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On 16th December 2011, the MHRA granted Medreich PLC Marketing Authorisations (licences) for Medomil 20mg and 40mg Tablets (PL 21880/0117-8).

Medomil 20mg and 40mg Tablets contain isosorbide mononitrate.

Isosorbide mononitrate belongs to a group of medicines called nitrates.

Medomil 20mg and 40mg Tablets are used to relieve the symptoms of angina pectoris. Angina pectoris is a painful tightness in the chest, which occurs when the muscles of the heart are not receiving enough oxygen. Pain may also be felt in the neck and arms.

Medomil 20mg and 40mg Tablets are used to prevent chest pain (angina) or to treat heart failure. It works by relaxing the blood vessels to the heart, so the blood and oxygen supply to the heart is increased.

No new or unexpected safety concerns arose from these applications and it was, therefore, judged that the benefits of taking Medomil 20mg and 40mg Tablets outweigh the risks; hence these Marketing Authorisations have been granted.
MEDOMIL 20MG AND 40MG TABLETS
PL 21880/0117-8

SCIENTIFIC DISCUSSION

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Overall conclusions and risk benefit assessment .... Page 10
INTRODUCTION

The MHRA granted Marketing Authorisations for the medicinal products Medomil 20mg and 40mg Tablets (PL 21880/0117-8) to Medreich PLC on 16th December 2011. These products are dispensed in pharmacies only and hence, have legal status (P). They are indicated for:

- the prophylaxis of angina pectoris
- adjunctive therapy in congestive heart failure not responding to cardiac glycosides or diuretics.

These applications for Medomil 20mg and 40mg Tablets are submitted according to Article 10c of Directive 2001/83/EC as amended, cross-referring to Isosorbide Mononitrate 20mg and 40mg Tablets (PL 16363/0001-2), which were approved to Milpharm Limited on 28th May 2007 and 21st September 1998 respectively.

It is considered that the pharmacovigilance system as described by the applicant fulfils the requirements and provides adequate evidence that the applicant has the services of a qualified person responsible for pharmacovigilance and has the necessary means for the notification of any adverse reaction suspected of occurring.

A Risk Management Plan (RMP) was not submitted and is not required for applications of this type.

No new data were submitted nor were they necessary for these “informed consent” applications, as the data are identical to that of the previously granted cross-reference products.
PHARMACEUTICAL ASSESSMENT

1. INTRODUCTION
These are “informed consent” applications for Medomil 20mg and 40mg Tablets (PL 36390/0024-6) submitted under Article 10c of Directive 2001/83/EC as amended. The proposed MA holder is Medreich Plc, 9 Royal Parade, Kew Gardens, Surrey, TW9 3QD, United Kingdom.

The applications cross-refer to Isosorbide Mononitrate 20mg and 40mg Tablets (PL 16363/0001-2), which were approved to Milpharm Limited on 28th May 2007 and 21st September 1998 respectively.

2. MARKETING AUTHORISATION APPLICATION FORM
2.1 NAME(S)
The proposed names of the products are Medomil 20mg and 40mg Tablets. The product has been named in-line with current requirements.

2.2 Strength, pharmaceutical form, route of administration, container and pack sizes
The products are tablets administered orally that contain 20mg and 40mg of isosorbide mononitrate as the active ingredient. The finished products are packaged in foil blisters composed of polyvinyl chloride (PVC) and aluminium and then enclosed in outer cartons.

Pack sizes are 56 and 60 tablets.

The proposed shelf-life is 3 years with storage instructions ‘Do not store above 25°C’. This is consistent with the details registered for the cross-reference products.

2.3 Legal status
Pharmacy only (P).

2.4 Marketing authorisation holder/Contact Persons/Company
Medreich Plc, 9 Royal Parade, Kew Gardens, Surrey, TW9 3QD, United Kingdom.

The QP responsible for pharmacovigilance is stated and his CV is included.

2.5 Manufacturers
The manufacturing sites are consistent with those registered for the cross-reference products and evidence of GMP compliance has been provided.

