disturbances in your blood vessels (arteries), where the blood vessels narrow and reduce blood flow to your limbs. You may experience numbness or tingling in your arms and legs
- if you are also taking calcium channel blockers (e.g. verapamil and diltiazem).

Warnings and precautions

Take special care with CARVETREND:

- at the beginning of treatment and/or when dosage is increased, be careful when rising (standing up), as your blood pressure may drop. You may experience dizziness or vertigo
- you should be especially careful if you have heart failure, if you are using any other medicines with a blood pressure lowering effect
- before surgery or allergic testing, inform the doctor that you are taking CARVETREND.

If your condition deteriorates, consult your doctor as soon as possible.
Inform your doctor or healthcare provider if:

- you are currently on digitalis therapy (taking digoxin)
- you are being treated for phaeochromocytoma (tumour of an adrenal gland)
- you are currently taking clonidine (a medicine used to treat migraine or menopause flushes). Stopping the use of your clonidine medication whilst being treated with CARVETREND may lead to a drastic increase of blood pressure
- you had an acute heart attack which caused a dysfunction of the left ventricle of the heart
- you are experiencing an extremely low heartbeat (less than 55 beats per minute) after initiating the use of CARVETREND
- you are currently taking cimetidine (a medicine used to treat heartburn)
- you should not discontinue your treatment with CARVETREND abruptly if you have a known reduced blood supply to the heart
- you are suffering from a kidney disease and worsening of kidney function occurs, you should inform your doctor immediately
- you are suffering from diabetes. You should be aware that the use of CARVETREND may cause lowering of your blood sugar levels. Monitor your blood glucose regularly and adjust your diabetic treatment accordingly
- you are suffering from a chronic obstructive lung disease, or allergic conditions that involve your airways
- you have thyroid problems
- there is any discolouration of fingers and/or toes as a result of exposure to changes in temperature (cold or hot) or emotional events
- you suffer from poor blood circulation
- you are wearing contact lenses. You should be aware that CARVETREND may reduce the formation of tears and cause dry eyes
- you are taking debrisoquine, a medicine used to lower your blood pressure
- you have a history of chest pain due to coronary artery spasm, as CARVETREND should be taken with caution if you are suffering from this condition
- you develop psoriasis which is associated with the use of beta blockers (blood pressure lowering medicines)
- you experience severe reactions like blistering of the skin, mouth, eyes and genitals
- you are taking any of the following medication: verapamil or diltiazem – especially via injection (see Do not take CARVETREND), or other antidysrhythmic medicines (medicine controlling irregular heartbeat).

Children and adolescents

Safety in children has not been established.

Other medicines and CARVETREND

Always tell your healthcare provider if you are taking any other medicine. (This includes complementary or traditional medicines.)

Tell your doctor if you are taking any of the following medicines:

- additional blood pressure tablets or tablets to reduce water content in the body (water tablets) may result in low blood pressure
- digoxin (used to treat heart failure or irregular heartbeat) may lead to lowering of your blood pressure
- cimetidine (indicated for stomach ulcers, reduction of acid in the stomach and gastric reflux) can increase the amount of CARVETREND in your body
- a group of medicines called phenothiazines (used in the treatment of psychiatric conditions, e.g. chlorpromazine, fluphenazine), as taking these medicines with CARVETREND can lower your blood pressure
- simultaneous use of CARVETREND with your immunosuppressant medication, ciclosporin, may result in an increase of ciclosporin concentration in your body and needs to be monitored regularly
- rifampicin (which is used in the treatment of tuberculosis) might result in a possible increase of your blood pressure
- the effectivity of CARVETREND will be monitored while taking amiodarone (a medicine used to treat irregular heartbeat) with CARVETREND
- levels of CARVETREND in your blood will be monitored by your doctor while you are taking medicines called barbiturates (used to treat seizures), ketoconazole (used to treat fungal infections), fluoxetine or paroxetine (used to treat depression), haloperidol (used to treat psychiatric disorders) and erythromycin (an antibiotic used to treat various infections), as these medicines may either enhance or reduce the effects of CARVETREND
- the effect of your insulin or other oral diabetic medicines may cause your blood sugar level to decrease. You should monitor your blood glucose levels regularly
- treatment with clonidine (used for migraine or menopausal flush) (see Take special care with CARVETREND)
- concurrent use of other blood pressure treatment medication, such as diltiazem and verapamil, may lead to very low blood pressure and a severe slow heart rate
- any other medicine used to treat high blood pressure (e.g. reserpine, guanethidine, methyldopa or bethanidine), or monoamine oxidase inhibitors (MAOIs) (used in the treatment of depression, panic or social disorder), as they might lead to very low blood pressure and heartbeat
- if you are going for major anaesthesia or surgery, you must tell your doctor that you are being treated with CARVETREND (see Take special care with CARVETREND)
- taking anti-inflammatory medicines with CARVETREND may increase blood pressure
- isoprenaline (used for slow heart rate, asthma or heart block), which could lead to diminished effects of CARVETREND
- hydralazine (used for the treatment of high blood pressure) and alcohol may lead to a reduction in blood pressure.
- quinidine, disopyramide, lignocaine, procainamide and phenytoin used for heart dysfunction
- using stimulating medication (adrenaline or noradrenaline) for slow heart rate or heart block, or to reduce blood flow to the extremities of your body, might reverse the action of your blood pressure medication.
- you may find your blood pressure dropping more than usual with the concurrent use of antihistamines (containing phenothiazines)
- a group of medicines called nitrates (used to treat angina, e.g. nitroglycerine), as these may lower your blood pressure
- the blood pressure lowering effect of CARVETREND may be reduced when taking oestrogen-containing contraceptives or corticosteroids (medicines used to treat inflammation)
- ergotamine (a medicine used in the treatment of migraines)
- medicines used to decrease the heart rate should best not be used concurrently with CARVETREND
- taking CARVETREND with medicines that increase blood flow to the heart may decrease your blood pressure more than expected
- you must inform your doctor if you are currently using medicine to stimulate and restore your heartbeat. It may result in severe low heart rate.

