

Size: 340 (L) x 640 (H) mm
Folding size: 110 x 60 mm for vendor purpose
Carton size: 68 x 30 x 125 mm



OLMESARTAN MEDOXOMIL+ AMLODIPINE + HYDROCHLOROTHIAZIDE

OLMAT AMH
40 mg/10 mg/25 mg Tablet
Antihypertensive (Angiotensin II Receptor Blocker/
Calcium Channel Blocker/Diuretic)

PRODUCT NAME:
OLMAT-AMH

NAME AND STRENGTH:
Olmesartan Medoxomil + Amlodipine + Hydrochlorothiazide 40 mg/10 mg/25 mg

PHARMACOLOGIC CATEGORY:
Antihypertensive (Angiotensin II Receptor Blocker/ Calcium Channel Blocker/ Diuretic)

PRODUCT DESCRIPTION:
Greyish red, oval, film-coated tablet debossed with '89' on one side and 'I' on the other side.

FORMULATION/COMPOSITION:

Each film coated tablet contains
Olmesartan Medoxomil USP.....40 mg
Amlodipine Besylate USP equivalent to Amlodipine10 mg
Hydrochlorothiazide USP.....25 mg

PHARMACODYNAMICS/PHARMACOKINETICS:

Pharmacotherapeutic group: Angiotensin II antagonists, calcium channel blockers and diuretics.

ATC code: C09DX03.

Olmat AMH is a combination of an angiotensin II receptor antagonist, olmesartan medoxomil, a calcium channel blocker, amlodipine Besylate and a thiazide diuretic, hydrochlorothiazide. The combination of these ingredients has an additive antihypertensive effect, reducing blood pressure to a greater degree than each component alone.

Olmesartan medoxomil is an orally active, selective angiotensin II receptor (type AT₁) antagonist. Angiotensin II is the primary vasoactive hormone of the renin-angiotensin-aldosterone system and plays a significant role in the pathophysiology of hypertension. The effects of angiotensin II include vasoconstriction, stimulation of the synthesis and release of aldosterone, cardiac stimulation and renal reabsorption of sodium. Olmesartan blocks the vasoconstrictor and aldosterone-secreting effects of angiotensin II by blocking its binding to the AT₁ receptor in tissues including vascular smooth muscle and the adrenal gland. The action of olmesartan is independent of the source or route of synthesis of angiotensin II. The selective antagonism of the angiotensin II (AT₁) receptors by olmesartan results in increases in plasma renin levels and angiotensin I and II concentrations, and some decrease in plasma aldosterone concentrations.

In hypertension, olmesartan medoxomil causes a dose-dependent, long-lasting reduction in arterial blood pressure. There has been no evidence of first-dose hypotension, of tachyphylaxis during long-term treatment, or of rebound hypertension after abrupt cessation of therapy.

Once daily dosing with olmesartan medoxomil provides an effective and smooth reduction in blood pressure over the 24 hour dose interval. Once daily dosing produced similar reductions in blood pressure as twice daily dosing at the same total daily dose.

With continuous treatment, maximum reductions in blood pressure are achieved by 8 weeks after the initiation of therapy, although a substantial proportion of the blood pressure lowering effect is already observed after 2 weeks of treatment.

The effect of olmesartan medoxomil on mortality and morbidity is not yet known.

Pharmacokinetics

Concomitant administration of olmesartan medoxomil, amlodipine and hydrochlorothiazide had no clinically-relevant effects on the pharmacokinetics of either component in healthy subjects.

Following oral administration of Olmat AMH in normal healthy adults, peak plasma concentrations of olmesartan, amlodipine and hydrochlorothiazide are reached in about 1.5 to 3 hours, 6 to 8 hours, and 1.5 to 2 hours, respectively. The rate and extent of absorption of olmesartan medoxomil, amlodipine and hydrochlorothiazide from Olmat AMH are the same as when administered as a dual-fixed combination of olmesartan medoxomil and amlodipine together with a hydrochlorothiazide single-component tablet or when administered as a dual-fixed combination of olmesartan medoxomil and hydrochlorothiazide together with an amlodipine single-component tablet with the same dosages. Food does not affect the bioavailability of Olmat AMH.