2.6 Qualitative and quantitative composition
The composition is consistent with the details registered for the cross-reference products.
2.7 Manufacturing process
The manufacturing process is consistent with the details registered for the cross-reference products and the maximum batch size for each product is stated.

2.8 Finished product/shelf-life specification
The finished product specifications are in-line with the details registered for the cross-reference products.

2.9 Drug substance specification
The drug substance specification is consistent with the details registered for the cross-reference products.

2.10 TSE Compliance
The excipients used are identical to those in the cross-reference products and declarations have been provided to confirm that none contain material of animal or human origin. The magnesium stearate contained in this product is sourced from vegetable origin. The milk used in the production of lactose is sourced from healthy animals under the same conditions as those intended for human consumption.

This information is consistent with the cross-reference products.

3. EXPERT STATEMENTS
The applicant has included quality, non-clinical and clinical overviews in Module 2 of the applications. Signed declarations and copies of the experts’ CVs are enclosed in Module 1.4 for the quality, non-clinical and clinical experts. All are considered to have sufficient experience for their responsibilities.

4. PRODUCT NAME & APPEARANCE
See 2.1 for details of the proposed product names. The appearance of the products is identical to the cross-reference products.

5. SUMMARY OF PRODUCT CHARACTERISTICS (SmPCs)
The SmPCs are consistent with the details registered for the cross-reference products.

6. PATIENT INFORMATION LEAFLET (PIL)/LABELLING
The PIL has been prepared in-line with the details registered for the cross-reference product. This PIL is identical to the PIL for Isosorbide Mononitrate 20mg and 40mg Tablets (PL 16363/0001-2), which were approved to Milpharm Limited on 28th May 2007 and 21st September 1998 respectively. Therefore the user testing results for the cross-reference product and a bridging statement have been submitted and are satisfactory.

The results of consultations with target patient groups ("user testing") are in accordance with Article 59 of Council Directive 2001/83/EC. The results indicate that the package leaflet is well-structured and organised, easy to understand and written in a comprehensive manner. The test shows that the patients/users are able to act upon the information that they contain.
Labelling
The artwork is comparable to the artwork registered for the cross-reference products and complies with statutory requirements. In-line with current legislation, the applicant has included the name of the product in Braille on the packaging and has included sufficient space for a standard UK pharmacy dispensing label.

7. CONCLUSIONS
The data submitted with the applications are acceptable. The grant of these Marketing Authorisations is recommended.
NON-CLINICAL ASSESSMENT

No new non-clinical data have been supplied with these applications and none are required for applications of this type.

An Environmental Risk Assessment was not submitted and is not required for applications of this type.
CLINICAL ASSESSMENT

No new clinical data have been supplied with these applications and none are required for applications of this type.
OVERALL CONCLUSION AND RISK BENEFIT ASSESSMENT

QUALITY
The data for these applications are consistent with that previously approved for the cross-reference products and, as such, has been judged to be satisfactory.

NON-CLINICAL
No new non-clinical data were submitted and none are required for applications of this type.

EFFICACY
These applications are identical to the previously granted applications Isosorbide Mononitrate 20mg and 40mg Tablets (PL 16363/0001-2), which were approved to Milpharm Limited on 28th May 2007 and 21st September 1998 respectively.

No new or unexpected safety concerns arise from these applications.

At the time of assessment, the SmPCs, PIL and labelling were satisfactory and consistent with that for the cross-reference products.

RISK BENEFIT ASSESSMENT
The quality of the products is acceptable and no new non-clinical or clinical safety concerns have been identified. The applicant’s products are identical to the cross-reference products. Extensive clinical experience with isosorbide mononitrate is considered to have demonstrated the therapeutic value of the compound. The risk:benefit ratio is therefore considered to be positive.
## STEPS TAKEN FOR ASSESSMENT