CARVETREND with food and drink

Take CARVETREND after a meal with some water and preferably at the same time each day.

Pregnancy, breastfeeding and fertility

If you are pregnant or breastfeeding your baby, think you may be pregnant or are planning to have a baby, please consult your doctor, pharmacist or other healthcare provider for advice before taking this medicine.

Pregnancy: Safety has not been established and CARVETREND should not be used in pregnant women, as foetal harm may occur.

Breastfeeding: As carvedilol is excreted into breast milk, it should not be administered when breastfeeding.

Fertility: There is no data on fertility with CARVETREND.

Driving and using machines

CARVETREND has minor influence on the ability to drive and use machines.
CARVETREND may cause dizziness, vision problems, headaches, fatigue and reduced alertness, especially at the start of therapy and during dose adjustment.
It is not always possible to predict to what extent CARVETREND may interfere with the daily activities of a patient. Patients should ensure that they do not engage in the above activities until they are aware of the measure to which CARVETREND affects them.

CARVETREND contains lactose and sucrose

If you have been told by your doctor that you have an intolerance to some sugars, contact your doctor before taking CARVETREND.

3. How to take CARVETREND

Do not share medicines prescribed for you with any other person.
Always take CARVETREND exactly as your doctor has told you. You should check with your doctor or pharmacist if you are not sure.

Your doctor will tell you how long your treatment will last. You must not change your doses or discontinue treatment without first consulting your doctor. Take CARVETREND after a meal with some water and preferably at the same time each day.

Adults:
Hypertension:

- the starting dose is 1 tablet of 12,5 mg one time a day (in the morning) or 1 tablet of 6,25 mg two times a day (in the morning and in the evening). The doctor may increase your dosage up to 1 tablet of 25 mg two times a day.

Congestive Heart Failure:

- the starting dose is 3,125 mg two times a day for at least 14 days. Thereafter the dosage will be increased in intervals of at least 14 days to 6,25 mg two times a day, then 12,5 mg two times a day and finally 25 mg two times a day. Conventional treatment with digitalis, diuretics or an angiotensin-converting enzyme (ACE) inhibitor will be continued. The doctor will only increase the dose if you are responding positively to the treatment.

Angina Pectoris:

- the starting dose is 12,5 mg two times a day and then increased after two days to 25 mg two times a day.

Persons with left ventricular dysfunction otherwise uncomplicated myocardial dysfunction:

- your doctor will determine the correct dose for you and will closely monitor you during your treatment with CARVETREND.

Your doctor will tell you how long your treatment with CARVETREND will last. Do not stop treatment early because this could cause adverse effects to your heart.
If you have the impression that the effect of CARVETREND is too strong or too weak, tell your doctor or pharmacist.

If you take more CARVETREND than you should

In the event of overdosage, consult your doctor or pharmacist. If neither is available, contact the nearest hospital or poison control centre.

Symptoms of overdose may include:

- mild overdosage may result in low blood pressure (with dizziness or vertigo; fainting is also possible) and slow heartbeat. It is usually sufficient to decrease the dose or even temporarily discontinue the medication
- massive overdosage may seriously affect circulation, breathing, heart function and consciousness. The doctor will take the appropriate measures to treat the signs and symptoms of overdosage.

If you forget to take CARVETREND

If you forget to take your medicine, take your recommended dose as soon as you remember. However, if it is time for your next scheduled dose, do not take the missed dose but instead resume your usual dosing schedule that has been established. Do not take a double dose to make up for forgotten individual doses.

If you stop taking CARVETREND

Do not discontinue treatment suddenly as this could cause adverse effects to your heart. Instead, the dosage should be gradually reduced over 7 - 14 days. You should be taking your medicines regularly as prescribed by your doctor.
If treatment with CARVETREND has been stopped for longer than 14 days, the treatment should be started from the lowest dose.

