COMPOSITION*: Acertil AR 5 mg film-coated tablets contain 5 mg perindopril arginine. Contains lactose as excipient. **INDICATIONS*:** Hypertension: Treatment of hypertension. Stable coronary artery disease: Reduction of risk of cardiac events in patients with a history of myocardial infarction and/or revascularisation. Heart failure (Acertil AR 5 mg): Treatment of symptomatic heart failure. **DOSAGE AND ADMINISTRATION*:** One tablet per day in the morning before a meal. Hypertension: starting dose at 5 mg/day that may be increased to 10 mg/day after one month. In patients treated concurrently with a diuretic, use with caution. In patients with a strongly activated renin-angiotensin- aldosterone system, initiate treatment at 2.5 mg/day. *Elderly*: initiate treatment at 2.5 mg/day, that may be increased to 5 mg/day after one month and then to 10 mg. Stable coronary artery disease: 5 mg/day for two weeks, then increased to 10 mg/day, depending on renal function and if 5 mg is well tolerated. *Elderly*: 2.5 mg/day for one week, then 5 mg/day the next week, before increasing up to 10 mg/day. Heart failure: starting dose at 2.5 mg/day that may be increased to 5 mg/day after 2 weeks if tolerated. In severe heart failure and other patients at high risk, treatment initiation under careful supervision. Renal impairment: Clcr ≥ 60 ml/min: 5 mg/day; 30 < Clcr < 60 ml/min: 2.5 mg/day; 15 < Clcr < 30 ml/min: 2.5 mg every other day; Haemodialysed patients: Clcr < 15 ml/min: 2.5 mg on the day of dialysis. Children and adolescents: not recommended. **CONTRAINDICATIONS*:** Hypersensitivity to the active substance, to any of the excipients or to any other ACE inhibitor, history of angioedema associated with previous ACE inhibitor therapy, hereditary or idiopathic angioedema, second and third trimesters of pregnancy (see WARNINGS*, PREGNANCY*, BREASTFEEDING*), concomitant use with aliskiren-containing products in patients with diabetes mellitus or renal impairment (GFR < 60 ml/min/1.73 m²) (see sections INTERACTIONS* and Pharmacodynamic properties), concomitant use with sacubitril/valsartan therapy, Acertil AR must not be initiated earlier than 36 hours after the last dose of sacubitril/valsartan. (see WARNING* and INTERACTIONS*), extracorporeal treatments leading to contact of blood with negatively charged surfaces (see INTERACTIONS*), significant bilateral renal artery stenosis or stenosis of the artery to a single functioning kidney (see WARNING*). **WARNINGS*:** *Hypersensitivity/Angioedema/Intestinal angioedema*: stop treatment and monitor until complete resolution of symptoms. Angioedema associated with laryngeal oedema may be fatal. Combination with sacubitril/valsartan (contraindicated due to the increased risk of angioedema). Sacubitril/valsartan must not be initiated until 36 hours after taking the last dose of perindopril therapy. Perindopril therapy must not be started until 36 hours after the last dose of sacubitril/valsartan. Concomitant use of ACE inhibitors with NEP inhibitors (e.g. racecadotril), mTOR inhibitors (e.g. sirolimus, everolimus, temsirolimus) and gliptins (e.g. linagliptin, saxagliptin, sitagliptin, vildagliptin) may lead to an increased risk of angioedema (e.g. swelling of the airways or tongue, with or without respiratory impairment). Caution should be used when starting racecadotril, mTOR inhibitors (e.g. sirolimus, everolimus, temsirolimus) and gliptins (e.g. linagliptin, saxagliptin, sitagliptin, vildagliptin) in a patient already taking an ACE inhibitor. *Anaphylactoid reactions in patients dialysed with high flux membranes*: use different type of membrane or different class of antihypertensive agent. *Anaphylactoid reactions during low- density lipoproteins (LDL) apheresis*: rarely, patients have experienced life-threatening anaphylactoid reactions, temporarily withhold treatment prior to exams. *Anaphylactoid reactions during desensitisation*: temporarily withhold treatment prior to exams. These reactions reappeared upon inadvertent rechallenge. *Neutropenia/Agranulocytosis/Thrombocytopenia/Anaemia*: extreme caution in patients with collagen vascular disease, immunosuppressant therapy, treated with allopurinol or procainamide, periodic monitor of white blood cell counts advised. *Dual blockade of the renin-angiotensin-aldosterone system (RAAS):* concomitant use of ACE-inhibitors, angiotensin II receptor blockers or aliskiren increases the risk of hypotension, hyperkalaemia and decreased renal function (including acute renal failure). Dual blockade of RAAS is therefore not recommended. ACE-inhibitors and angiotensin II receptor blockers should not be used concomitantly in patients with diabetic nephropathy. *Primary aldosteronism*: use not recommended in patients with primary hyperaldosteronism (not responding to drugs acting through inhibition of the renin-angiotensin system). *Pregnancy*: stop treatment. If appropriate, start alternative therapy. *Hypotension*: close monitoring at initiation of therapy and dose adjustment in patients at increased risk of symptomatic hypotension (volume depleted, with severe renin-dependent hypertension or with symptomatic or congestive heart failure) or with ischaemic heart or cerebrovascular disease. A transient hypotensive response is not a contraindication to further doses once the blood pressure has increased after volume expansion. *Aortic and mitral valve stenosis/hypertrophic cardiomyopathy*: use with caution. *Stable coronary artery disease*: if unstable angina pectoris during first month, appraisal of benefit/risk before treatment continuation. *Renal impairment*: monitor potassium and creatinine. In patients with renal artery stenosis or renovascular hypertension, start treatment with low dose, careful titration and close medical supervision. *Hepatic failure*: rarely, ACE inhibitors have been associated with a syndrome that starts with cholestatic jaundice and progresses to fulminant hepatic necrosis and (sometimes) death: stop treatment if jaundice or marked elevations of hepatic enzymes. *Black people*: perindopril may be less effective and cause a higher rate of angioedema than in non-black. *Non- productive cough*. *Surgery/Anaesthesia*: stop treatment one day prior to surgery. *Hyperkalaemia*: frequent monitoring of blood potassium if renal insufficiency, worsening of renal function, age (>70 years), diabetes mellitus, dehydration, acute cardiac decompensation, metabolic acidosis, and concomitant use of potassium-sparing diuretics, potassium salts and especially aldosterone antagonists or angiotensin-receptor blockers. *Diabetic patients*: monitor glycaemia during first month. *Kidney transplantation*: no experience. *Renovascular hypertension:* increased risk of hypotension and renal insufficiency in patients with bilateral renal artery stenosis or stenosis of the artery to a single functioning kidney. Diuretics may be a contributory factor. Loss of renal function may occur (minor changes in serum creatinine) even in patients with unilateral renal artery stenosis. *Galactose intolerance/glucose- galactose malabsorption/total lactase deficiency*: should not be taken. **INTERACTIONS*:** *Contra-indicated:* Aliskiren (in diabetic or impaired renal patients), Extracorporeal treatments, Sacubitril/Valsartan. *Not recommended*: Aliskiren (in other patients), Angiotensin-receptor blockers, Estramustine, Potassium-sparing drugs, Potassium-sparing diuretics (triamterene, amiloride…), potassium supplements or potassium salts, Lithium. *Special care*: Antidiabetic agents (insulins, oral hypoglycaemic agents), Baclofen, Non-potassium sparing diuretics, Potassium-sparing diuretics (eplerenone, spironolactone), Non-steroidal anti-inflammatory medicinal products (NSAIDs) including acetylsalicylic acid ≥ 3g/day, Racecadotril, mTOR inhibitors (e.g. sirolimus, everolimus, temsirolimus), gliptins (linagliptin, saxagliptin, sitagliptin, vildagliptin). *Some care*: Antihypertensive agents, Vasodilators, Tricyclic antidepressants, Antipsychotics, Anesthetics, Sympathomimetics, Gold. *Drugs inducing hyperkalaemia:* aliskiren, potassium salts, potassium-sparing diuretics, ACE inhibitors, angiotensin-II receptors antagonists, NSAIDs, heparins, immunosuppressant agents such as ciclosporin or tacrolimus, trimethoprim, co-trimoxazole (trimethoprim/sulfamethoxazole). **PREGNANCY AND BREASTFEEDING*:** Not recommended during the first trimester of pregnancy and lactation. Contraindicated during the second and third trimesters of pregnancy. **DRIVE AND USE MACHINES*:** Low blood pressure may occur in some patients. **UNDESIRABLE EFFECTS*:** *Common:* Dizziness, headache, paraesthesia, vertigo, visual disturbances, tinnitus, hypotension, cough, dyspnoea, abdominal