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<tr>
<td>1</td>
<td>The MHRA received the Marketing Authorisation Applications on 24&lt;sup&gt;th&lt;/sup&gt; February 2011.</td>
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<td>2</td>
<td>Following standard checks and communication with the applicant the MHRA considered the applications valid on 3&lt;sup&gt;rd&lt;/sup&gt; March 2011.</td>
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<td>3</td>
<td>Following assessment of the application further information was requested regarding the quality section of the dossiers on 8&lt;sup&gt;th&lt;/sup&gt; April 2011.</td>
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<tr>
<td>4</td>
<td>The applicant responded to the MHRA’s requests, providing further information on 4&lt;sup&gt;th&lt;/sup&gt; October 2011 for the quality section of the dossiers.</td>
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<tr>
<td>5</td>
<td>The applications were determined on 16&lt;sup&gt;th&lt;/sup&gt; December 2011.</td>
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### STEPS TAKEN AFTER ASSESSMENT

<table>
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<tr>
<th>Date submitted</th>
<th>Application type</th>
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SUMMARY OF PRODUCT CHARACTERISTICS

1 NAME OF THE MEDICINAL PRODUCT
Medomil 20mg Tablets

2 QUALITATIVE AND QUANTITATIVE COMPOSITION
Each tablet contains 20mg of Isosorbide Mononitrate
For full list of excipients see section 6.1

3 PHARMACEUTICAL FORM
Tablets
White to off-white, round flat tablets with ‘I15’ embossing on one side.

4 CLINICAL PARTICULARS
4.1 THERAPEUTIC INDICATIONS
For the prophylaxis of angina pectoris
As adjunctive therapy in congestive heart failure not responding to cardiac glycosides or diuretics.

4.2 POSOLOGY AND METHOD OF ADMINISTRATION
Adults: One tablet to be taken asymmetrically (to allow a nitrate low period) two or three times a day. For patients not already receiving prophylactic nitrate therapy it is recommended that the initial dose of isosorbide mononitrate be 20mg twice a day. The dosage may be increased to 120mg per day. The lowest effective dose should be used.

Children: The safety and efficacy of Isosorbide Mononitrate 20mg tablets in children has not been established.

Elderly: There is no evidence to suggest that an adjustment of the dosage is necessary.

Treatment with Isosorbide mononitrate tablets, as with any other nitrate, should not be stopped suddenly. Both the dosage and frequency should be tapered gradually (see section 4.4)

4.3 CONTRAINDICATIONS
Isosorbide mononitrate tablets should not be used in cases of acute myocardial infarction with low filling pressures, acute circulatory failure (shock, vascular collapse), or very low blood pressure, hypertrophic obstructive cardiomyopathy (HOCM), constrictive pericarditis, cardiac tamponade, low cardiac filling pressures, aortic/mitral valve stenosis and diseases associated with a raised intra-cranial pressure e.g. following a head trauma and including cerebral haemorrhage.
This product should not be given to patients with a known sensitivity to isosorbide mononitrate, the listed ingredients or other nitrates.

Isosorbide mononitrate Tablets should not be used in patients with marked anaemia, severe hypotension, closed angle glaucoma or hypovolaemia.

Phosphodiesterase type-5 inhibitors (e.g. sildenafil, tadalafil and vardenafil) have been shown to potentiate the hypotensive effects of nitrates, and their co-administration with nitrates or nitric oxide donors is therefore contraindicated (see section 4.5)

4.4 SPECIAL WARNINGS AND PRECAUTIONS FOR USE
Isosorbide mononitrate Tablets should be used with caution in patients who have recent history of myocardial infarction, or who are suffering from hypothyroidism, hypothermia, malnutrition and severe liver or renal disease.

Symptoms of circulatory collapse may arise after first dose, particularly in patients with labile circulation.

This product may give rise to postural hypotension and syncope in some patients. Severe postural hypotension with light-headedness and dizziness is frequently observed after the consumption of alcohol.

Hypotension induced by nitrates may be accompanied by paradoxical bradycardia and increased angina.
Isosorbide mononitrate Tablets contain lactose and therefore should not be used in patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption.

In the event of an acute angina attack, a sublingual treatment such as a GTN spray or tablet should be used instead of Isosorbide mononitrate Tablets.