4. Possible side effects

CARVETREND can have side effects.
Not all side effects reported for CARVETREND are included in this leaflet. Should your general health worsen, or if you experience any untoward effects while using CARVETREND, please consult your doctor, pharmacist or other healthcare provider for advice.

If any of the following happens, stop using CARVETREND and tell your doctor immediately or go to the casualty department at your nearest hospital:

- swelling of the hands, feet, ankles, face, lips, mouth or throat, which may cause difficulty in swallowing or breathing
- rash or itching
- fainting.

These are all very serious side effects. If you have them, you may have had a serious allergic reaction to CARVETREND. You may need urgent medical attention or hospitalisation.

Tell your doctor immediately or go to the casualty department at your nearest hospital if you notice any of the following:

- yellowing of the skin and eyes, also called jaundice
- severe drop in blood pressure
- very slow or irregular heartbeat (less than 55 beats per minute)
- excessive urination
- pains in the chest
- visual disturbances
- skin rash, which may blister, and looks like small targets (central dark spots surrounded by a paler area, with a dark ring around the edge – erythema multiforme)
- a widespread rash with blisters and peeling skin, particularly around the mouth, nose, eyes and genitals (Stevens-Johnson syndrome)
- a more severe form of rash, causing extensive peeling of the skin (more than 30% of the body surface – toxic epidermal necrolysis).

These are all serious side effects. You may need urgent medical attention.

Tell your doctor if you notice any of the following:
Frequent side effects:

- pale skin, and feeling weak or breathless
- rapid weight gain
- gastrointestinal disturbances such as loss of appetite, runny stomach, nausea and vomiting, upset stomach
- low blood pressure with vertigo or dizziness (particularly when rising)
- high blood pressure
- swelling
- lung and airway infections
- slow heartbeat
- fatigue
- headache
- pain in the muscles or joints
- increased blood sugar or cholesterol levels, struggling to control blood sugar levels if you are diabetic
- trouble seeing and irritation of your eyes
- feeling sad for long periods of time
- difficulty breathing, with wheezing
- cold hands or feet
- numbness and pain in legs and feet
- general pain.

Less frequent side effects:

- unusual bleeding or bruises
- chest pain or discomfort
- not passing stools regularly
- abnormal liver function test results
- hypersensitivity (allergic) reactions
- feeling of pins and needles
- feeling confused
- trouble controlling your bladder, especially if you are a woman
- the inability to get and keep an erection
- flu symptoms
- skin reactions like hives, itchiness and rash, increased sweating
- dry mouth and dry eyes (could trouble you if you are a contact lens wearer)
- hair loss.

If you notice any side effects not mentioned in this leaflet, please inform your doctor or pharmacist.

Reporting of side effects

If you get side effects, talk to your doctor, pharmacist or nurse. You can also report side effects to SAHPRA via the Med Safety APP (Medsafety X SAHPRA) and eReporting platform (who-umc.org) found on the SAHPRA website. By reporting side effects, you can help provide more information on the safety of CARVETREND.
You can also send an email directly to the company, pharmacovigilance@pharmadynamics.co.za, to ensure safety of the product.

5. How to store CARVETREND

Store all medicines out of reach of children.
Store at or below 30 °C in a cool, dry place.
Keep blisters in the outer container until required for use.
Do not use after the expiry date stated on the carton.
Return all unused medicine to your pharmacist.
Do not dispose of unused medicine in drains or sewerage systems (e.g. toilets).

6. Contents of the pack and other information

What CARVETREND contains:

The active substance is carvedilol.
Each CARVETREND 6,25 mg tablet contains carvedilol 6,25 mg.
Each CARVETREND 12,5 mg tablet contains carvedilol 12,5 mg.
Each CARVETREND 25 mg tablet contains carvedilol 25 mg.

The other ingredients are:
Crospovidone, lactose monohydrate, magnesium stearate, povidone, silica colloidal anhydrous, sucrose.

What CARVETREND looks like and contents of the pack

CARVETREND 6,25 mg: A white, oval, slightly biconvex tablet, one side scored, with sign S2 on the opposite side.
CARVETREND 12,5 mg: A white, oval, slightly biconvex tablet, one side scored, with sign S3 on the opposite side.
CARVETREND 25 mg: A white, round, slightly biconvex tablet, bevel-edged, one side scored.

CARVETREND is available in OPA/Al/PVC and aluminium foil blister packs of 30 tablets.

Holder of Certificate of Registration

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This leaflet was last revised in

04 July 2024

Registration numbers

CARVETREND 6,25 mg: A37/7.1.3/0276
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ZAMBIA:
CARVETREND 6,25 mg: POM 051/014
CARVETREND 12,5 mg: POM 051/015

PASIËNTINLIGTINGSBLAD

SKEDULERINGSTATUS S3

CARVETREND 6,25 mg tablette
CARVETREND 12,5 mg tablette
CARVETREND 25 mg tablette
Karvedilol
CARVETREND bevat suiker (laktosemonohidraat en sukrose) in die volgende hoeveelhede per tablet, onderskeidelik:
CARVETREND 6,25 mg: (72,25 mg; 5,00 mg)
CARVETREND 12,5 mg: (144,50 mg; 10,00 mg)
CARVETREND 25 mg: (85,00 mg; 60,00 mg)

Lees hierdie hele inligtingsblad deeglik deur, voordat u begin om CARVETREND te neem

- Hou hierdie inligtingsblad. Dit mag nodig wees vir u om dit weer te lees.
- Indien u verdere vrae het, vra asseblief u dokter, apteker, verpleegkundige, of ander gesondheidsorgverskaffer.
- CARVETREND is vir u persoonlik voorgeskryf en u moet nie u medisyne met ander mense deel nie. Dit mag skadelik wees vir hulle, selfs al is hulle simptome dieselfde as u eie.