pain, constipation, diarrhoea, dysgeusia, dyspepsia, nausea, vomiting, prurit, rash, muscle cramps, asthenia. *Uncommon:* Eosinophilia, hypoglycaemia, hyperkalaemia, hyponatraemia, depression, mood disturbances, sleep disorder, somnolence, syncope, palpitations, tachycardia, vasculitis, bronchospasm, dry mouth, urticaria, angioedema of face, extremities, lips, mucous membranes, tongue, glottis and/or larynx, photosensitivity reactions, pemphigoid, hyperhydrosis, arthralgia, myalgia, renal insufficiency, erectile dysfunction, chest pain, malaise, oedema peripheral, pyrexia, blood urea increased, blood creatinine increased, fall. *Rare:* Acute renal failure, anuria/oliguria, flushing, syndrome of inappropriate antidiuretic hormone secretion (SIADH), psoriasis aggravation, blood bilirubin increased, hepatic enzyme increased. *Very rare:* Agranulocytosis or pancytopenia, haemoglobin decreased and haematocrit decreased, leucopenia/neutropenia, haemolytic anaemia in patients with a congenital deficiency of G-6PDH, thrombocytopenia, confusion, angina pectoris, arrhythmia, myocardial infraction, stroke, eosinophilic pneumonia, rhinitis, pancreatitis, hepatitis either cytolitic or cholestatic, erythema multiform. *Not known*: raynaud's phenomenon. **OVERDOSE*. PROPERTIES*:** Perindopril is an inhibitor of the enzyme that converts angiotensin I into angiotensin II (ACE). The converting enzyme allows conversion of angiotensin I into the vasoconstrictor angiotensin II as well as causing the degradation of the vasodilator bradykinin into an inactive heptapeptide. Perindopril reduces peripheral vascular resistance, leading to blood pressure reduction, and reduces cardiac work by a decrease in pre-load and after- load. **PRESENTATION***: Pack of 30 tablets of Acertil AR 5 mg. **SERVIER HONG KONG LIMITED,** Flat 08-09, 43/F, Times Square Tower One, 1 Matheson Street, Causeway Bay, Hong Kong. www.servier.hk ***For complete information, please refer to the Summaries of Product Characteristics for Hong Kong.**

COMPOSITION*: AceryCal 5 mg/5 mg, 5 mg/10 mg, 10 mg/10 mg tablets contain 5 mg perindopril arginine (per)/5 mg amlodipine (amlo), 5 mg per/ 10 mg amlo, 10 mg per/10 mg amlo. Contains lactose as excipient. **INDICATIONS*:** Substitution therapy for treatment of essential hypertension and/or stable coronary artery disease, in patients already controlled with perindopril and amlodipine given concurrently at the same dose level. **DOSAGE AND ADMINISTRATION*:** One tablet per day in the morning before a meal. AceryCal is not suitable for initial therapy. If a change of posology is required, the dose could be modified or individual titration with free combination may be considered. *Elderly and patients with renal failure:* frequent monitoring of creatinine and potassium. Clcr < 60ml/min: not suitable. *Hepatic impairment*: individual titration with the free combination of amlodipine and perindopril. *Children and adolescents:* should not be used. **CONTRAINDICATIONS*:** Hypersensitivity to the active substance or to any other ACE inhibitor, or to dihydropyridines derivatives, or to any of the excipients, history of angioedema associated with previous ACE inhibitor therapy, hereditary or idiopathic angioedema, second and third trimesters of pregnancy (see WARNINGS*, PREGNANCY*, BREASTFEEDING*), concomitant use with aliskiren-containing products in patients with diabetes mellitus or renal impairment (GFR < 60 ml/min/1.73 m²) (see sections INTERACTIONS* and Pharmacodynamic properties), severe hypotension, shock, including cardiogenic shock, obstruction of the outflow-tract of the left ventricule (e.g. high grade aortic stenosis), haemodynamically unstable heart failure after acute myocardial infarction, concomitant use with sacubitril/valsartan therapy, AceryCal must not be initiated earlier than 36 hours after the last dose of sacubitril/valsartan. (see WARNING* and INTERACTIONS*), extracorporeal treatments leading to contact of blood with negatively charged surfaces (see INTERACTIONS*), significant bilateral renal artery stenosis or stenosis of the artery to a single functioning kidney (see WARNING*). **WARNINGS*:** Special warnings: Hypersensitivity/Angioedema/Intestinal angioedema: stop treatment and monitor until complete resolution of symptoms. Angioedema associated with laryngeal oedema may be fatal. Combination with sacubitril/valsartan (contraindicated due to the increased risk of angioedema). Sacubitril/valsartan must not be initiated until 36 hours after taking the last dose of perindopril therapy. Perindopril therapy must not be started until 36 hours after the last dose of sacubitril/valsartan. Concomitant use of ACE inhibitors with NEP inhibitors (e.g. racecadotril), mTOR inhibitors (e.g. sirolimus, everolimus, temsirolimus) and gliptins (e.g. linagliptin, saxagliptin, sitagliptin, vildagliptin) may lead to an increased risk of angioedema (e.g. swelling of the airways or tongue, with or without respiratory impairment). Caution should be used when starting racecadotril, mTOR inhibitors (e.g. sirolimus, everolimus, temsirolimus) and gliptins (e.g. linagliptin, saxagliptin, sitagliptin, vildagliptin) in a patient already taking an ACE inhibitor. *Anaphylactoid reactions during low-density lipoproteins (LDL) apheresis:* rarely, patients have experienced life-threatening anaphylactoid reactions, temporarily withhold treatment prior to exams. *Anaphylactoid reactions during desensitisation:* temporarily withhold treatment prior to exams. These reactions reappeared upon inadvertent rechallenge. *Neutropenia/agranulocytosis/thrombocytopenia/anaemia:* extreme caution in patients with collagen vascular disease, immunosuppressant therapy, treated with allopurinol or procainamide, periodic monitor of white blood cell counts advised. *Renovascular hypertension:* increased risk of hypotension and renal insufficiency in patients with bilateral renal artery stenosis or stenosis of the artery to a single functioning kidney. Diuretics may be a contributory factor. Loss of renal function may occur (minor changes in serum creatinine) even in patients with unilateral renal artery stenosis. *Dual blockade of the renin-angiotensin-aldosterone system (RAAS):* concomitant use of ACE-inhibitors, angiotensin II receptor blockers or aliskiren increases the risk of hypotension, hyperkalaemia and decreased renal function (including acute renal failure). Dual blockade of RAAS is therefore not recommended. ACE-inhibitors and angiotensin II receptor blockers should not be used concomitantly in patients with diabetic nephropathy. *Primary aldosteronism:* use not recommended in patients with primary hyperaldosteronism (not responding to drugs acting through inhibition of the renin-angiotensin system). *Pregnancy:* stop treatment. If appropriate, start alternative therapy. *Precautions for use: Hypotension:* monitor blood pressure, renal function and potassium in patients at high risk of symptomatic hypotension (volume depleted or who have severe renin-dependent hypertension) or with ischaemic heart or cerebrovascular disease. A transient hypotensive response is not a contraindication to further doses once the blood pressure has increased after volume expansion. *Aortic and mitral valve stenosis/hypertrophic cardiomyopathy:* use with caution. *Patients with cardiac failure:* use with caution. *Renal impairment:* monitor potassium and creatinine; individual dose titration with the monocomponents recommended if Clcr < 60 ml/min. In patients with renal artery stenosis, blood urea and creatinine may increase; with renovascular hypertension, risk of severe hypotension and renal insufficiency. *Renal failure:* amlodipine not dialysable. *Hepatic failure:* rarely, ACE inhibitors have been associated with a syndrome that starts with cholestatic jaundice and progresses to fulminant hepatic necrosis and (sometimes) death: stop treatment if jaundice or marked elevations of hepatic enzymes. *Impaired hepatic function:* slow dose titration and careful monitoring if severe hepatic impairment. *Black people:* perindopril may be less effective and cause a higher rate of angioedema than in non-black. *Non- productive cough. Surgery/Anaesthesia:* stop treatment one day prior to surgery. *Hyperkalaemia*: frequent monitoring of blood potassium if renal insufficiency, worsening of renal function, age (>70 years), diabetes mellitus, dehydration, acute cardiac decompensation, metabolic acidosis, and concomitant use of potassium-sparing diuretics, potassium salts and especially aldosterone antagonists or angiotensin-receptor blockers. *Diabetic patients*: monitor glycaemia during first month. *Hypertensive crisis*: safety and efficacy