Olmesartan medoxomil:

Absorption and distribution:

Olmesartan medoxomil is a prodrug. It is rapidly converted to the pharmacologically active metabolite, olmesartan, by esterases in the gut mucosa and in portal blood

during absorption from the gastrointestinal tract. No intact olmesartan medoxomil or intact side chain medoxomil moiety have been detected in plasma or excreta. The mean absolute bioavailability of olmesartan from a tablet formulation was 25%.

The mean peak plasma concentration (C_{max}) of olmesartan is reached within about 2 hours after oral dosing with olmesartan medoxomil, and olmesartan plasma concentrations increase approximately linearly with increasing single oral doses up to about 80 mg.

Food had minimal effect on the bioavailability of olmesartan and therefore olmesartan medoxomil may be administered with or without food.

No clinically relevant gender-related differences in the pharmacokinetics of olmesartan have been observed.

Olmesartan is highly bound to plasma protein (99.7%), but the potential for clinically significant protein binding displacement interactions between olmesartan and other highly bound co-administered active substances is low (as confirmed by the lack of a clinically significant interaction between olmesartan medoxomil and warfarin). The binding of olmesartan to plasma proteins is negligible. The mean volume of distribution after intravenous dosing is low (16 – 29 L).

Biotransformation and elimination:

Total plasma clearance of olmesartan was typically 1.3 L/h (CV 19%) and was relatively slow compared to hepatic blood flow (ca 90 L/h). Following a single oral dose of ¹⁴C-labelled olmesartan medoxomil, 10 – 16% of the administered radioactivity was excreted in the urine (the vast majority within 24 hours of dose administration) and the remainder of the recovered radioactivity was excreted in the faeces. Based on the systemic availability of 25.6%, it can be calculated that absorbed olmesartan is cleared by both renal excretion (ca 40%) and hepato-biliary excretion (ca 60%). All received radioactivity was identified as olmesartan. No other significant metabolite was detected. Enteropathic recycling of olmesartan is minimal. Since a large proportion of olmesartan is excreted via the biliary route, use in patients with biliary obstruction is contraindicated.

The terminal elimination half-life of olmesartan varied between 10 and 15 hours after multiple oral dosing. Steady state was reached after 2-5 days of dosing and no further accumulation was evident after 14 days of repeated dosing. Renal clearance was approximately 0.5 – 0.7 L/h and was independent of dose.

Drug interactions:

Bile acid sequestering agent colestevolestat:

Concomitant administration of 40 mg olmesartan medoxomil and 3750 mg colestevolestat hydrochloride in healthy subjects resulted in 28% reduction in C_{max} and 39% reduction in AUC of olmesartan. Lesser effects, 4% and 15% reduction in C_{max} and AUC respectively, were observed when olmesartan medoxomil was administered 4 hours prior to colestevolestat hydrochloride. Elimination half-life of olmesartan was reduced by 50 – 52% irrespectively of whether administered concomitantly or 4 hours prior to colestevolestat hydrochloride.

Amlodipine:

Absorption and distribution:

After oral administration of therapeutic doses, amlodipine is well absorbed with peak blood levels between 6-12 hours post dose. Absolute bioavailability has been estimated to be between 64 and 80%. The volume of distribution is approximately 21 L/kg. In vitro studies have shown that approximately 97.5% of circulating amlodipine is bound to plasma proteins.

The absorption of amlodipine is unaffected by the concomitant intake of food.

Biotransformation and elimination:

The terminal plasma elimination half-life is about 35-50 hours and is consistent with once daily dosing.

Amlodipine is extensively metabolised by the liver to inactive metabolites with 10% of the parent compound and 60% of metabolites excreted in the urine.