Inhoud van hierdie inligtingsblad

1. Wat CARVETREND is en waarvoor dit gebruik word
2. Wat u nodig het om te weet, voordat u CARVETREND neem
3. Hoe om CARVETREND te neem
4. Moontlike newe-effekte
5. Hoe om CARVETREND te bewaar
6. Verpakkingsinhoud en ander inligting

1. Wat CARVETREND is en waarvoor dit gebruik word

CARVETREND bevat karvedilol. Karvedilol behoort aan 'n groep medisyne wat betablokkers genoem word en werk deur die bloedvate te ontspan en te verwyd. Dit maak dit makliker vir u hart om bloed deur die liggaam te pomp, verlaag u bloeddruk en verminder ooreising van u hart.

CARVETREND tablette word gebruik om:

- hoë bloeddruk (hipertensie) te behandel. Hoë bloeddruk mag lei tot verskeie vorme van kardiovaskulêre siektes. Die dokter het CARVETREND vir u voorgeskryf om u lewe te verleng en die risiko vir 'n hartaanval, of beroerte te verlaag. U mag CARVETREND saam met 'n ander medisyne wat 'n bloeddrukverlagende werking toon gebruik, indien u dokter dit aanbeveel
- kongestiewe hartversaking wat vererger, te verbeter
- borspyn (angina pectoris), te verhoed. Selfs wanneer u medikasie gebruik, moet u aanhou met u dieet en oefening, soos deur u dokter aanbeveel word.

2. Wat u nodig het om te weet, voordat u CARVETREND neem

Moet nie CARVETREND neem:

- indien u hipersensitief (allergies) is vir karvedilol, of vir enige van die ander bestanddele van CARVETREND nie (sien afdeling 6)
- lig u dokter in, indien u enige chroniese siekte, of metaboliese versteuring het, of indien u enige ander medikasie neem. Chroniese siektes sluit hartsiekte, vaskulêre siekte, psoriase, of verhoogde tiroïedwerking, in
- vertel u dokter indien u lae bloeddruk, enige allergiese reaksie, of metaboliese asidose het. In hierdie gevalle, sal u dokter bykomende instruksies aanbeveel
- CARVETREND tablette moet nie geneem word, indien u aan brongiale asma, chroniese obstruktiewe pulmonêre siekte, erge lewerontoereikendheid, stadige harttempo, of sommige ander hartritmeversteurings, erge, of onstabiele hartversaking, pulmonêre hipertensie, of cor pulmonale (pulmonêre hartsiekte), of kardiogene skok, ly nie
- indien u aan 'n harttoestand wat variant, of Prinzmetal se angina genoem word, (gekenmerk deur borspyn), ly nie
- vir onbehandelde feochromositoom, 'n gewas wat chemiese stowwe soos noradrenalien afskei en simptome soos sweet hoofpyn, vinnige hartklop en bewing veroorsaak nie
- indien u aan 'n toestand waar die liggaam uitermatige hoeveelhede suur vorm, ly nie (ook metaboliese asidose genoem). U mag vlak asemhaling, verwarring en moegheid, ervaar
- indien u aan erge versteurings in u bloedvate (arteries), waar die bloedvate vernou en bloedvloei na u ledemate verminder, ly nie. U mag gevoelloosheid, of tinteling in u arms en bene ervaar
- indien u ook kalsiumkanaalblokkeerders (bv. verapamil en diltiasem) neem nie.

Waarskuwings en voorsorgmaatreëls

Neem spesiale sorg met CARVETREND:

- wees versigtig wanneer u opstaan, met die aanvang van behandeling en/of wanneer die dosis verhoog word, aangesien u bloeddruk skielik mag daal. U mag duiseligheid, of vertigo ervaar
- u moet veral versigtig wees, indien u hartversaking het en enige ander medisyne met 'n bloeddrukverlagende werking, neem
- vertel u dokter dat u CARVETREND neem, voor 'n operasie, of allergietoetse.