not established. *Elderly patients*: dosage increase with care. *Galactose intolerance/glucose-galactose malabsorption/total lactase deficiency*: should not be taken. **INTERACTIONS*:** *Contra-indicated:* Aliskiren (in diabetic or impaired renal patients), Extracorporeal treatments, Sacubitril/Valsartan. *Not recommended*: Aliskiren (in other patients), Angiotensin-receptor blockers, Estramustine, Potassium- sparing diuretics (triamterene, amiloride…), potassium salts, Lithium, dantrolene (infusion), grapefruit or grapefruit juice. *Special care*: Antidiabetic agents (insulins, oral hypoglycaemic agents), Non-potassium sparing diuretics, Potassium-sparing diuretics (eplerenone, spironolactone), racecadotril, mTOR inhibitors (sirolimus, everolimus, temsirolimus), gliptins (e.g. linagliptin, saxagliptin, sitagliptin, vildagliptin), Non-steroidal anti-inflammatory medicinal products (NSAIDs) including acetylsalicylic acid ≥ 3g/day, CYP3A4 inducers, CYP3A4 inhibitors, Baclofen. *To be taken into consideration:* Sympathomimetics, Gold, tacrolimus, ciclosporin, simvastatin, antihypertensive agents and vasodilatators, corticosteroids, tetracosactide, alpha-blockers (prazosin, alfuzosin, doxazosin, tamsulosin, terazosin), amifostine, tricyclic antidepressants, antipsychotics, anaesthetics, other medicinal products with antihypertensive properties. *Drugs inducing hyperkalaemia:* aliskiren, potassium salts, potassium-sparing diuretics, ACE inhibitors, angiotensin-II receptors antagonists, NSAIDs, heparins, immunosuppressant agents such as ciclosporin or tacrolimus, trimethoprim and co-trimoxazole (trimethoprim/sulfamethoxazole). **PREGNANCY AND BREASTFEEDING*:** Not recommended during the first trimester of pregnancy and lactation. Contraindicated during the second and third trimesters of pregnancy. **DRIVE AND USE MACHINES*:** May be impaired if dizziness, headache, fatigue, weariness or nausea. **UNDESIRABLE EFFECTS*:** *Very common:* oedema. *Common:* somnolence, dizziness, headache, dysgeusia, paraesthesia, vertigo, visual impairment, diplopia, tinnitus, palpitations, flushing, hypotension, dyspnea, cough, abdominal pain, nausea, vomiting, dyspepsia, change of bowel habit, diarrheoa, constipation, pruritus, rash, exanthema, joint swelling (ankle swelling), muscle spasms, fatigue, asthenia. *Uncommon:* rhinitis, eosinophilia, hypersensitivity, hypoglycaemia, hyperkalaemia, hyponatraemia, insomnia, mood altered, anxiety, depression, sleep disorder, tremor, hypoaesthesia, syncope, tachycardia, arrhythmia (including bradycardia, ventricular tachycardia and atrial fibrillation), vasculitis, bronchospasm, dry mouth, angioedema of face, extremities, lips, mucous membranes, tongue, glottis and/or larynx, alopecia, purpura, skin discolouration, hyperhidrosis, urticaria, photosensitivity reactions, pemphigoid, arthralgia, myalgia, back pain, micturition disorders, nocturia, pollakiuria, renal failure, erectile dysfunction, gynaecomastia, oedema peripheral, chest pain, pain, malaise, pyrexia, weight increased, weight decreased, blood urea increased, blood creatinine increased, fall. *Rare:* Syndrome of inappropriate antidiuretic hormone secretion (SIADH), confusional state, psoriasis aggravation, acute renal failure, anuria/oliguria, blood bilirubin increase, hepatic enzyme increase. *Very rare:* leukopenia/neutropenia, agranulocytosis or pancytopenia, thrombocytopenia, haemolytic anaemia enzyme specific in patients with a congenital deficiency of G-6PDH, hyperglycaemia, hypertonia, neuropathy peripheral, cerebrovascular accident possibly secondary to excessive hypotension in high-risk patients, angina pectoris, myocardial infarction, eosinophilic pneumonia, gingival hyperplasia, pancreatitis, gastritis, hepatitis, jaundice, hepatitis either cytolytic or cholestatic, hepatic enzymes increased, Quincke's oedema, erythema multiform, Stevens-Johnson Syndrome, exfoliative dermatitis, haemoglobin decreased and haematocrit decreased. *Not known*: extrapyramidal disorder (extrapyramidal syndrome), toxic epidermal necrolysis and raynaud's phenomenon. **OVERDOSE*. PROPERTIES*:** Perindopril is an inhibitor of the enzyme that converts angiotensin I into angiotensin II (Angiotensin Converting Enzyme ACE). Amlodipine is a calcium ion influx inhibitor of the dihydropyridine group (slow channel blocker or calcium ion antagonist) and inhibits the transmembrane influx of calcium ions into cardiac and vascular smooth muscle. **PRESENTATION***: Pack of 30 tablets of AceryCal 5 mg/5 mg, 5 mg/10 mg, 10 mg/10 mg. **SERVIER HONG KONG LIMITED,** Flat 08-09, 43/F, Times Square Tower One, 1 Matheson Street, Causeway Bay, Hong Kong. www.servier.hk ***For complete information, please refer to the Summaries of Product Characteristics for Hong Kong.**

COMPOSITION*: Coralan 5 mg: film-coated, scored tablet containing 5 mg ivabradine; Coralan 7.5 mg film-coated tablet containing 7.5 mg ivabradine. Contains lactose as an excipient. **INDICATIONS*:** *Symptomatic treatment of chronic stable angina pectoris*: Ivabradine is indicated for the symptomatic treatment of chronic stable angina pectoris in coronary artery disease adults with normal sinus rhythm and heart rate ≥ 70 bpm. Coralan is indicated: - in adults unable to tolerate or with a contraindication to the use of beta-blockers, or – in combination with beta-blockers in patients inadequately controlled with an optimal beta-blocker dose. *Treatment of chronic heart failure*: Ivabradine is indicated in chronic heart failure NYHA II to IV class with systolic dysfunction, in adult patients in sinus rhythm and whose heart rate is ≥75 bpm, in combination with standard therapy including beta-blocker therapy or when beta-blocker therapy is contraindicated or not tolerated. **DOSAGE AND ADMINISTRATION*:** *Symptomatic treatment of chronic stable angina pectoris*: Ivabradine starting dose should not exceed 5 mg bid in patients <75 years (2.5 mg bid in patients ≥ 75 years). After 3 to 4 weeks of treatment, if the patient is still symptomatic, if the initial dose is well tolerated and if resting heart rate remains > 60 bpm, the dose may be increased to the next higher dose. The maintenance dose should not exceed 7.5 mg twice daily. If there is no improvement in angina symptoms within 3 months, treatment should be discontinued. *Treatment of chronic heart failure*: Ivabradine starting dose is 5 mg bid in patients <75 years (2.5 mg bid in patients ≥ 75 years). After 2 weeks of treatment, the dose can be increased to 7.5 mg bid (5 mg bid in patients ≥ 75 years) if resting heart rate is persistently > 60 bpm or decreased to 2.5 mg bid if resting heart rate is persistently < 50 bpm or in case of bradycardia. *For both indications*, if, during treatment, heart rate decreases below 50 bpm or in case of bradycardia symptoms, the dose must be titrated downward (and discontinued if it persists despite dose reduction). **CONTRAINDICATIONS*:** Hypersensitivity to the active substance or to any of the excipients; resting heart rate below 70 bpm prior to treatment; cardiogenic shock; acute myocardial infarction; severe hypotension (< 90/50 mmHg); severe hepatic insufficiency; sick sinus syndrome; sino-atrial block; unstable or acute heart failure; pacemaker dependent (heart rate imposed exclusively by the pacemaker); unstable angina; AV-block of 3rd degree; combination with strong cytochrome P450 3A4 inhibitors such as azole antifungals (ketoconazole, itraconazole), macrolide antibiotics (clarithromycin, erythromycin *per os*, josamycin, telithromycin), HIV protease inhibitors (nelfinavir, ritonavir) and nefazodone (see interactions section); combination with verapamil or diltiazem; pregnancy, lactation and women of child-bearing potential not using appropriate contraceptive measures (see fertility, pregnancy and breastfeeding section). **WARNINGS*:** In chronic stable angina pectoris, ivabradine is indicated only for symptomatic treatment because ivabradine has no benefits on cardiovascular outcomes in these patients. Serial heart rate measurements, ECG or ambulatory 24-hour monitoring should be considered before initiation of ivabradine treatment and when titration is considered. Cardiac arrhythmias: ivabradine is not recommended in patients with atrial fibrillation and other cardiac arrhythmias that interfere with sinus node function, monitor regularly ivabradine-treated patients for the occurrence of atrial fibrillation. In patients treated with ivabradine the risk of developing atrial fibrillation is increased. If atrial fibrillation develops during treatment, the balance of benefits and risks of continued ivabradine treatment should be carefully reconsidered. Monitor also closely patients with