Hydrochlorothiazide:

Absorption and distribution:

Following oral administration of olmesartan medoxomil and hydrochlorothiazide in combination, the median time to peak concentrations of hydrochlorothiazide was 1.5 to 2 hours after dosing. Hydrochlorothiazide is 68% protein bound in the plasma and its apparent volume of distribution is 0.83 – 1.14 L/kg.

Biotransformation and elimination:

Hydrochlorothiazide is not metabolised in man and is excreted almost entirely as unchanged active substance in urine. About 60% of the oral dose is eliminated as unchanged active substance within 48 hours. Renal clearance is about 250 – 300 mL/min. The terminal elimination half-life of hydrochlorothiazide is 10 – 15 hours.

Pharmacokinetics in special populations

Paediatric Population:

The European Medicines Agency has waived the obligation to submit the results of studies with Olmat AMH in all subsets of the paediatric population in essential hypertension.

Elderly (age 65 years or over):

In hypertensive patients, the olmesartan AUC at steady state was increased by ca 35% in elderly people (65 – 75 years old) and by ca 44% in very elderly people (\geq 75 years old) compared with the younger age group.

This may be attributed to a reduced decrease in renal function in this group of patients. The recommended dosage regimen for elderly people is, however, the same, although caution should be exercised when increasing the dosage.

The time to reach peak plasma concentrations of amlodipine is similar in elderly and younger subjects. Amlodipine clearance tends to be decreased with resulting increase in AUC and elimination half-life in elderly people. Increases in AUC and elimination half-life in patients with congestive heart failure were as expected for the patient age group in this study.

Limited data suggests that the systemic clearance of hydrochlorothiazide is reduced in both healthy and hypertensive elderly people compared to young healthy volunteers.

Renal impairment:

In renally impaired patients, the olmesartan AUC at steady state increased by 62%, 82% and 179% in patients with mild, moderate and severe renal impairment, respectively, compared to healthy controls. The pharmacokinetics of olmesartan medoxomil in patients undergoing haemodialysis has not been studied.

Amlodipine is extensively metabolised to inactive metabolites. Ten percent of the substance is excreted unchanged in the urine. Changes in amlodipine plasma concentration are not correlated with the degree of renal impairment. In these patients, amlodipine may be administered at the normal dosage. Amlodipine is not dialysable. The half-life of hydrochlorothiazide is prolonged in patients with impaired renal function.

Hepatic impairment:

After single oral administration, olmesartan AUC values are 6% and 65% higher in mildly and moderately hepatically impaired patients, respectively, than in their corresponding matched healthy controls. The unbound fraction of olmesartan at 2 hours post-dose in healthy subjects, in patients with mild hepatic impairment and in patients with moderate hepatic impairment is 0.26%, 0.34% and 0.41%, respectively.

Following repeated doses in patients with moderate hepatic impairment, olmesartan mean AUC is again about 65% higher than in matched healthy controls. Olmesartan mean C_{max} values are similar in hepatically-impaired and healthy subjects. Olmesartan medoxomil has not been evaluated in patients with severe hepatic impairment. Very limited clinical data are available regarding amlodipine administration in patients with hepatic impairment. The clearance of amlodipine is decreased and the half-life is prolonged in patients with impaired hepatic function, resulting in an increase in AUC of about 40% – 60%. Hepatic impairment does not significantly influence the pharmacokinetics of hydrochlorothiazide.

INDICATION(s):

Treatment of essential hypertension

Add-on therapy

Olmat AMH is indicated in adult patients whose blood pressure is not adequately controlled on the combination of olmesartan medoxomil and amlodipine taken as dual-component formulation.

Substitution therapy

Olmat AMH is indicated as substitution therapy in adult patients whose blood pressure is adequately controlled on the combination of olmesartan medoxomil, amlodipine and hydrochlorothiazide, taken as a dual-component (olmesartan medoxomil and amlodipine or olmesartan medoxomil and hydrochlorothiazide) and a single-component formulation (hydrochlorothiazide or amlodipine).