Indien u toestand versleg, raadpleeg u dokter so gou as moontlik.
Raadpleeg u dokter, of gesondheidsorgverskaffer indien:

- u tans digitalisbehandeling ontvang (digoksien neem)
- u behandel word vir feochromositoom (gewas van die bynier)
- u tans klonidien neem ('n medisyne wat gebruik word om skeelhoofpyn, of menopousale blosvorming te behandel). Onttrekking van die gebruik van u klonidien medikasie, terwyl u behandel word met CARVETREND, mag lei tot 'n drastiese verhoging in u bloeddruk
- u 'n akute hartaanval gehad het, wat die funksie van die linkerventrikel van die hart, aangetas het
- u 'n uitermatig lae hartklop ervaar (minder as 55 slae per minuut), sodra u behandeling met CARVETREND begin
- u tans simetidien neem ('n medisyne wat gebruik word om sooibrand te behandel)
- u moet nie u behandeling met CARVETREND skielik staak, indien u bewus is dat u bloedvoorsiening na die hart verswak is nie
- u aan 'n niersiekte ly en verswakking van die nierfunksie voorkom, moet u u dokter onmiddellik raadpleeg
- u aan diabetes ly. U moet bewus wees dat die gebruik van CARVETREND u bloedsuikervlakke mag verlaag. Monitor u bloedglukose gereeld en pas u diabetiese behandeling daarvolgens aan
- u aan 'n chroniese obstruktiewe longsiekte, of allergiese toestande wat u lugweë aantas, ly
- u skildklierprobleme het
- daar enige verkleuring van u vingers en/of tone voorkom, as gevolg van blootstelling aan temperatuurveranderinge (koud, of warm), of emosionele voorvalle
- u aan swak bloedsirkulasie ly
- u kontaklense dra. U moet bewus wees dat CARVETREND traanvorming verminder en droë oë veroorsaak
- indien u debrisokien neem ('n medisyne wat gebruik word om u bloeddruk te verlaag)
- indien u 'n geskiedenis van borspyn, weens koronêre arteriespasma het, aangesien CARVETREND versigtig gebruik moet word, indien u aan hierdie toestand ly
- indien u psoriase ontwikkel, wat verband hou met die gebruik van betablokkers (bloeddrukverlagende medisyne)
- u erge reaksies, soos blaasvorming op die vel, mond, oë en geslagsdele, ervaar
- u enige van die volgende medikasie gebruik: verapamil of diltiasem – veral via inspuiting (sien Moet nie CARVETREND neem), of ander antidisritmiese medisyne (medisyne wat 'n onreëlmatige hartklop beheer).

Kinders en adolessente

Veiligheid vir kinders is nog nie bepaal nie.

Ander medisyne en CARVETREND

Vertel altyd u gesondheidsorgverskaffer indien u enige ander medisyne neem (dit sluit aanvullende, of tradisionele medisyne in).

Vertel u dokter indien u enige van die volgende medisyne neem:

- bykomende bloeddruktablette, of tablette om die waterinhoud in u liggaam te verminder (watertablette), mag lei tot lae bloeddruk
- digoksien (gebruik om hartversaking, of onreëlmatige hartklop te behandel), mag lei tot bloeddrukverlaging
- simetidien (aangedui vir maagsere, vermindering van maagsuur en maagrefluks), mag die hoeveelheid CARVETREND in u liggaam verhoog
- 'n groep medisyne wat fenotiasiene genoem word (gebruik vir die behandeling van psigiatriese toestande, bv. chloorpromasien, flufenasien), aangesien hierdie medisyne saam met CARVETREND, u bloeddruk mag verlaag
- gelyktydige gebruik van CARVETREND saam met u immuunonderdrukker medikasie, siklosporien, mag lei tot 'n verhoging in die siklosporienkonsentrasie in u liggaam en moet gereeld gemonitor word
- rifampisien (wat gebruik word vir die behandeling van tuberkulose), mag lei tot 'n moontlike verhoging in u bloeddruk
- die doeltreffendheid van CARVETREND sal gekontroleer word, terwyl amiodaroon ('n medisyne wat gebruik word om onreëlmatige hartklop te behandel), saam met CARVETREND geneem word
- CARVETREND bloedvlakke, sal deur u dokter gekontroleer word, terwyl u medisyne wat barbiturate genoem word, (gebruik om aanvalle te behandel), ketokonasool (gebruik om swaminfeksies te behandel), fluoksetien, of paroksetien (gebruik om depressie te behandel), haloperidol (gebruik om psigiatriese versteurings te behandel), of eritromisien ('n antibiotikum wat gebruik word om verskeie infeksies te behandel) neem, aangesien hierdie medisyne die werking van CARVETREND mag versterk, of verswak
- die werking van u insulien, of ander orale diabetiese medisyne, mag veroorsaak dat u bloedsuikervlakke daal. U moet u bloedglukosevlakke gereeld monitor
- behandeling met klonidien (gebruik vir skeelhoofpyn of menopousale blosvorming) (sien Neem spesiale sorg met CARVETREND)
- gelyktydige gebruik van ander bloeddrukmedikasie, soos diltiasem en verapamil, mag lei tot baie lae bloeddruk en 'n erg stadige harttempo
- enige ander medisyne wat gebruik word om hoë bloeddruk te behandel (bv. reserpien, guanetidien, of betanidien), of mono-monoamienoksidaseremmers (MAORs) (gebruik vir die behandeling van depressie, paniek- of sosiale versteuring), aangesien dit mag lei tot baie lae bloeddruk en hartklop
- indien u 'n groot operasie en narkose beplan, moet u die dokter vertel dat u met CARVETREND behandel word (sien Neem spesiale sorg met CARVETREND)
- die neem van anti-inflammatoriese medisyne, saam met CARVETREND, mag u bloeddruk verhoog
- isoprenalien (gebruik vir stadige harttempo, asma, of hartblok), wat mag lei tot 'n verswakking in die werking van CARVETREND
- hidralasien (gebruik vir die behandeling van hoë bloeddruk) en alkohol, mag lei tot 'n verlaging in bloeddruk
- kinidien, disopiramied, lignokaïen, prokaïenamied en fenitoïen, wat gebruik word vir hartwanfunksie
- die gebruik van stimulantmedikasie (adrenalien, of noradrenalien) vir 'n stadige harttempo, of hartblok, of om die bloedvloei na die ledemate te verminder, mag die werking van u bloeddrukmedikasie ongedaan maak
- u mag vind dat u bloeddruk laer as gewoonlik daal, met die gelyktydige gebruik van antihistamiene (wat fenotiasiene bevat)
- 'n groep medisyne wat nitrate genoem word (gebruik om angina te behandel, bv. nitrogliserien), aangesien hierdie medisyne u bloeddruk mag verlaag
- die bloeddrukverlagende werking van CARVETREND mag afneem, wanneer estrogeenbevattende voorbehoedmiddels, of kortikosteroïede (medisyne wat gebruik word om inflammasie te behandel), geneem word
- ergotamien ('n medisyne wat gebruik word vir die behandeling van skeelhoofpyn)
- medisyne wat gebruik word om die harttempo te verlaag, moet verkieslik nie saam met CARVETREND gebruik word nie
- die neem van CARVETREND saam met medisyne wat die bloedvloei na die hart verhoog, mag u bloeddruk meer laat daal meer as wat verwag word
- u moet u dokter inlig, indien u tans medisyne neem wat u hart stimuleer en u hartklop normaliseer. Dit mag lei tot 'n ernstige lae harttempo.