chronic heart failure and intraventricular conduction defects; AV-block of 2nd degree: use not recommended; low heart rate: treatment must not be initiated below 70 bpm, during treatment, if resting heart rate decreases persistently below 50 bpm or in case of symptomatic bradycardia, the dose must be down-titrated or treatment discontinued if it persists; combination with heart rate reducing calcium channel blockers (e.g. verapamil, diltiazem): contraindicated; chronic heart failure NYHA class IV patients: use with caution; stroke: not recommended immediately after a stroke; visual function: use with caution in patients with retinitis pigmentosa. Hypotension: use with caution; atrial fibrillation - cardiac arrhythmias: non urgent DC- cardioversion should be considered 24 hours after the last dose of ivabradine; patients with congenital QT syndrome or treated with QT prolonging medicinal products: use should be avoided; hypertensive patients requiring blood pressure treatment modification: blood pressure should be monitored; excipients: contains lactose. **INTERACTION(S)*:** *Contraindicated:* strong CYP3A4 inhibitors; verapamil and diltiazem. *Not recommended:* QT prolonging medicinal products, grapefruit juice. *With precautions:* Potassium-depleting diuretics (thiazide diuretics and loop diuretics), moderate CYP3A4 inhibitors, CYP3A4 inducers. **FERTILITY, PREGNANCY AND BREASTFEEDING*:** Contraindicated. Women of child-bearing potential should use appropriate contraceptive measures during treatment. **DRIVE & USE MACHINES*:** Possible occurrence of transient luminous phenomena should be taken into account. **UNDESIRABLE EFFECTS*:** *Very common:* Luminous phenomena (phosphenes). *Common:* Headache, blurred vision, dizziness, bradycardia, AV 1st degree block (ECG prolonged PQ interval), ventricular extrasystoles, atrial fibrillation, uncontrolled blood pressure. *Uncommon:* Eosinophilia, hyperuricaemia, syncope, diplopia, visual impairment, vertigo, palpitations, supraventricular extrasystoles, ECG prolonged QT interval, hypotension, dyspnoea, nausea, constipation, diarrhoea, abdominal pain, angioedema, rash, muscle spasms, asthenia, fatigue, elevated creatinine in blood. *Rare:* Erythema, pruritus, urticaria, malaise. *Very rare:* AV 2nd degree block, AV 3rd degree block, sick sinus syndrome. **OVERDOSE*. PROPERTIES*:** Coralan is a pure heart rate−lowering agent which acts by selective inhibition of the cardiac pacemaker *If* current which controls spontaneous depolarization in the sinus node and regulates heart rate. Coralan dose-dependently reduces heart rate. **PRESENTATION*:** Calendar pack containing 56 film-coated tablets of Coralan 5 mg; Calendar pack containing 56 film-coated tablets of Coralan 7.5 mg. **SERVIER HONG KONG LIMITED,** Flat 08-09, 43/F, Times Square Tower One, 1 Matheson Street, Causeway Bay, Hong Kong. www.servier.hk ***For complete information, please refer to the Summary of Product Characteristics for Hong Kong.**

COMPOSITION*: Daflon tab 500mg (Micronized, purified flavonoid fraction 500 mg: 450 mg diosmin; 50 mg flavonoids expressed as hesperidine.) Daflon tab 1000mg (Micronized, purified flavonoid fraction 1000 mg: 900 mg diosmin; 100 mg flavonoids expressed as hesperidine.) **INDICATION***: This medicine is a venotonic (it increases venous tone) and a vasculoprotector (it increases resistance in small blood vessels). It is recommended for treating venous circulation disorders (heavy legs, pain, restless legs) and functional signs related to haemorrhoidal attack. **DOSAGE AND ADMINISTRATION***: In venous disease: 1000mg daily. In acute hemorrhoidal attacks: the dosage can be increased up to 3000mg daily. **CONTRAINDICATIONS***: Hypersensitivity to the active substance or to any of the excipients. **WARNINGS***: The administration of this product for the symptomatic treatment of acute hemorrhoids does not preclude treatment for other anal conditions. If symptoms do not subside promptly, a proctological examination should be performed and the treatment should be reviewed. Excipients: 500mg and 1000mg tablet and 1000mg tablet orange aroma: sodium-free. 1000mg chewable tablet orange aroma: contains sorbitol and benzyl alcohol. 1000mg tablet orange aroma: contains benzyl alcohol. 1000mg oral suspension: patients with rare hereditary problems of fructose intolerance should not take this medicine. **INTERACTION(S)**: None. **FERTILITY. PREGNANCY/ LACTATION***: Treatment should be avoided. **DRIVE & USE MACHINES*. UNDESIRABLE EFFECTS***: Common: diarrhoea, dyspepsia, nausea, vomiting. Rare: dizziness, headache, malaise, rash, pruritus, urticaria. Uncommon: colitis. Frequency not known: abdominal pain, isolated face, lip, eyelid oedema. Exceptionally Quincke's oedema. **OVERDOSE***. **PROPERTIES***: Vascular protector and venotonic. daflon® acts on the return vascular system: it reduces venous distensibility and venous stasis; in the microcirculation, it normalizes capillary permeability and reinforces capillary resistance. **PRESENTATION*. SERVIER HONG KONG LIMITED**, Flat 08-09, 43/F, Times Square Tower One, 1 Matheson Street, Causeway Bay, Hong Kong. www.servier.hk ***For complete information, please refer to the Summary of Product Characteristics.**

COMPOSITION*: Diamicron MR 60 mg, modified release tablet containing 60 mg of gliclazide, contains lactose as an excipient. **INDICATION*:** Non insulin-dependent diabetes (type 2) in adults when dietary measures, physical exercise and weight loss alone are not sufficient to control blood glucose. **DOSAGE AND ADMINISTRATION*:** One half to 2 tablets per day i.e. from 30 to 120 mg taken orally as a single intake at breakfast time, including in elderly patients and those with mild to moderate renal insufficiency with careful patient monitoring. One tablet of Diamicron MR 60 mg is equivalent to 2 tablets of Diamicron MR 30 mg. The breakability of Diamicron MR 60 mg enables flexibility of dosing to be achieved. In patients at risk of hypoglycaemia, daily starting dose of 30 mg is recommended. Combination with other antidiabetics: Diamicron MR 60 mg can be given in combination with biguanides, alpha glucosidase inhibitors or insulin (under close medical supervision). **CONTRAINDICATIONS*:** Hypersensitivity to gliclazide or to any of the excipients, other sulfonylurea or sulphonamides; type 1 diabetes; diabetic pre-coma and coma, diabetic ketoacidosis; severe renal or hepatic insufficiency (in these cases the use of insulin is recommended); treatment with miconazole (see interactions section); lactation (see fertility, pregnancy and lactation section). **WARNINGS*:** Hypoglycaemia may occur with all sulfonylurea drugs, in cases of accidental overdose, when calorie or glucose intake is deficient, following prolonged or strenuous exercise and in patients with severe hepatic or renal impairment. Hospitalization and glucose administration for several days may be necessary. Patient should be informed of the importance of following dietary advice, of taking regular exercise and of regular monitoring of blood glucose levels. To be prescribed only in patients with regular food intake. Use with caution in patients with G6PD-deficiency. Excipients: contains lactose. **INTERACTION(S)*:** Risk of hypoglycaemia – contraindi- cated: miconazole; not recommended: phenylbutazone; alcohol; use with caution: other antidiabetic agents, beta-blockers, fluconazole, ACE inhibitors (captopril, enalapril), H2-receptor antagonists, MAOIs, sulfonamides, clarithromycin, NSAIDs. Risk of hyperglycemia – not recommended: danazol; use with caution: chlorpromazine at high doses; glucocorticoids; ritodrine; salbutamol; terbutaline; Saint John's Wort (hypericum perforatum) preparations. Risk of dysglycemia – use with caution: fluoroquinolones. Potentiation of anticoagulant therapy (e.g. warfarin), adjustment of the anticoagulant may be necessary. **PREGNANCY*:** Change to insulin before a pregnancy is attempted, or as soon as pregnancy is discovered. **BREASTFEEDING*:** contraindicated. **DRIVE & USE MACHINES*:** Possible symptoms of hypoglycaemia to be taken into account especially at the beginning of the treatment. **UNDESIRABLE EFFECTS*:** Hypoglycaemia, abdominal pain, nausea, vomiting, dyspepsia, diarrhea, constipation. Rare: changes in haematology generally reversible (anaemia, leucopenia, thrombocytopenia, granulocytopenia). Raised hepatic enzymes levels (AST, ALT, alkaline phosphatase), hepatitis (isolated reports). If cholestatic jaundice: discontinuation of treatment. Transient visual disturbances at start of treatment. More rarely: rash, pruritus, urticaria, angioedema, erythema, maculopapular rashes, bullous reactions such as Stevens-Johnson syndrome and toxic epidermal necrolysis and autoimmune bullous disorders, and exceptionally, drug rash with eosinophilia and systemic symptoms (DRESS). As for other sulfonylureas: observed cases of erythrocytopenia, agranulocytosis, haemolytic anaemia, pancytope- nia, allergic vasculitis, hyponatraemia, elevated liver enzymes, impairment of liver function (cholestasis, jaundice) and hepatitis which led to life-threatening liver failure in isolated cases. **OVERDOSE*:** Possible severe hypoglycaemia requiring urgent IV glucose, immediate hospitalization and monitoring. **PROPER- TIES*:** Diamicron MR 60 mg is a sulfonylurea reducing blood glucose levels by stimulating insulin secretion from beta cells in the islets of Langerhans, thereby restoring the first peak of insulin secretion and increasing the second phase of insulin secretion in response to a meal or intake of glucose. Independent haemovas- cular properties. **PRESENTATION*:** Box of 30 tablets of Diamicron MR 60 mg in blister. **SERVIER HONG KONG LIMITED,** Flat 08-09, 43/F, Times Square Tower One, 1 Matheson Street, Causeway Bay, Hong Kong. www.servier.hk. ***For complete information, please refer to the Summary of Product Characteristics.**