DOSAGE AND MODE/ROUTE OF ADMINISTRATION:

Add-on therapy

Olmat AMH 20 mg/5 mg/12.5 mg may be administered in patients whose blood pressure is not adequately controlled on olmesartan medoxomil 20 mg and amlodipine 5 mg taken as dual-component combination.

Olmat AMH 40 mg/5 mg/12.5 mg may be administered in patients whose blood pressure is not adequately controlled on Olmat AMH 20 mg/5 mg/12.5 mg.

Olmat AMH 40 mg/10 mg/12.5 mg may be administered in patients whose blood pressure is not adequately controlled on olmesartan medoxomil 40 mg and amlodipine 10 mg taken as dual-component combination or by Olmat AMH 40 mg/5 mg/12.5 mg.

Olmat AMH 40 mg/10 mg/25 mg may be administered in patients whose blood pressure is not adequately controlled on Olmat AMH 40 mg/10 mg/12.5 mg or by Olmat AMH 40 mg/5 mg/25 mg.

A step-wise titration of the dosage of the individual components is recommended before changing to the triple-component combination. When clinically appropriate, direct change from dual-component combination to the triple-component combination may be considered.

Substitution therapy

Patients controlled on stable doses of olmesartan medoxomil, amlodipine and hydrochlorothiazide taken at the same time as a dual-component (olmesartan medoxomil and amlodipine or olmesartan medoxomil and hydrochlorothiazide) and a single-component formulation (hydrochlorothiazide or amlodipine) may be switched to Olmat AMH containing the same component doses.

The maximum recommended dose of Olmat AMH is 40 mg/10 mg/25 mg per day.

Caution: including more frequent monitoring of blood pressure, is recommended in elderly people, particularly at the maximum dose of Olmat AMH 40 mg/10 mg/25 mg per day.

An increase of the dosage should take place with care in elderly people.

Very limited data are available on the use of Olmat AMH in patients aged 75 years or older. Extreme caution, including more frequent monitoring of blood pressure, is recommended.

Renal impairment

The maximum dose in patients with mild to moderate renal impairment (creatinine clearance of 30 – 60 mL/min) is Olmat AMH 20 mg/5 mg/12.5 mg, owing to limited experience of the 40 mg olmesartan medoxomil dose in this patient group.

Monitoring of serum concentrations of potassium and creatinine is advised in patients with moderate renal impairment.

The use of Olmat AMH in patients with severe renal impairment (creatinine clearance < 30 mL/min) is contraindicated.

Hepatic impairment

Olmat AMH should be used with caution in patients with mild hepatic impairment.

In patients with moderate hepatic impairment the maximum dose should not exceed Olmat AMH 20 mg/5 mg/12.5 mg once daily. Close monitoring of blood pressure and renal function is advised in patients with hepatic impairment.

Olmat AMH should therefore be administered with caution in these patients. The pharmacokinetics of amlodipine have not been studied in severe hepatic impairment.

Amlodipine should be initiated at the lowest dose and titrated slowly in patients with impaired liver function.

Use of Olmat AMH is contraindicated in patients with severe hepatic impairment, cholestasis or biliary obstruction.

Pediatric population:

Olmat AMH is not recommended for use in patients aged below 18 years due to a lack of data on safety and efficacy.

Method of administration:

The tablet should be swallowed with a sufficient amount of fluid (e. g. one glass of water). The tablet should not be chewed and should be taken at the same time each day. Olmat AMH can be taken with or without food.

CONTRAINDICATION(s), PRECAUTION(s), WARNING(s):

Hypersensitivity to the active substances, to dihydropyridine derivatives or to sulphonamide-derived substances (since hydrochlorothiazide is a sulphonamide-derived drug) or to any of the excipients

Severe renal impairment

Refractory hypokalaemia, hypercalcæmia, hyponatraemia and symptomatic hyperuricaemia.