If the tablets are not taken as indicated (see section 4.2), tolerance to the medication could develop. The lowest effective dose should be used.

Treatment with Isosorbide mononitrate, as with any other nitrate, should not be stopped suddenly. Both the dosage and frequency should be tapered gradually (see section 4.2)

4.5 INTERACTION WITH OTHER MEDICINAL PRODUCTS AND OTHER FORMS OF INTERACTION

Concurrent administration of drugs with blood pressure lowering properties, e.g. beta-blockers, calcium channel blockers, vasodilators, alprostadil, aldesleukin, angiotensin II receptor antagonists etc. and/or alcohol may potentiate the hypotensive effects of Isosorbide mononitrate Tablets. This may occur with neuroleptics and tricyclic antidepressants.

Any blood pressure lowering effect of Isosorbide mononitrate tablets will be increased if used together with phosphodiesterase type-5- inhibitors, which are used for erectile dysfunction (see special warning and contraindications). This may lead to life threatening cardiovascular complications. Patients who are on Isosorbide mononitrate therapy therefore must not use phosphodiesterase type-5 inhibitors.

Reports suggest that concomitant administration of Isosorbide mononitrate tablets may increase the blood levels of dihydroergotamine and its hypertensive effects.

4.6 FERTILITY, PREGNANCY AND LACTATION

There is inadequate evidence of safety in human pregnancy and lactation and use during pregnancy and lactation is not recommended unless considered essential by the patient’s physician.

4.7 EFFECTS ON ABILITY TO DRIVE AND USE MACHINES

Dizziness, tiredness or blurred vision might occur at the start of the treatment. The patient should therefore be advised that if affected, they should not drive or operate machinery. This effect may be increased by alcohol.

4.8 UNDESIRABLE EFFECTS

A very common (>10% of patients) adverse reaction to Isosorbide mononitrate Tablets is throbbing headache. The incidence of headache diminishes gradually with time and continued use. At the start of therapy or when the dosage is increased, hypotension and/or light-headedness in the upright position are commonly observed (i.e. in 1-10% of patients). These symptoms may be associated with dizziness, drowsiness, reflex tachycardia and a feeling of weakness. Infrequently (i.e. in less than 1% patients) nausea, vomiting, flushing and allergic skin reactions (e.g. rash) may occur sometimes severely. In single cases exfoliative dermatitis may occur. Severe hypotensive responses have been reported for organic nitrates and include nausea, vomiting, restlessness, pallor and excessive perspiration. Uncommonly collapse may occur (sometimes accompanied by bradycardia and syncope). Uncommonly severe hypotension may lead to enhanced angina symptoms. A few reports of heartburn most likely due to a nitrate induced sphincter relaxation have been reported. Tachycardia and paroxysmal bradycardia have been reported.

4.9 OVERDOSE

Symptoms and signs: Headache, hypotension, nausea, vomiting, sweating, tachycardia, vertigo, restlessness, warm flushed skin, blurred vision and syncope. A rise in intracranial pressure with confusion and neurological deficits can sometimes occur. Methaemoglobinaemia (cyanosis, hypoxaemia, restlessness, respiratory depression, convulsions, cardiac arrhythmias, circulatory failure, raised intracranial pressure) occurs rarely.

Management:
Consider oral activated charcoal if ingestion of a potentially toxic amount has occurred within 1 hour. Observe for at least 12 hours after the overdose. Monitor blood pressure and pulse. Correct hypotension by raising the foot of the bed and/or by expanding the intravascular volume. Other measures as
indicated by the patient’s clinical condition. If severe hypotension persists despite the above measures consider use of inotropes. If methaemoglobinaemia (symptoms or >30% methaemoglobin), IV administration of methylene blue 1-2mg/kg body-weight. If therapy fails with second dose after 1 hour or contraindicated, consider red blood cell concentrates or exchange transfusion. In case of cerebral convulsions, diazepam or clonazepam IV, or if therapy falls, phenobarbital, phenytoin or propofol anaesthesia.