CARVETREND saam met kos en drinkgoed

Neem CARVETREND met water, na 'n maaltyd en verkieslik op dieselfde tydstip elke dag.

Swangerskap, borsvoeding en fertiliteit

Indien u swanger is, of u baba borsvoed, vermoed dat u swanger is, of 'n baba beplan, raadpleeg asseblief u dokter, apteker, of ander gesondheidsorgverskaffer vir advies voordat u hierdie medisyne gebruik.

Swangerskap: Veiligheid is nie vasgestel nie en CARVETREND moet dus nie deur swanger vroue gebruik word nie, aangesien dit die fetus skade mag berokken.

Borsvoeding: Aangesien karvedilol in borsmelk uitgeskei word, moet dit nie tydens borsvoeding gebruik word nie.

Fertiliteit: Daar is geen beskikbare data aangaande fertiliteit, met die gebruik van CARVETREND nie.

Bestuur en die hantering van masjiene

CARVETREND het geen beduidende invloed op die vermoë om te bestuur, of masjinerie te hanteer nie.
CARVETREND mag duiseligheid, sigprobleme, hoofpyn en uitputting veroorsaak en waaksaamheid verminder, veral met die aanvang van behandeling en tydens dosisaanpassing.
Dit is nie altyd moontlik om te voorspel tot watter mate CARVETREND met die daaglikse aktiwiteite van 'n pasiënt mag inmeng nie. Pasiënte moet verseker dat hulle nie by bogenoemde aktiwiteite betrokke raak, totdat hulle weet tot watter mate CARVETREND hulle beïnvloed nie.

CARVETREND bevat laktose en sukrose

Indien u dokter aangedui het dat u 'n onverdraagsaamheid teenoor sekere suikers toon, raadpleeg u dokter voordat u CARVETREND gebruik.

3. Hoe om CARVETREND te neem

Moet nie medisyne wat vir u voorgeskryf is, met enige ander persoon deel nie.
Gebruik CARVETREND altyd presies soos deur u dokter aanbeveel word. U moet u dokter, of apteker raadpleeg, indien u onseker is.

U dokter sal die tydsduur van u behandeling bepaal. U moet nie u dosering verander, of u behandeling staak, sonder om eers u dokter te raadpleeg nie. Neem CARVETREND na 'n maaltyd, verkieslik op dieselfde tydstip elke dag, met water.

Volwassenes:
Hipertensie:

- die aanvangsdosis is 1 tablet (12,5 mg), een keer per dag (in die oggend), of 1 tablet (6,25 mg), twee keer per dag (in die oggend en in die aand). Die dokter mag u dosis verhoog na 1 tablet (25 mg), twee keer per dag.