Second degree atrioventricular block, cholestasis and biliary obstructive disorders

2nd and 3rd trimester of pregnancy

The concomitant use of Olmat AMH with aliskiren-containing products is contraindicated in patients with diabetes mellitus or renal impairment (GFR < 60 mL/min/1.73 m²)

Due to the amlodipine component, Olmat AMH is contraindicated in patients with:

- Shock (including cardiogenic shock).

- Severe hypertension

- Obstruction of the outflow tract of the left ventricle (e.g. high grade aortic stenosis).

- Haemodynamically unstable heart failure after acute myocardial infarction.

simvastatin alone. Limit the dose of simvastatin in patients on amlodipine to 20 mg daily.
 Tacrolimus: There is a risk of increased tacrolimus blood levels when co-administered with amlodipine. In order to avoid toxicity of tacrolimus, administration of amlodipine in a patient treated with tacrolimus requires monitoring of tacrolimus blood levels and dose adjustment of tacrolimus when appropriate.
 Mechanistic Target of Rapamycin (mTOR) inhibitors: mTOR inhibitors such as sirolimus, temsirolimus, and everolimus are CYP3A substrates. Amlodipine is a weak CYP3A inhibitor. With concomitant use of mTOR inhibitors, amlodipine may increase exposure of mTOR inhibitors.

Cyclosporine: In a prospective study in renal transplant patients, an average 40% increase in trough cyclosporine levels was observed when used concomitantly with amlodipine. The co-administration of Olmat AMH with cyclosporine may increase exposure to cyclosporine. Monitor trough cyclosporine levels during concomitant use and cyclosporine dose reductions should be made as necessary.

Potential interactions related to hydrochlorothiazide:

Concomitant use not recommended:

Medicinal products affecting potassium levels:

The potassium-depleting effect of hydrochlorothiazide may be potentiated by the coadministration of other medicinal products associated with potassium loss and hypokalaemia (e.g. other kaliuretic diuretics, laxatives, corticosteroids, ACTH, amphotericin, carbinoxolone, penicillin G sodium or salicylic acid derivatives). Such concomitant use is therefore not recommended.

Concomitant use requiring caution:

Calcium salts:

Thiazide diuretics may increase serum calcium owing to decreased excretion. If calcium supplements must be prescribed, serum calcium should be monitored and calcium dosage adjusted accordingly.

Cholestyramine and colestipol resins:

Absorption of hydrochlorothiazide is impaired in the presence of anionic exchange resins.

Digitalis glycosides:

Thiazide-induced hypokalaemia or hypomagnesaemia may favour the onset of digitalis-induced cardiac arrhythmias.

Medicinal products affected by serum potassium disturbances:

Periodic monitoring of serum potassium and ECG is recommended when Olmat AMH is administered with medicinal products affected by serum potassium disturbances (e.g. digitalis glycosides and antiarrhythmics) and with the following torsades de pointes (ventricular tachycardia)-inducing medicinal products (including some antiarrhythmics), hypokalaemia being a predisposing factor to torsades de pointes (ventricular tachycardia):

- Class La antiarrhythmics (e.g. quinidine, hydroquinidine, disopyramide).

- Class III antiarrhythmics (e.g. sotalol, dofetilide, ibutilide).

- Some antipsychotics (e.g. chlorpromazine, diphenhydramine, promethazine, trifluoperazine, cyamemazine, sulpiride, amisulpride, tiapride, pimozide, haloperidol, droperidol).

- Others (e.g. bepridil, cispipride, diphemantil, erythromycin IV, halofantrine, mizolastine, pentamidine, sparfloxacin, terfenadine, vincamine IV).

Non-depolarizing skeletal muscle relaxants (e.g. tubocurarine):

The effect of nondepolarizing skeletal muscle relaxants may be potentiated by hydrochlorothiazide.