COMPOSITION:* NATRILIX SR®: Indapamide 1.5 mg. Contains lactose as excipient. **INDICATIONS: *** Essential hypertension in adults. **DOSAGE AND ADMINISTRATION: *** One tablet per 24 hours, preferably in the morning. Renal failure (creatinine clearance < 30 mL/min): contraindicated. Elderly: plasma creatinine must be adjusted in relation to age, weight and sex. Severe hepatic impairment: contraindicated. Children and adolescents: not recommended. **CONTRAINDICATIONS: *** Hypersensitivity to the active substance, to other sulfonamides or to any of the excipients. Severe renal failure. Hepatic encephalopathy or severe impairment of liver function. Hypokalaemia. **WARNINGS:** * *Special warnings:* Hepatic encephalopathy: stop treatment. Photosensitivity: stop treatment. Hereditary problems of galactose intolerance, Lapp lactase deficiency or glucose-galactose malabsorption: should not be taken. *Special precautions for use:* Sodium and potassium levels: to be measured before and during treatment. Hyponatraemia with hypovolaemia may be responsible of dehydration and orthostatic hypotension. Concomitant loss of chloride ions may lead to secondary compensatory metabolic alkalosis. Hypokalaemia: high risk for elderly, malnourished and/or polymedicated, cirrhotic patients with oedema and ascites, patients with coronary artery disease, cardiac failure and long QT interval; first measurement of plasma potassium one week after start of treatment and more frequent monitoring required. Calcium levels: stop treatment before investigating parathyroid function. Hyperuricemia: increased tendency to gout attacks. Renal function: preexisting renal insufficiency may be worsening at start of treatment due to reduction in glomerular filtration. Diabetic patients: monitor blood glucose in the case of hypokalemia. Athletes: may cause positive doping tests. **INTERACTION(S):*** *Not recommended:* lithium. *Precautions for use:* Torsades de pointes-inducing drugs, N.S.A.I.Ds. (systemic route) including COX-2 selective inhibitors and high dose salicylic acid (≥ 3 g/day) in dehydrated patients, angiotensin converting enzyme (A.C.E.) inhibitors, other compounds causing hypokalaemia, baclofen, digitalis preparations. *To be taken into consideration:* Potassium-sparing diuretics, metformin, iodinated contrast media, imipramine-like antidepressants, neuroleptics, calcium (salts), ciclosporin, tacrolimus, corticosteroids, tetracosactide (systemic route). **FERTILITY* / PREGNANCY* / BREASTFEEDING:** * Should be avoided in pregnant women. Can reduce maternal plasma volume and uteroplacental blood flow. Breast-feeding is inadvisable. **EFFECTS ON ABILITY TO DRIVE AND USE MACHINES:*** May be impaired due to the decrease in blood pressure that may occur in individual cases. **UNDESIRABLE EFFECTS:*** *Common*: hypersensitivity reactions, maculopapular rashes. *Uncommon*: vomiting, purpura. *Rare*: vertigo, fatigue, headache, paresthesia, nausea, constipation, dry mouth. *Very rare*: thrombocytopenia, leucopenia, agranulocytosis, aplastic anaemia, haemolytic anaemia, arrhythmia, hypotension, pancreatitis, renal failure, abnormal hepatic function, angioneurotic oedema and/or urticaria, toxic epidermic necrolysis, Steven Johnson syndrome, hypercalcaemia. *Not known*: syncope, myopia, blurred vision, visual impairment, torsade de pointes (potentially fatal), hepatic encephalopathy, hepatitis, possible worsening of pre-existing acute disseminated lupus erythematosus, photosensitivity reactions, electrocardiogram QT prolonged, blood glucose and blood uric acid increased, elevated liver enzyme levels, potassium depletion with hypokalaemia, hyponatraemia with hypovolaemia. **OVERDOSE.* PROPERTIES:*** Sulphonamide, pharmacologically related to thiazide diuretics, which acts by inhibiting the reabsorption of sodium in the cortical dilution segment. Indapamide does not interfere with lipid and carbohydrate metabolism. **PRESENTATION:*** Pack of 30 film-coated tablets in blisters (PVC/aluminium). **SERVIER HONG KONG LIMITED,** Flat 08-09, 43/F, Times Square Tower One, 1 Matheson Street, Causeway Bay, Hong Kong. www.servier.hk *** For complete information, please refer to the Summary of Product Characteristics.**

COMPOSITION:* NATRIXAM 1.5 mg / 5 mg: indapamide 1.5 mg – amlodipine 5 mg. NATRIXAM 1.5 mg / 10 mg: indapamide 1.5 mg – amlodipine 10 mg. **INDICATIONS**:* Substitution therapy for treatment of essential hypertension in patients already controlled with indapamide and amlodipine given concurrently at the same dose level. **DOSAGE AND ADMINISTRATION**:* One tablet per day as single dose, preferably to be taken in the morning. Natrixam is not suitable for initiation therapy. If a change of the posology is required, titration should be done with the individual components. Children and adolescents: efficacy and safety not established. Severe renal impairment (creatinine clearance <30 mL/min): contraindicated. Older people: to be treated according to renal function. Hepatic impairment: contraindicated in severe hepatic impairment; in mild to moderate hepatic impairment, treatment start with the lowest dose. **CONTRAINDICATIONS**:* Hypersensitivity to the active substances, to other sulfonamides, to dihydropyridine derivatives or to any of the excipients. Severe renal failure (creatinine clearance <30 mL/min). Hepatic encephalopathy or severe impairment of liver function. Hypokalaemia. Lactation. Severe hypotension. Shock (including cardiogenic shock). Obstruction of the outflow tract of the left ventricle (e.g., high grade aortic stenosis). Haemodynamically unstable heart failure after acute myocardial infarction. **WARNINGS**:* *Special warnings*: Hepatic encephalopathy: stop treatment. Photosensitivity: stop treatment. *Precautions for use:* Hypertensive crisis: efficacy not established. Water and electrolyte balance: Sodium and potassium levels: to be measured before and during treatment. Monitoring of sodium should be more frequent in elderly and cirrhotic patients. Hypokalaemia: high risk in the elderly, malnourished and/or polymedicated, cirrhotic patients with oedema and ascites, and patients with coronary artery disease, cardiac failure or long QT interval; first measurement of plasma potassium one week after start of treatment and more frequent monitoring required. Calcium levels: stop treatment before investigating parathyroid function. Blood glucose: to be monitored in diabetic patients, especially those with hypokalaemia. Cardiac failure: use with caution. Renal function: pre-existing renal insufficiency may worsen at start of the treatment due to reduction in glomerular filtration; amlodipine not dialysable. Hyperuricaemia: increased frequency of gout attacks. Hepatic function: caution to be exercised in mild to moderate hepatic impairment; start at the lowest dose. Older people: to be treated according to renal function. Galactose intolerance/ Lapp lactase deficiency/glucose-galactose malabsorption: should not be taken. **INTERACTION(S)**:* *Not recommended*: lithium, dantrolene, grapefruit or grapefruit juice. *Precautions for use*: torsades de pointes-inducing medicines, N.S.A.I.Ds. (systemic route) including COX-2 selective inhibitors, high-dose salicylic acid (≥3 g/day), angiotensin-converting enzyme (A.C.E.) inhibitors, other compounds causing hypokalaemia, digitalis preparations, baclofen, allopurinol, CYP3A4 inhibitors, CYP3A4 inducers and simvastatin. To be taken into consideration: potassium-sparing