Kongestiewe hartversaking:

- die aanvangsdosis is 3,125 mg twee keer per dag vir ten minste 14 dae. Die dosis sal daarna verhoog word, met intervalle van ten minste 14 dae, na 6,25 mg twee keer per dag, dan 12,5 mg twee keer per dag en uiteindelik 25 mg twee keer per dag. Gebruiklike behandeling met digitalis diuretika, of 'n angiotensienomsettingsensiem inhibitor (AOE-inhibitor) sal voortduur. Die dokter sal slegs die dosis verhoog, indien u positief reageer op die behandeling.

Angina Pectoris:

- die aanvangsdosis is 12,5 mg twee keer per dag, waarna dit na twee dae, verhoog word na 25 mg twee keer per dag.

Persone met linker-ventrikulêre wanfunksie, andersins, ongekompliseerde miokardiale wanfunksie:

- u dokter sal die korrekte dosis vir u bepaal en u sal noukeurig tydens u behandeling met CARVETREND gemonitor word.

U dokter sal u vertel vir hoe lank u behandeling met CARVETREND sal duur. Moet nie behandeling vroeg staak nie, want dit mag ongunstige effekte op u hart veroorsaak. Indien u onder die indruk is dat die werking van CARVETREND té sterk, of té swak is, vertel u dokter, of apteker.

Indien u meer CARVETREND neem as wat u behoort:

In die geval van oordosering, raadpleeg u dokter, of apteker. Indien beide nie beskikbaar is nie, kontak u naaste hospitaal, of gifbeheersentrum.

Simptome van oordosering, mag die volgende insluit:

- geringe oordosering, mag lei tot lae bloeddruk (met duiseligheid of vertigo; floute is ook moontlik) en stadige hartklop. Dit is gewoonlik voldoende om die dosis te verlaag, of selfs tydelik die medikasie te onttrek
- 'n enorme oordosering mag sirkulasie, asemhaling, hartfunksie en bewussyn ernstig aantas. Die dokter sal gepaste maatreëls toepas om die tekens en simptome van die oordosering te behandel.

Indien u vergeet om CARVETREND te neem:

Indien u vergeet om u medisyne te neem, neem die aanbevole dosis, so gou as wat u onthou. Indien dit egter tyd is vir u volgende geskeduleerde dosis, slaan die vergete dosis oor en hervat u gewone, vasgestelde doseringskedule. Moet nie 'n dubbeldosis neem, om op te maak vir vergete, individuele doserings nie.

Indien u die gebruik van CARVETREND staak

Moet nie behandeling skielik staak nie, aangesien dit ongunstige effekte op u hart mag veroorsaak. In plaas hiervan, moet die dosis geleidelik, oor 'n tydperk van 7 - 14 dae, verlaag word. U moet u medisyne gereeld, soos deur u dokter voorgeskryf, neem.
Indien die behandeling met CARVETREND vir langer as 14 dae gestaak word, moet die behandeling teen die laagste dosis hervat word.

4. Moontlike newe-effekte

CARVETREND kan newe-effekte hê.
Nie alle newe-effekte wat aangemeld was vir CARVETREND word in hierdie inligtingsblad ingesluit nie. Sou u algemene gesondheid versleg, of indien u enige ongunstige effekte ervaar, terwyl u CARVETREND gebruik, raadpleeg asseblief u dokter, apteker of ander gesondheidsorgverskaffer vir advies.

Indien enige van die volgende gebeur, staak die gebruik van CARVETREND en vertel u dokter onmiddellik, of gaan na die ongevalle-afdeling by u naaste hospitaal:

- swelling van die hande, voete, enkels, gesig, lippe, mond, of keel, wat sluk en asemhaling mag bemoeilik
- uitslag en gejeuk
- floute.

Hierdie is alles baie ernstige newe-effekte. Indien u dit ondervind, kon u 'n ernstige allergiese reaksie teenoor CARVETREND ervaar het. U mag dringende mediese aandag, of hospitalisasie benodig.

Vertel u dokter onmiddellik, of gaan na die ongevalle-afdeling by u naaste hospitaal, indien u enige van die volgende opmerk:

- vergeling van die vel en oë, ook geelsug genoem
- erge afname in bloeddruk
- baie stadige, of onreëlmatige hartklop (minder as 55 slae per minuut)
- uitermatige urinering
- pyn in die bors
- sigsteurnisse
- veluitslag, wat blase mag vorm en soos klein teikens lyk (sentrale donker kolletjies, omring deur 'n ligter area, met 'n donker ring om die rand – erythema multiforme)
- 'n wydverspreide uitslag met blase en velafskilfering, veral rondom die mond, neus, oë en geslagsdele (Stevens-Johnson-sindroom)
- 'n meer ernstige uitslag, wat omvangryke velafskilfering veroorsaak (meer as 30 % van die liggaamsoppervlakte – toksiese epidermale nekrolise).

Hierdie is alles ernstige newe-effekte. U mag dringende mediese aandag benodig.