Anticholinergic agents (e.g. atropine, biperiden):

Increase of the bioavailability of thiazide-type diuretics by decreasing gastrointestinal motility and stomach emptying rate.

Antidiabetic medicinal products (oral agents and insulin):

The treatment with a thiazide may influence the glucose tolerance. Dosage adjustment of the antidiabetic medicinal product may be required.

Metformin:

Metformin should be used with caution because of the risk of lactic acidosis induced by possible functional renal failure linked to hydrochlorothiazide.

Beta-blockers and diazoxide:

The hyperglycaemic effect of beta-blockers and diazoxide may be enhanced by thiazides.

Pressor amines (e.g. noradrenaline):

The effect of pressor amines may be decreased.

Medicinal products used in the treatment of gout (e.g. probenecid, sulfapyrazone and allopurinol):

Dosage adjustment of uricosuric medicinal products may be necessary since hydrochlorothiazide may raise the level of serum uric acid. Increase in dosage of probenecid or sulfapyrazone may be necessary. Coadministration of a thiazide may increase the incidence of hypersensitivity reactions to allopurinol.

Amantadine:

Thiazides may increase the risk of adverse effects caused by amantadine.

Cytotoxic agents (e.g. cyclophosphamide, methotrexate):

Thiazides may reduce the renal excretion of cytotoxic medicinal products and potentiate their myelosuppressive effects.

Salicylates:

In case of high dosages of salicylates hydrochlorothiazide may enhance the toxic effect of the salicylates on the central nervous system.

Methyldopa:

There have been isolated reports of haemolytic anaemia occurring with concomitant use of hydrochlorothiazide and methyldopa.

Cyclosporine:

Concomitant treatment with cyclosporine may increase the risk of hyperuricaemia and gout-type complications.

Tetracyclines:

Concomitant administration of tetracyclines and thiazides increases the risk of tetracycline-induced increase in urea. This interaction is probably not applicable to doxycycline.

ADVERSE DRUG REACTION(s):

The safety of Olmat AMH was investigated in clinical trials in 7826 patients receiving olmesartan medoxomil in combination with amlodipine and hydrochlorothiazide.

Adverse reactions from clinical trials, post-authorization safety studies and spontaneous reporting are summarized in table 1 for Olmat AMH as well as for the individual components olmesartan medoxomil, amlodipine and hydrochlorothiazide based on the known safety profile of the single components.

The most commonly reported adverse reactions during treatment with Olmat AMH are peripheral oedema, headache and dizziness.

The following terminologies have been used in order to classify the occurrence of undesirable effects:

Very common ($\geq 1/10$)

Common ($\geq 1/100$ to $< 1/10$)

Uncommon ($\geq 1/1,000$ to $< 1/100$)

Rare ($\geq 1/10,000$ to $< 1/1,000$)

Very rare ($< 1/10,000$)

Not known (cannot be estimated from the available data)