diuretics, metformin, iodinated contrast media, imipramine-like antidepressants, neuroleptics, calcium (salts), ciclosporin, tacrolimus, corticosteroids, tetracosactide (systemic route), and other medicinal products with antihypertensive properties. **FERTILITY* / PREGNANCY* / BREASTFEEDING**:* Not recommended during pregnancy. Contraindicated during lactation. **DRIVING & USING MACHINES**:* There may be impairment due to a decrease in blood pressure or to dizziness, headache, fatigue or nausea. **UNDESIRABLE EFFECTS**:* *Very common*: oedema. *Common*: hypokalaemia, somnolence, dizziness, headache, palpitations, flushing, visual impairment, diplopia, dyspnoea, abdominal pain, nausea, dyspepsia, change of bowel habit, diarrhoea, constipation, rash maculo-papular, ankle swelling, muscle spasms, fatigue, asthaenia. *Uncommon*: insomnia, mood altered (including anxiety), depression, tremor, dysgeusia, syncope, hypoaesthesia, paraesthesia, tinnitus, hypotension, arrhythmia (including bradycardia, ventricular tachycardia and atrial fibrillation), cough, rhinitis, vomiting, dry mouth, purpura, alopecia, skin discolouration, hyperhidrosis, pruritus, rash, exanthema, urticaria, arthralgia, myalgia, back pain, micturition disorder, nocturia, pollakiuria, erectile dysfunction, gynaecomastia, chest pain, pain, malaise, weight increased, weight decreased. *Rare*: confusional state, vertigo. *Very rare:* leukopenia, thrombocytopenia, agranulocytosis, aplastic anaemia, haemolytic anaemia, hypersensitivity, hyperglycaemia, hypercalcaemia, hypertonia, neuropathy peripheral, myocardial infarction, vasculitis, pancreatitis, gastritis, gingival hyperplasia, hepatitis, jaundice, hepatic enzyme levels increased, hepatic function abnormal, angioedema, toxic epidermal necrolysis, Stevens-Johnson syndrome, erythema multiforme, exfoliative dermatitis, Quincke's oedema, photosensitivity, renal failure. Not known: hyponatraemia with hypovolaemia, torsade de pointes (potentially fatal), possibility of onset of hepatic encephalopathy in cases of hepatic insufficiency, possible worsening of pre-existing systemic lupus erythematosus, electrocardiogram QT prolonged, blood glucose increased and blood uric acid increased, extrapyramidal disorder (extrapyramidal syndrome), myopia, vision blurred. **OVERDOSE* PROPERTIES**:* Indapamide is a sulfonamide, pharmacologically related to thiazide diuretics, which acts by inhibiting the reabsorption of sodium in the cortical dilution segment. Indapamide does not interfere with lipid and carbohydrate metabolism. Amlodipine is a calcium ion influx inhibitor of the dihydropyridine group (slow channel blocker or calcium ion antagonist) and inhibits the transmembrane influx of calcium ions into cardiac and vascular smooth muscle. **PRESENTATION**:* Pack of 30 tablets. MANUFACTURER:* **SERVIER HONG KONG LIMITED**, Flat 08-09, 43/F, Times Square Tower One, 1 Matheson Street, Causeway Bay, Hong Kong. www.servier.hk *** For complete information, please refer to the Summary of Product Characteristics.**

COMPOSITION*: Triplixam 5mg/1.25mg/5mg film-coated tablets contains 5 mg perindopril arginine (per)/1.25 mg indapamide (ind)/5 mg of amlodipine (amlo); Triplixam 5mg/1.25mg/10mg film-coated tablets: 5 mg per/1.25 mg ind/10 mg amlo. **INDICATIONS*:** Substitution therapy for treatment of essential hypertension, in patients already controlled with perindopril/indapamide fixed dose combination and amlodipine, taken at the same dose level. **DOSAGE AND ADMINISTRATION*:** One tablet per day, preferably in the morning and before a meal. The fixed dose combination is not suitable for initial therapy. If a change of the posology is required, titration should be done with the individual components. *Paediatric population:* should not be used. **CONTRAINDICATIONS*:** Dialysis patients. Patients with untreated decompensated heart failure. Severe renal impairment (Clcr < 30 mL/min). Moderate renal impairment (Clcr < 60 mL/min) for Triplixam 10mg/2.5mg/5mg and 10mg/2.5mg/10mg. Hypersensitivity to the active substances, to other sulfonamides, to dihydropyridine derivatives, any other ACE-inhibitor or to any of the excipients. History of angioedema (Quincke's oedema) associated with previous ACE inhibitor therapy (see Warnings section). Hereditary/idiopathic angioedema. Second and third trimesters of pregnancy (see Warnings and Pregnancy and lactation sections). Hepatic encephalopathy. Severe hepatic impairment. Hypokalaemia. Severe hypotension. Shock, including cardiogenic shock. Obstruction of the outflow-tract of the left ventricle (e.g. high grade aortic stenosis). Haemodynamically unstable heart failure after acute myocardial infarction. Concomitant use of Triplixam with aliskiren-containing products in patients with diabetes mellitus or renal impairment (GFR < 60mL/min/1.73m^2) (see Interaction section), concomitant use with sacubitril/valsartan therapy. Triplixam must not be initiated earlier than 36 hours after the last dose of sacubitril/valsartan (see WARNING* and INTERACTIONS*), extracorporeal treatments leading to contact of blood with negatively charged surfaces (see INTERACTIONS*), significant bilateral renal artery stenosis or stenosis of the artery to a single functioning kidney (see WARNING*). **WARNINGS*:** Special warnings: *Dual blockade of the renin-angiotensin-aldosterone system (RAAS)*: ACE- inhibitors and angiotensin II receptor blockers should not be used concomitantly in patients with diabetic nephropathy. *Neutropenia/agranulocytosis/thrombocytopenia/anaemia*: caution if collagen vascular disease, immunosuppressant therapy, treatment with allopurinol or procainamide, or combination of these complicating factors, especially if pre-existing impaired renal function. Monitoring of white blood cell counts. *Renovascular hypertension*: increased risk of hypotension and renal insufficiency in patient with bilateral renal artery stenosis or stenosis of the artery to a single functioning kidney. Diuretics may be a contributory factor. Loss of renal function may occur (minor changes in serum creatinine) even in patients with unilateral renal artery stenosis. *Hypersensitivity/angioedema, intestinal angioedema*: stop treatment and monitor until complete resolution of symptoms. Angioedema associated with laryngeal oedema may be fatal. Combination with sacubitril/valsartan (contraindicated due to the increased risk of angioedema). Sacubitril/valsartan must not be initiated until 36 hours after taking the last dose of perindopril therapy. Perindopril therapy must not be started until 36 hours after the last dose of sacubitril/valsartan. Concomitant use of ACE inhibitors with NEP inhibitors (e.g. racecadotril), mTOR inhibitors (e.g. sirolimus, everolimus, temsirolimus) and gliptins (e.g. linagliptin, saxagliptin, sitagliptin, vildagliptin) may lead to an increased risk of angioedema (e.g. swelling of the airways or tongue, with or without respiratory impairment). Caution should be used when starting racecadotril, mTOR inhibitors (e.g. sirolimus, everolimus, temsirolimus) and gliptins (e.g. linagliptin, saxagliptin, sitagliptin, vildagliptin) in a patient already taking an ACE inhibitor. *Anaphylactoid reactions during desensitization*: Caution in allergic patients treated with desensitization and avoid if venom immunotherapy. Temporarily withdrawal of ACE- inhibitor at least 24 hours before desensitization. *Anaphylactoid reactions during LDL apheresis*: Temporarily withholding ACE-inhibitor prior to each apheresis. *Haemodialysis patients*: consideration to use dialysis membranes other than high flux or antihypertensive agents other than ACE inhibitors. *Primary aldosteronism*: use not recommended in patients with primary hyperaldosteronism (not responding to drugs acting through inhibition of the renin-angiotensin system). *Pregnancy*: no initiation during pregnancy, stop treatment and start alternative therapy if appropriate. *Hepatic encephalopathy which can progress to hepatic coma*: stop treatment. *Photosensitivity*: stop treatment. Precautions for use: *Renal function*: In certain hypertensive patients without pre-existing apparent renal lesions and for whom renal blood tests show renal insufficiency, stop treatment and restart at a low dose or with one constituent only. Monitoring of potassium and creatinine, after two weeks of treatment and then every two months during therapeutic stability period. If bilateral renal artery stenosis or single functioning kidney: not recommended. Risk of arterial hypotension and/or renal insufficiency (in cases of cardiac insufficiency, water and electrolyte depletion, in patients with low blood pressure, renal artery stenosis, congestive heart failure or cirrhosis