

mmandaly

TRIMETAZIDINE
VASTAREL® 20

20mg
Film-coated Tablet
ANTI-ANGINA



Description: Red, lenticular film-coated tablet.

Formulation: Trimetazidine dihydrochloride..... 20 mg

For one film-coated tablet.

Excipients with known effect: Sunset yellow FCF (E110) and cochineal red A (E124).

Pharmacodynamics and Pharmacokinetics:

Pharmacodynamics

In patients with ischemic heart disease, trimetazidine acts as a metabolic agent, preserving the myocardial high-energy phosphate intracellular levels. Anti-ischemic effects are achieved without concomitant hemodynamic effects.

Pharmacokinetics

Absorption: After oral administration, absorption of trimetazidine is rapid and the plasma peak is reached in less than 2 hours. After a single oral dose of 20 mg of trimetazidine, the peak plasma concentration is approximately 55 ng·ml⁻¹. During repeated administration, the steady state is reached after 24 to 36 hours and remains very stable throughout treatment.

Distribution: The apparent distribution volume is 4.8 l/kg, which suggests good tissue diffusion. Protein binding is low: in vitro measurements give a value of 16%.

Elimination: Trimetazidine is eliminated primarily in the urine, mainly in the unchanged form. The mean elimination half-life is 6 hours.

Linearity: Trimetazidine pharmacokinetics is linear following single dose administration up to 100 mg. Repeated doses showed a time-linear pharmacokinetic response.

Elderly: Trimetazidine exposure may be increased in elderly patients due to an age-related decrease in renal function. A pharmacokinetics study performed specifically in elderly (75-84 years) and very elderly (≥ 85 years) participants showed that in the event of moderate renal impairment (creatinine clearance between 30 and 60 ml/min) trimetazidine exposure was increased by a factor of 1.0 and 1.3, respectively in comparison with younger participants (30-65 years) with moderate renal impairment. No safety concerns were observed in the elderly subjects as compared with the general population.

Renal impairment: On average trimetazidine exposure is multiplied by 1.7 in patients with moderate renal impairment (creatinine clearance below 30 and 60 ml/min) and by 3.1 in patients with severe renal impairment (creatinine clearance below 30 ml/min) compared with healthy young volunteers with normal renal function. No safety concerns were observed in this population as compared with the general population.

Pediatric population: The pharmacokinetics of trimetazidine have not been studied in the pediatric population (<18 years).

Indication: Trimetazidine is indicated in adults as add-on therapy for the symptomatic treatment of patients with stable angina pectoris who are inadequately controlled by or intolerant to first-line antianginal therapies.

Contraindications:

- Hypersensitivity to trimetazidine or to any of the other ingredients of Vastarel 20.
- Parkinson's disease, parkinsonian symptoms, tremors, restless leg syndrome, and other related movement disorders.
- Severe renal impairment (creatinine clearance <30ml/min).

Special Warnings & Precautions: This medicinal product is not a curative treatment for angina attacks, nor an initial treatment for unstable angina pectoris or myocardial infarction, nor in the pre-hospital phase or during the first days of hospitalization. In the event of an angina attack, the coronaropathy should be reevaluated and an adaptation of the treatment considered (medicinal treatment and possibly revascularization).

This medicinal product can aggravate or cause symptoms similar to those of Parkinson's disease (tremor, difficulty in making movements, rigidity of limbs), which should be investigated and reported to your doctor, especially in elderly patients. In doubtful cases, patients should be referred to a neurologist for appropriate investigations.

The occurrence of movement disorders such as parkinsonian symptoms, restless leg syndrome, tremors, gait instability should lead to definitive withdrawal of Trimetazidine (Vastarel 20).

These cases have a low incidence and are usually reversible after treatment discontinuation. The majority of the patients recovered within 4 months after Trimetazidine (Vastarel 20) withdrawal. If parkinsonian symptoms persist more than 4 months after drug discontinuation, a neurologist's opinion should be sought.

Falls may occur following a drop in blood pressure or a loss of balance, in particular in patients taking antihypertensive treatment (see description of side effects).

Caution should be exercised in patients with moderate renal impairment and elderly (>75 years old).

This medicine contains sunset yellow FCF S (E 110) and cochineal red A (E 124) and may cause allergic reactions.