5 PHARMACOLOGICAL PROPERTIES

5.1 PHARMACODYNAMIC PROPERTIES

ATC code: C01D A14 Vasodilatator used in cardiac diseases

Isosorbide mononitrate is an organic nitrate, which, in common with other cardioactive nitrates, is a vasodilator. It produces decreased left and right ventricular end-diastolic pressures to a greater extent than the decrease in systemic arterial pressure, thereby reducing afterload and especially the preload of the heart.

Isosorbide mononitrate influences the oxygen supply to ischaemic myocardium by causing the redistribution of blood flow along collateral channels and from epicardial to endocardial regions by selective dilation of large epicardial vessels.

It reduces the requirements of the myocardium for oxygen by increasing venous capacitance, causing a pooling of blood in peripheral veins, thereby reducing ventricular volume and heart wall distension.

5.2 PHARMACOKINETIC PROPERTIES

Isosorbide 5—mononitrate is rapidly absorbed and peak plasma levels occur approx. 1 hour following oral dosing.

Isosorbide-5-mononitrate is completely bioavailable after oral doses and is not subject to pre-systemic elimination processes.

Isosorbide-5-mononitrate is eliminated from the plasma with a half-life of about 5.1 hours. It is metabolised to Isosorbide-5-mn-2-glucoronide, which has a half-life of approximately 2.5 hours. As well as being excreted unchanged in the urine.

After multiple oral dosing plasma concentrations are similar to those that can be predicted from single dose kinetic parameters.

5.3 PRECLINICAL SAFETY DATA

Preclinical data reveal no special hazard for humans based on conventional studies of single and repeated dose toxicity, genotoxicity, oncogenicity and toxicity to reproduction.

6 PHARMACEUTICAL PARTICULARS

6.1 LIST OF EXCIPIENTS

Microcrystalline cellulose (E 460)
Lactose Monohydrate
Colloidal Anhydrous Silica (E 551)
Maize starch
Talc (E 553b)
Magnesium stearate (E 572)

6.2 INCOMPATIBILITIES

None known

6.3 SHELF LIFE

3 years.

6.4 SPECIAL PRECAUTIONS FOR STORAGE

Do not store above 25°C.

6.5 NATURE AND CONTENTS OF CONTAINER

PVC/Aluminium foil blisters on a cardboard carton.
Each sheet of blisters contains 10 tablets and there are six sheets of ten tablets per carton (60’s pack).
Each strip of blister contains 14 tablets and there are four such strips per carton (56’s pack).
6.6 SPECIAL PRECAUTIONS FOR DISPOSAL
Not applicable.

7 MARKETING AUTHORISATION HOLDER
MEDREICH PLC,
9 Royal Parade,
Kew Gardens,
Surrey,
TW9 3QD
UNITED KINGDOM

8 MARKETING AUTHORISATION NUMBER(S)
PL 21880/0117

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION
16/12/2011

10 DATE OF REVISION OF THE TEXT
16/12/2011
1 NAME OF THE MEDICINAL PRODUCT
Medomil 40mg Tablets

2 QUALITATIVE AND QUANTITATIVE COMPOSITION
Each tablet contains 40mg Isosorbide Mononitrate
For full list of excipients see section 6.1

3 PHARMACEUTICAL FORM
Tablet.
White to off-white, round flat tablets with ‘116’ embossing on one side.

4 CLINICAL PARTICULARS
4.1 THERAPEUTIC INDICATIONS
For the prophylaxis of angina pectoris
As adjunctive therapy in congestive heart failure not responding to cardiac glycosides or diuretics.

4.2 POSOLOGY AND METHOD OF ADMINISTRATION
For oral administration

Adults: One tablet to be taken asymmetrically (to allow a nitrate low period) two or three times a day.
For patients not already receiving prophylactic nitrate therapy it is recommended that the initial dose of
isosorbide mononitrate be 40mg twice a day. The dosage may be increased to 120mg per day.

The lowest effective dose should be used.

Children: The safety and efficacy of Isosorbide Mononitrate 40mg tablets in children has not been
established.

Elderly: There is no evidence to suggest that an adjustment of the dosage is necessary.