with oedema and ascites): start treatment at low doses and increase progressively. *Hypotension and water and sodium depletion*: Risk of sudden hypotension in presence of pre-existing sodium depletion (in particular if renal artery stenosis): Monitoring of plasma electrolytes, re-establish blood volume and pressure, restart treatment at a reduced dose or with only one of the constituents. Sodium levels: More frequent monitoring in elderly and cirrhotic patients. *Potassium levels*: Hyperkalaemia: Monitoring of serum potassium if renal insufficiency, worsening of renal function, age (> 70 years), diabetes mellitus, intercurrent events, in particular dehydration, acute cardiac decompensation, metabolic acidosis and concomitant use of potassium-sparing diuretics, potassium supplements or potassium salts, or other drugs associated with increases in serum potassium and especially aldosterone antagonists or angiotensin-receptor blockers. *Hypokalaemia*: high risk for elderly and/or malnourished subjects, cirrhotic patients with oedema and ascites, coronary patients, patients with renal failure or heart failure, long QT interval: monitoring of serum potassium, may cause muscle disorders and rhabdomyolysis, may favor the onset of torsades de pointes, which may be fatal: associated with hypomagnesaemia can be refractory to treatment unless serum magnesium is corrected. *Calcium levels:* hypercalcemia: stop treatment before investigating the parathyroid function. *Renovascular hypertension*: if renal artery stenosis: start treatment at hospital at low dose; monitor renal function and potassium. *Dry cough*. *Atherosclerosis*: start treatment at low dose in patients with ischaemic heart disease or cerebral circulatory insufficiency. *Hypertensive crisis. Cardiac failure/severe cardiac insufficiency*: Caution if heart failure. Severe cardiac insufficiency (grade IV): start treatment under medical supervision with reduced initial dose. *Aortic or mitral valve stenosis / hypertrophic cardiomyopathy*: Caution if obstruction in the outflow tract of the left ventricle. *Diabetic patients*: If insulin dependent diabetes mellitus, start treatment under medical supervision with reduced initial dose; monitor blood glucose during the first month and/or in the case of hypokalaemia. *Black people*: higher incidence of angioedema and apparently less effective in lowering blood pressure than in non- blacks. *Surgery / anaesthesia*: stop treatment one day before surgery. *Hepatic impairment*: Mild to moderate: caution. Rarely, ACE inhibitors have been associated with a syndrome that starts with cholestatic jaundice and progresses to fulminant hepatic necrosis and (sometimes) death. Stop treatment if jaundice or marked elevations of hepatic enzymes. *Uric acid:* hyperuricemia: Increased tendency to gout attacks. *Elderly*: testing of renal function and potassium levels before treatment start. Dosage increase with care. *Excipients*: sodium-free. *Choroidal effusion, acute myopia and secondary angle-closure glaucoma:* discontinue drug intake as rapidly as possible. Prompt medical or surgical treatments may need to be considered if the intraocular pressure remains uncontrolled. *Athletes*: may cause positive doping test. **INTERACTION(S)*** *Contraindicated*: Aliskiren in diabetic or impaired renal patients, Extracorporeal treatments, Sacubitril/Valsartan. *Not recommended*: Lithium, Aliskiren in patients other than diabetic or impaired renal patients, Concomitant therapy with ACE inhibitor and angiotensin-receptor blocker, Estramustine, Potassium- sparing drugs (e.g triamterene,amiloride,…), Potassium salts, , Dantrolene (infusion), Grapefruit or grapefruit juice. *Special care*: Baclofen, Non-steroidal anti- inflammatory medicinal products (included acetylsalicylic acid at high doses), Antidiabetic agents (insulin, hypoglycaemic agents), Non-potassium-sparing diuretics and Potassium-sparing diuretics (eplerenone, spironolactone), Racecadotril, mTOR inhibitors (e.g. sirolimus, everolimus, temsirolimus), Torsades de pointes inducing drugs, Amphotericin B (IV route), glucocorticoids and mineralocorticoids (systemic route), tetracosactide, stimulant laxatives, Cardiac glycosides, Allopurinol, CYP3A4 inducers, CYP3A4 inhibitors. *To be taken into consideration*: Imipramine-like antidepressants (tricyclics), neuroleptics, other antihypertensive agents and vasodilatators, tetracosactide, Allopurinol, cytostatic or immunosuppressive agents, systemic corticosteroids or procainamide, Anaesthetic drugs, Diuretics (thiazide or loop diuretics), Gliptines (linagliptine, saxagliptine, sitagliptine, vildagliptine), Sympathomimetics, Gold, Metformin, Iodinated contrast media, Calcium (salts), Ciclosporin, Atorvastatin, digoxin, warfarin, Tacrolimus, Simvastatin. *Drugs inducing hyperkalaemia:* aliskiren, potassium salts, potassium-sparing diuretics, ACE inhibitors, angiotensin-II receptors antagonists, NSAIDs, heparins, immunosuppressant agents such as ciclosporin or tacrolimus, trimethoprim and co-trimoxazole (trimethoprim/sulfamethoxazole). **PREGNANCY AND BREASTFEEDING*** Contraindicated during the second and third trimesters of pregnancy. Not recommended during the first trimester of pregnancy and lactation. **FERTILITY*** Reversible biochemical changes of spermatozoa in some patients treated by calcium channel blockers. **DRIVE & USE MACHINES*** May be impaired due to low blood pressure that may occur in some patients, especially at the start of treatment. **UNDESIRABLE EFFECTS*** *Very common:* oedema. *Common*: hypokalaemia, dizziness, headache, paraesthesia, vertigo, somnolence, dysgeusia, visual impairment, diplopia, tinnitus, palpitations, flushing, hypotension (and effects related to hypotension), cough, dyspnoea, abdominal pain, constipation, diarrhoea, dyspepsia, nausea, vomiting, change of bowel habit, pruritus, rash, rash maculo-papular, muscle spasms, ankle swelling, asthenia, fatigue. *Uncommon*: rhinitis, eosinophilia, hypersensitivity, hypoglycaemia, hyperkalaemia reversible on discontinuation, hyponatraemia, insomnia, mood altered (including anxiety), depression, sleep disorder, hypoaesthesia, tremor, syncope, tachycardia, arrhythmia (including bradycardia, ventricular tachycardia and atrial fibrillation), vasculitis, bronchospasm, dry mouth, urticaria, angioedema, alopecia, purpura, skin discoloration, hyperhidrosis, exanthema, photosensitivity reaction, pemphigoid, arthralgia, myalgia, back pain, micturition disorder, nocturia, pollakiuria, renal failure, erectile dysfunction, gynaecomastia, pain, chest pain, malaise, oedema peripheral, pyrexia, weight increased, weight decreased, blood urea increased, blood creatinine increased, fall. *Rare*: Syndrome of inappropriate antidiuretic hormone secretion (SIADH), anuria/oliguria, acute renal failure, hypochloraemia, hypomagnesaemia, confusional state, blood bilirubin increased, hepatic enzyme increased, psoriasis aggravation. *Very rare*: agranulocytosis, aplastic anaemia, pancytopenia, leukopenia, neutropenia, haemolytic anaemia, thrombocytopenia, allergic reactions, hyperglycaemia, hypercalcaemia, hypertonia, neuropathy peripheral, stroke possibly secondary to excessive hypotension in high-risk patients angina pectoris, myocardial infarction, possibly secondary to excessive hypotension in high risk patients, eosinophilic pneumonia, gingival hyperplasia, pancreatitis, gastritis, hepatitis, jaundice, hepatic function abnormal, erythema multiforme, Stevens-Johnson Syndrome, exfoliative dermatitis, toxic epidermal necrolysis, Quincke's oedema, haemoglobin decreased and haematocrit decreased. *Not known*: extrapyramidal disorder (extrapyramidal syndrome), myopia, vision blurred, acute angle-closure glaucoma, choroidal effusion, torsades de pointes (potentially fatal), rhabdomyolysis, muscular weakness, possibility of onset of hepatic encephalopathy in case of hepatic insufficiency, possible worsening of pre-existing systemic lupus erythematosus, electrocardiogram QT prolonged, blood glucose increased, blood uric acid increased. Raynaud's phenomenon. **OVERDOSE* PROPERTIES*** Perindopril is an inhibitor of the angiotensin converting enzyme (ACE inhibitor) which converts angiotensin I to angiotensin II. Indapamide is a sulfonamide derivative with an indole ring, pharmacologically related to the thiazide group of diuretics. Amlodipine is a calcium ion influx inhibitor of the dihydropyridine group (slow calcium channel blocker or calcium ion antagonist) and inhibits the transmembrane influx of calcium ions into cardiac and vascular smooth muscle. PRESENTATION* Box of 30 tablets of Triplixam 5mg/1.25mg/5mg, 5mg/1.25mg/10mg. **SERVIER HONG KONG LIMITED**, Flat 08-09, 43/F, Times Square Tower One, 1 Matheson Street, Causeway Bay, Hong Kong. www.servier.hk ***For complete information, please refer to the Summary of Product Characteristics for Hong Kong.**