Vertel u dokter indien u enige van die volgende opmerk:
Algemene newe-effekte:

- bleek vel en voel swak of uitasem
- vinnige gewigstoename
- gastrointestinale versteurings, soos aptytverlies, loopmaag, naarheid en braking, omgekrapte maag
- lae bloeddruk, met vertigo, of duiseligheid (veral wanneer u opstaan)
- hoë bloeddruk
- swelling
- long- en lugweginfeksies
- stadige hartklop
- uitputting
- hoofpyn
- spier- of gewrigspyn
- verhoging in bloedsuiker, of cholesterolvlakke, sukkel om bloedsuikervlakke te beheer indien u 'n diabeet is
- vind dit moeilik om te sien en oogirritasie
- voel hartseer vir lang tydperke
- moeilike asemhaling, met hyging
- koue hande, of voete
- gevoelloosheid en pyn in bene en voete
- algemene pyn.

Minder algemene newe-effekte:

- ongewone bloeding of kneusings
- borspyn of ongemak
- onvermoë om 'n gereelde stoelgang te hê
- abnormale lewerfunksietoetsresultate
- hipersensitiwiteit (allergiese) reaksies
- gevoel van spelde en naalde
- voel verward
- moeilike blaasbeheer, veral indien u 'n vrou is
- onvermoë om 'n ereksie te verkry of te behou
- griepsimptome
- velreaksies, soos galbulte, gejeuk, sweettoename
- droë mond en droë oë (mag u pla indien u kontaklense dra)
- haarverlies.

Indien u enige newe-effekte opmerk, wat nie in hierdie inligtingsblad genoem word nie, raadpleeg asseblief u dokter, of apteker.

Aanmelding van newe-effekte

Indien u newe-effekte ervaar, praat met u dokter, apteker of verpleegkundige. U kan ook newe-effekte aanmeld by SAHPRA via die Med Safety toepassing (Medsafety X SAHPRA) en eReporting platform (who-umc.org), wat op SAHPRA se webtuiste gevind kan word. Deur die aanmelding van newe-effekte, kan u help om meer inligting aangaande die veiligheid van CARVETREND in te win.
U kan ook 'n epos direk aan die maatskappy stuur, pharmacovigilance@pharmadynamics.co.za, om die veiligheid van die produk te verseker.

5. Hoe om CARVETREND te bewaar

Bewaar alle medisyne buite die bereik van kinders.
Bewaar teen of benede 30 °C op 'n koel, droë plek.
Hou die stulpstroke in die buitenste kartonhouer, totdat dit benodig word vir gebruik.
Moet nie na die vervaldatum gebruik, wat op die kartonhouer aangedui word nie.
Neem ongebruikte medisyne na u apteker terug.
Moet nie ongebruikte medisyne in afvoerpype, of rioolstelsels (bv. toilette), weggooi nie.

6. Verpakkingsinhoud en ander inligting

Wat CARVETREND bevat:

Die aktiewe bestanddeel is karvedilol.
Elke CARVETREND 6,25 mg tablet bevat karvedilol 6,25 mg.
Elke CARVETREND 12,5 mg tablet bevat karvedilol 12,5 mg.
Elke CARVETREND 25 mg tablet bevat karvedilol 25 mg.

Die ander bestanddele is:
Kruisgekoppelde povidoon, laktosemonohidraat, magnesiumstearaat, povidoon, silika kolloïdale anhidriese en sukrose.

Hoe CARVETREND lyk en die verpakkingsinhoud

CARVETREND 6,25 mg: 'n Wit, ovaal, effens bikonvekse tablet, gekeep aan eenkant met S2 gedruk, aan die teenoorgestelde kant.
CARVETREND 12,5 mg: 'n Wit, ovaal, effens bikonvekse tablet, gekeep aan een kant, met S3 gedruk op die teenoorgestelde kant.
CARVETREND 25 mg: 'n Wit, ronde, effens bikonvekse tablet, gerond en gekeep aan een kant.

CARVETREND is beskikbaar in OPA/Al/PVC en aluminiumfoelie stulpstroke van 30 tablette.

Eienaar van die Registrasiesertifikaat

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Silverwood Close
Westlake, 7945
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Sel: 0860-PHARMA (742 762)

Hierdie inligtingsblad was voorheen hersien

04 Julie 2024

Registrasienommers

CARVETREND 6,25 mg: A37/7.1.3/0276
CARVETREND 12,5 mg: A37/7.1.3/0277
CARVETREND 25 mg: A37/7.1.3/0278

NAMIBIË:
CARVETREND 6,25 mg: NS2 08/7.1.3/0105
CARVETREND 12,5 mg: NS2 08/7.1.3/0104
CARVETREND 25 mg: NS2 08/7.1.3/0103

BOTSWANA:
CARVETREND 6,25 mg: S2 BOT1101790
CARVETREND 12,5 mg: S2 BOT1101791
CARVETREND 25 mg: S2 BOT1101792

MOSAMBIEK:
CARVETREND 6,25 mg: 2851
CARVETREND 12,5 mg: 2853
CARVETREND 25 mg: C5667

ZAMBIË:
CARVETREND 6,25 mg: POM 051/014
CARVETREND 12,5 mg: POM 051/015