Treatment with Isosorbide mononitrate tablets, as with any other nitrate, should not be stopped
suddenly. Both the dosage and frequency should be tapered gradually (see section 4.4)

4.3 CONTRAINDICATIONS
Isosorbide mononitrate tablets should not be used in cases of acute myocardial infarction with low
filling pressures, acute circulatory failure (shock, vascular collapse), or very low blood pressure,
hypertrophic obstructive cardiomyopathy (HOCM), constrictive pericarditis, cardiac tamponade, low
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pressure e.g. following a head trauma and including cerebral haemorrhage.
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If methaemoglobinaemia (symptoms or >30% methaemoglobin), IV administration of methylene blue 1-2mg/kg body-weight. If therapy fails with second dose after 1 hour or contraindicated, consider red blood cell concentrates or exchange transfusion. In case of cerebral convulsions, diazepam or clonazepam IV, or if therapy fails, phenobarbital, phenytoin or propofol anaesthesia.

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Lactose Monohydrate
Colloidal Anhydrous Silica (E 551)
Maize starch
Talc (E 553b)
Magnesium stearate (E 572)

6.2 INCOMPATIBILITIES
None known

6.3 SHELF LIFE
3 years.

6.4 SPECIAL PRECAUTIONS FOR STORAGE
Do not store above 25ºC.

6.5 NATURE AND CONTENTS OF CONTAINER
PVC/Aluminium foil blisters on a cardboard carton.
Each sheet of blisters contains 10 tablets and there are six sheets of ten tablets per carton (60’s pack).
Each strip of blister contains 14 tablets and there are four such strips per carton (56’s pack).
6.6 SPECIAL PRECAUTIONS FOR DISPOSAL
Not applicable.

7 MARKETING AUTHORISATION HOLDER
MEDREICH PLC,
9 Royal Parade,
Kew Gardens,
Surrey,
TW9 3QD
UNITED KINGDOM

8 MARKETING AUTHORISATION NUMBER(S)
PL 21880/0118

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION
16/12/2011

10 DATE OF REVISION OF THE TEXT
16/12/2011
Take special care with isosorbide mononitrate Tablets
You should let your doctor know:
- If you have had a recent heart attack
- If you suffer from low blood pressure (hypotension)
- If you have a poor diet or do not have enough to eat (malnutrition)
- If you are suffering from low body temperature (hypothermia)
- If you have problems with your liver or kidneys
- If you suffer from hypothyroidism (underactivity of the thyroid gland)
- If you have alcohol problem as you should not drink with these tablets

Interaction with other medicines
Do not take medicines for erectile dysfunction e.g. sildenafil known as Viagra with isosorbide mononitrate (see section 'Do not take isosorbide mononitrate Tablets'). You should tell your doctor before taking these tablets if you are currently taking any of the following medicines:
- Beta-blockers, vasodilators (e.g. alprostadil), aildesleukin and Angiotensin II receptor antagonists e.g. captopril, enalapril used to reduce blood pressure.
- Tricyclic antidepressants e.g. imipramine, amitriptyline
- Medicines used to treat a mental condition, e.g. chlorpromazine, risperidone, clozapine
- Medicines used to treat migraine, e.g. Dihydroergotamine, as these tablets may increase the hypertensive effects of this medicine.

Pregnancy and breast-feeding
Do not take isosorbide mononitrate Tablets if you are pregnant, planning to become pregnant or are breast-feeding. Ask your doctor for advice before taking any medicine.

Driving and using machines
You may experience dizziness, tiredness or blurred vision when you start taking isosorbide mononitrate Tablets. You should therefore know how you react to these tablets before you drive or use machines.

Important information about some of the ingredients of isosorbide mononitrate Tablets
This product contains lactose – if you know you have intolerance to some sugars, contact your doctor before use.

3. How to take isosorbide mononitrate Tablets
Always take isosorbide mononitrate Tablets exactly as your doctor has told you. You should check with your doctor or pharmacist if you are not sure.