COMPOSITION*: Valdoxan 25 mg: film-coated tablet containing 25 mg of agomelatine. Contains lactose as an excipient. **INDICATION*:** Treatment in adults of major depressive disorder (MDD) and generalized anxiety disorder (GAD). **DOSAGE AND ADMINISTRATION*:** The recommended dose is one 25 mg tablet taken orally at bedtime for both MDD and GAD. If there is no improvement of symptoms, the dose may be increased to 50 mg once daily, taken as a single dose of two tablets at bedtim, 2 weeks after treatment initiation in patients with MDD and 4 weeks after treatment initiation in patients with GAD. Liver function tests (LFT) should be performed in all patients before initiation of treatment and before a dose increase to 50mg. Treatment should not be initiated if serum transaminases levels are exceed 3x upper limit of normal (see "Contraindications" and "Warnings" sections). During treatment transaminases should be monitored periodically after around 3 weeks, 6 weeks (end of acute phase), 12 weeks and 24 weeks (end of maintenance phase) and thereafter when clinically indicated (see "Warnings" section). Treatment should be discontinued if serum transaminases exceed 3x upper limit of normal (see "Contraindications" and "Warnings" sections). When increasing the dosage, LFTs should again be performed at the same frequency as when initiating treatment. Decision of dose increase has to be balanced with a higher risk of transaminases elevation. Any dose increase to 50 mg should be made on an individual patient benefit/risk basis and with strict respect of LFT monitoring. Patients should be treated for at least 6 months. **CONTRAINDICATIONS*:** Hypersensitivity to the active substance or to any of the excipients. Hepatic impairment (i.e. cirrhosis or active liver disease) or transaminases exceeding 3x upper limit of normal (see "Dosage and administration" and "Warnings" sections). Concomitant use of potent CYP1A2 inhibitors (e.g. fluvoxamine, ciprofloxacin) (see "Interactions" section). **WARNINGS*:** Cases of liver injury, including hepatic failure (few cases were exceptionally reported with fatal outcome or liver transplantation in patients with hepatic risk factors), elevations of liver enzymes exceeding 10 times upper limit of normal, hepatitis and jaundice have been reported in patients treated with Valdoxan. Monitoring of liver function: Before starting treatment: Treatment with Valdoxan should only be prescribed after careful consideration of benefit and risk in patients with hepatic injury risk factors e.g. obesity/overweight/non-alcoholic fatty liver disease, diabetes, alcohol use disorder and/or substantial alcohol intake and in patients receiving concomitant medicinal products associated with risk of hepatic injury. Baseline liver function tests should be undertaken in all patients and treatment should not be initiated in patients with baseline values of ALT and/or AST >3x upper limit of normal. Caution should be exercised when Valdoxan is administered to patients with pretreatment elevated transaminases (> the upper limit of the normal ranges and 3 times the upper limit of the normal range). Frequency of liver function tests: Liver function tests should be performed in all patients (see "Posology" section). Any patient who develops increased serum transaminases should have his/her liver function tests repeated within 48 hours. During treatment period: Valdoxan treatment should be discontinued immediately if patient develops symptoms or signs of potential liver injury, if the increase in serum transaminases exceeds 3x upper limit of normal. Following discontinuation of Valdoxan therapy liver function tests should be repeated until serum transaminases return to normal. Patients under 18 years of age: not recommended. Elderly patients (75 years for MDE and 65 years for GAD): should not be used. Elderly patients with dementia: should not be used. Bipolar disorder/mania/hypomania: used with caution and discontinued if maniac symptoms appear. Suicide/suicidal thoughts: patients should be closely monitored. Combination with potent CYP1A2 inhibitors: contraindicated. Excipients: contains lactose, sodium-free. **INTERACTION(S)*:** Contraindicated: potent CYP1A2 inhibitors. Not recommended: alcohol; moderate CYP1A2 inhibitors. **FERTILITY*. PREGNANCY*:** not recommended. **BREASTFEEDING*:** With precautions. **DRIVE AND USE MACHINES*:** Possible occurrence of dizziness and somnolence should be taken into account. **UNDESIRABLE EFFECTS*:** Very common: headache. Common: Anxiety, abnormal dreams, dizziness, somnolence, insomnia, nausea, diarrhoea, constipation, abdominal pain, vomiting, increased ALT and/or AST, back pain, fatigue, weight increased. Uncommon: Suicidal thoughts or behavior, agitation, irritability, restlessness, aggression, nightmares, mania/hypomania, confusional state, migraine, paraesthesia, restless leg syndrome, blurred vision, tinnitus, increased gamma-glutamyltransferase, hyperhidrosis, eczema, pruritus, urticaria, myalgia, weight decreased. Rare: Hallucinations, akathisia, hepatitis, increased alkaline phosphatase, hepatic failure, jaundice, erythematous rash, face oedema and angioedema, urinary retention. **OVERDOSE*. PROPERTIES*:** Agomelatine is a melatonergic agonist (MT1 and MT2 receptors) and 5-HT2C antagonist. Agomelatine resynchronises circadian rhythms in animal models of circadian rhythm disruption. Agomelatine increases noradrenaline and dopamine release specifically in the frontal cortex and has no influence on the extracellular levels of serotonin. **PRESENTATION*:** Pack of 28 film-coated tablets of Valdoxan 25 mg. **SERVIER HONG KONG LIMITED**, Flat 08-09, 43/F, Times Square Tower One, 1 Matheson Street, Causeway Bay, Hong Kong. www.servier.hk ***For complete information, please refer to the Summary of Product Characteristics.**

COMPOSITION*: Vastarel 35mg, modified-release film-coated tablet containing 35mg trimetazidine. **INDICATIONS*:** 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. **DOSAGE and ADMINISTRATION*:** The dose is one tablet of 35mg of trimetazidine twice daily during meals. 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/elderly: In patients with moderate renal impairment (creatinine clearance [30-60] ml/mn), 1 tablet of 35mg in the morning during breakfast. **CONTRAINDICATIONS***: Hypersensitivity to the active substance or to any of the excipients. Parkinson disease, parkinsonian symptoms, tremors, restless leg syndrome, and other related movement disorders, Severe renal impairment (creatinine clearance < 30ml/min). **WARNINGS***: This medicine is not a curative treatment for angina attacks, nor is it indicated as an initial treatment for unstable angina 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. Trimetazidine can cause or worsen parkinsonian symptoms (tremor, akinesia, hypertonia), which should be regularly investigated, especially in elderly patients. Falls, may occur, related to gait instability or hypotension, in particular in patients taking antihypertensive treatment. **INTERACTIONS*: FERTILITY*: PREGNANCY***: Avoid prescription. **BREASTFEEDING***: Should not be used. **DRIVE & USE MACHINES***: Caution because cases of dizziness and drowsiness have been observed. **UNDESIRABLE EFFECTS***: Common: dizziness, headache, abdominal pain, diarrhoea, dyspepsia, nausea, vomiting, rash, pruritus, urticaria, asthenia. Rare: palpitations, extrasystoles, tachycardia, arterial hypotension, orthostatic hypotension that may be associated with malaise, dizziness or fall, in particular in patients taking ntihypertensive treatment, flushing. Not known: parkinsonian symptoms (tremor, akinesia, hypertonia), gait instability, restless leg syndrome, other related movement disorders, usually reversible after treatment discontinuation, sleep disorders (insomnia, drowsiness), vertigo, constipation, AGEP (acute generalised exanthematous pustulosis), angioedema, agranulocytosis, thrombocytopenia, thrombocytopenic purpura, hepatitis. **OVERDOSE*: PROPERTIES***: Trimetazidine acts as a metabolic agent, preserving the myocardial high-energy phosphate intracellular levels. Anti-ischemic effects are achieved without concomitant haemodynamic effects. **PRESENTATION***: Pack of 60 modified-release film-coated tablets of Vastarel 35mg. **SERVIER HONG KONG LIMITED**, Flat 08-09, 43/F, Times Square Tower One, 1 Matheson Street, Causeway Bay, Hong Kong. www.servier.hk ***For complete information, please refer to the complete Summary of Product Characteristics.**