Pregnancy: There are no data from the use of trimetazidine in pregnant women. Animal studies do not indicate direct or indirect harmful effects with respect to reproductive toxicity. As a precautionary measure, it is preferable to avoid the use of Trimetazidine (Vastarel 20) during pregnancy.

Breastfeeding: It is unknown whether trimetazidine/metabolites are excreted in human milk. A risk to the newborns/ infants cannot be excluded. Trimetazidine (Vastarel 20) should not be used during breastfeeding.

Driving and using machines: Trimetazidine (Vastarel 20) does not have hemodynamic effects in clinical studies, however cases of dizziness and drowsiness have been observed in post-marketing experience, which may affect ability to drive and use machines.

Drug Interaction: No drug interaction has been reported.

Adverse Drug Reaction: As with all medicines, Trimetazidine (Vastarel 20) is likely to have side effects, although not everyone may be prone to them.

The table below includes the adverse reactions from spontaneous notifications and scientific literature.

Very common (≥1/10); common (≥1/100, <1/10); uncommon (≥1/1000, <1/100); rare (≥1/10000, <1/1000); very rare (<1/10000); not known (cannot be estimated from the available data).

System Organ Class	Frequency	Preferred Term
Nervous system disorders	Common	Dizziness, headache
	Not known	Parkinsonian symptoms (tremor, akinesia, hypertonia), gait instability, restless leg syndrome, other related movement disorders, usually reversible after treatment discontinuation
	Not known	Sleep disorders (insomnia, drowsiness)
Ear and labyrinth disorders	Not known	Vertigo
Cardiac disorders	Rare	Palpitations, extrasystoles, tachycardia
Vascular disorders	Rare	Arterial hypotension, orthostatic hypotension that may be associated with malaise, dizziness or fall, in particular in patients taking antihypertensive treatment, flushing
Gastrointestinal disorders	Common	Abdominal pain, diarrhea, dyspepsia, nausea and vomiting
	Not known	Constipation

System Organ Class	Frequency	Preferred Term
Skin and subcutaneous tissue disorders	Common	Rash, pruritus, urticaria
	Not known	Acute generalized exanthematous pustulosis (AGEP), angioedema
General disorders and administration site conditions	Common	Asthenia
Blood and lymphatic system disorders	Not known	Agranulocytosis, thrombocytopenia, thrombocytopenic purpura
Hepatobiliary disorders	Not known	Hepatitis

Reporting of Adverse Drug Reaction: For suspected adverse drug reaction, report to the FDA at www.fda.gov.ph

Seek medical attention immediately at the first sign of any adverse drug reaction.

Dosage & Administration: Oral route. The dose is one tablet of 20 mg of trimetazidine three times a day during meals.

The benefit of the treatment should be assessed after three months and trimetazidine should be discontinued if there is no treatment response.

Patients with renal impairment: In patients with moderate renal impairment (creatinine clearance 30-60 ml/min), the recommended dose is 1 tablet of 20 mg twice daily, i.e. one in the morning and one in the evening, during meals.

Elderly patients: Elderly patients may have increased trimetazidine exposure due to age-related decrease in renal function. In patients with moderate renal impairment (creatinine clearance 30-60 ml/min), the recommended dose is 1 tablet of 20 mg twice daily, i.e. one in the morning and one in the evening, during meals. Dose titration in elderly patients should be exercised with caution.

Pediatric population: The safety and efficacy of trimetazidine in children aged below 18 years have not been established. No data are available.

Overdose and Treatment: Limited information is available on trimetazidine overdose. Treatments should be symptomatic.

Presentation: Foil Strip x 10's (Box of 100's)

Storage Condition: Store at temperatures not exceeding 30° C

Caution: Food, Drugs, Devices and Cosmetics Act prohibits dispensing without prescription.

Manufactured by
LES LABORATOIRES SERVIER INDUSTRIE
45520 Gidy, France

Packed by
e.L. Laboratories, Inc.
109 North Main Ave.,
Laguna Technopark, Biñan, Laguna

Imported by
SERVIER PHILIPPINES, INC.
Unit AD, 11F, 8 Rockwell, Hidalgo Drive,
Rockwell Center, Brgy. Poblacion, Makati,
Metro Manila

Distributed by
Zuellig Pharma Corporation
Km. 14 West Service Road,
South Super Highway cor. Edison Ave.,
Sun Valley, Parañaque City

Reg. No. DR-XY2643
Renewal of Authorization: 11 February 2021
Date of Revision of Package Insert: 15 November 2021