Dosage:
The usual oral adult dose to be taken orally is:-

Adults: One tablet to be taken two to three times a day. The dose may be increased to 120mg per day. Always follow your doctor's advice.

Elderly: The usual dose is the same as the adult dose.

Children:
Not recommended for use in children.
If you take more Isosorbide Mononitrate Tablets than you should
If you (or someone else) swallow a lot of tablets at the same time, or you think a child has swallowed any of these tablets, contact your nearest hospital casualty department or your doctor immediately. Take this leaflet and your tablets with you. The symptoms of an overdose are pulsing headache, reddening of the skin, cold perspiration, nausea, vomiting and a fast heart beat.

If you forget to take Isosorbide Mononitrate Tablets
If you forget to take a dose, take it as soon as you remember. If it is almost time for your next dose though, do not double up on the dose just carry on as before.

If you stop taking Isosorbide Mononitrate Tablets
Do not stop taking your tablets without first discussing this with your doctor as this may be harmful.

4. Possible side effects
Like all medicines Isosorbide Mononitrate Tablets can cause side effects, although not everybody gets them.

If you develop an allergic (hypersensitivity) reaction e.g. skin rash or itching, swelling of the face, lips, tongue or throat or difficulty breathing or swallowing then stop taking Isosorbide Mononitrate tablets and tell your doctor immediately.

A severe hypotensive response may occur with nausea, vomiting, restless pallor and excessive perspiration. Uncommonly collapse may occur.

Very common side effects (affecting more than 1 in 10 patients):
- Headache (at the start of the treatment, you may have a headache. Usually this disappears after a few days.)

Common side effects (affecting between 1 in 10 and 1 in 100 patients)
- Light headedness in the upright position
- Hypotension (low blood pressure)
- Dizziness, drowsiness, feeling weak
- Fast heart beat

Uncommon side effects (affecting between 1 in 100 and 1 in 1000 patients)
- Slow heart beat
- Fainting
- Worsening of chest pains

Infrequently side effects (< 1% patients)
- Nausea and vomiting
- Flushing (reddening of the skin)
- Allergic skin reaction e.g. rash
- Change in heartbeat
- Heartburn

If you experience these or any other undesirable side effects tell your doctor or pharmacist.

5. How to store Isosorbide mononitrate Tablets
Keep out of the reach and sight of children.

Store your tablets in the original package.
Do not store above 25°C
Do not use your medicine after the expiry date shown on the label.

Medicines should not be disposed of via wastewater or household waste. Ask your pharmacist how to dispose of medicines no longer required. These measures will help to protect the environment.

6. Further information

What Isosorbide mononitrate Tablets contain
The active substance is isosorbide-5-mononitrate.
- Each 20 mg tablet contains 20 mg of isosorbide-5-mononitrate.
- Each 40 mg tablet contains 40 mg of isosorbide-5-mononitrate.

The other substances are: Microcrystalline cellulose, Lactose Monohydrate, Colloidal Anhydrous Silica, Maize starch, Talc and Magnesium stearate.

What Isosorbide mononitrate Tablets looks like and contents of the pack
The tablets are white to off-white, round flat, embossed with ‘115’ (20mg) or ‘116’ (40mg) on one side.

They are available in blister packs of 56 and 60 tablets.

Marketing Authorisation Holder and Manufacturer:
Medreich Plc
9, Royal Parade, Kew Gardens,
Surrey TW9 3QD, England

This leaflet was last approved in (10/2011).
The labelling below are the label mock-ups for the 56 tablet pack sizes for each strength. The marketing authorisation holder has stated that it does not intend to market the 60 tablet pack sizes at this time; therefore no labelling mock-ups for the 60 tablet pack sizes have been submitted. The marketing authorisation holder has committed to submit the UK labelling for the 60 tablet pack sizes to the regulatory authority for review before marketing the 60 tablet pack sizes.
For oral use only.
Do not store above 25°C.
Keep all medicines out of the reach and sight of children.
Contains microcrystalline cellulose, lactose and maize starch.
To be taken as instructed by your doctor.
Store in original container.