Table 1: Overview of adverse reactions with Olmat AMH and the single components

MedDRA System Organ Class	Frequency			
	OlmAT AMH	Olmesartan	Amlodipine	HCTZ
Infections and infestations				
Upper respiratory tract infection	Common			
Nasopharyngitis	Common			
Urinary tract infection	Common	Common		
Sialadenitis				Rare
Neoplasms benign, malignant and unspecified (incl cysts and polyps)				
Non-melanoma skin cancer (Basal cell carcinoma and Squamous cell carcinoma)				Not known
Blood and lymphatic system disorders				
Leucopenia			Very rare	Rare
Thrombocytopenia		Uncommon	Very rare	Rare
Bone marrow depression				Rare
Neutropenia/Agranulocytosis				Rare
Haemolytic anaemia				Rare
Aplastic anaemia				Rare
Immune system disorders				
Anaphylactic reaction		Uncommon		
Drug hypersensitivity			Very rare	
Metabolism and nutrition disorders				
Hyperkalaemia	Uncommon	Rare		
Hypokalaemia	Uncommon			Common
Anorexia				Uncommon
Glycosuria				Common
Hypercalcaemia				Common
Hyperglycaemia			Very rare	Common
Hypoglycaemia				Common
Hypomagnesaemia				Common
Hyponatraemia				Common
Hypocholesterolaemia				Common
Hypertriglyceridaemia		Common		Very common
Hypercolesterolemia				Very common
Hyperuricaemia		Common		Very common
Hyperchloraemic alkalosis				Very rare
Hyperamylasaemia				Common
Psychiatric disorders				
Confusional state			Rare	Common
Depression			Uncommon	Rare
Apathy				Rare
Irritability			Uncommon	
Restlessness				Rare
Mood changes (including anxiety)				Uncommon
Sleep disorders (including insomnia)				Uncommon
				Rare
Nervous system disorders				
Dizziness	Common	Common	Common	Common
Headache	Common	Common	Common	Rare
Postural dizziness	Uncommon			
Presyncope	Uncommon			
Eye disorders				
Dysgeusia			Uncommon	
Hypertonia			Very rare	
Hypoesthesia			Uncommon	
Parasthesia			Uncommon	Rare
Peripheral neuropathy			Very rare	
Somnolence			Common	
Syncope			Uncommon	
Convulsions				Rare
Loss of appetite				Uncommon
Tremor			Uncommon	
Extrapyramidal disorder				Not known
Ear and labyrinth disorders				
Vertigo	Uncommon	Uncommon		Rare
Cardiac disorders				
Palpitations	Common	Common		
Tachycardia	Uncommon			
Myocardial infarction			Very rare	
Arrhythmia (including bradycardia, ventricular tachycardia and atrial fibrillation)			Uncommon	Rare
Vascular disorders				
Hypotension	Common	Rare	Uncommon	
Flushing	Uncommon		Common	
Orthostatic hypotension				Uncommon
Vasculitis (including necrotising angiitis)			Very rare	Rare
Thrombosis				Rare
Embolism				Rare
Respiratory, thoracic and mediastinal disorders				
Cough	Uncommon	Common	Uncommon	
Bronchitis		Common		
Dyspnoea			Common	Rare
Pharyngitis			Common	
Rhinitis		Common	Uncommon	
Acute interstitial pneumonia				Rare
Respiratory distress				Uncommon
Pulmonary oedema				Rare
Acute respiratory distress syndrome (ARDS)				Very rare
Gastrointestinal disorders				
Diarrhoea	Common	Common		Common
Nausea	Common	Common	Common	Common
Constipation	Common			Common
Dry mouth	Uncommon		Uncommon	
Abdominal pain (including diarrhoea and constipation)		Common		Common
Meteorism				Common
Dyspepsia		Common	Common	
Gastritis			Very rare	
Gastric irritation				Common
Gastroenteritis			Common	
Gingival hyperplasia			Very rare	
Paralytic ileus				Very rare
Pancreatitis			Very rare	Rare
Vomiting		Uncommon	Uncommon	Common
Sprue-like enteropathy			Very rare	

Hepatobiliary disorders	Hepatitis			Very rare	

</tbl_r

MICRO LABS LIMITED, BANGALORE, INDIA						
1	Product Name	Olmat AMH				
2	Strength	40 mg/10 mg/25 mg				
3	Component	Leaflet				
4	Category	Export - Philippines				
5	Dimension	340 (L) x 640 (H) mm				
6	Artwork Code	EXG-ML01I-1794				
7	Pharma Code	160 (Front side) and 162 (Back side)				
8	Reason for Change	New Artwork				
		Checked by (PD)	Approved by			
Sign			Head CQA	Head Production/ Packing (Site)	Head QC (Site)	Head QA (Site)
Date		01-03-2023				

Colours Used

BLACK

Colours not for Printing

Keylines