Estar®
(Escitalopram USP)

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COMPOSITION:

ESTAR 5mg:	**ESTAR 10mg:**	**ESTAR 20mg:**
Each film coated tablet contains:	Each film coated tablet contains:	Each film coated tablet contains:
Escitalopram.....5mg	Escitalopram.....10mg	Escitalopram.....20mg
as Escitalopram Oxalate USP (USP Specs.)	as Escitalopram Oxalate USP (USP Specs.)	as Escitalopram Oxalate USP (USP Specs.)

WARNING: SUICIDALITY AND ANTIDEPRESSANT DRUGS
Antidepressants increased the risk compared to placebo of suicidal thinking and behavior (suicidality) in children, adolescents, and young adults in short-term studies of major depressive disorder (MDD) and other psychiatric disorders. The risk-benefit balance should be considered in this population. Short-term studies did not show an increase in the risk of suicidality with antidepressants compared to placebo in adults beyond age 24; there was a reduction in risk with antidepressants compared to placebo in adults aged 65 and older. Depression and certain other psychiatric disorders are themselves associated with increases in the risk of suicide. Patients of all ages who are started on antidepressant therapy should be monitored appropriately and observed closely for clinical worsening, suicidality, or unusual changes in behavior. Families and caregivers should be advised of the need for close observation and communication with the prescriber. Escitalopram is not approved for use in pediatric patients less than 12 years of age.

DESCRIPTION
ESTAR tablets contain Escitalopram is an orally administered selective serotonin reuptake inhibitor (SSRI). Escitalopram oxalate is chemically designated as S-(+)-1-[3¬(dimethyl-amino) propyl]-1-(p-fluorophenyl)-5-phthalancarbonitrile oxalate. The molecular formula is $C_{20}H_{21}FN_2O \bullet C_2H_2O_4$

CLINICAL PHARMACOLOGY

Mechanism of Action
Escitalopram is a selective inhibitor of serotonin (5-HT) re-uptake with high affinity for the primary binding site. It also binds to an allosteric site on the serotonin transporter, with a 1000 fold lower affinity. Escitalopram has no or low affinity for a number of receptors including 5-HT1A, 5-HT2, DA D1 and D2 receptors, α1-, α2-, β-adrenoceptors, histamine H1, muscarine cholinergic, benzodiazepine, and opioid receptors.
The inhibition of 5-HT re-uptake is the only likely mechanism of action explaining the pharmacological and clinical effects of Escitalopram.

Pharmacokinetics

Absorption
Absorption is almost complete and independent of food intake. (Mean time to maximum concentration (mean T_{max}) is 4 hours after multiple dosing). As with racemic citalopram, the absolute bioavailability of escitalopram is expected to be about 80%.

Distribution
The apparent volume of distribution ($V_{d,\beta}/F$) after oral administration is about 12 to 26 L/kg. The plasma protein binding is below 80% for escitalopram and its main metabolites.

Metabolism
Escitalopram is metabolized in the liver to the demethylated and didemethylated metabolites. Both of these are pharmacologically active. Alternatively, the nitrogen may be oxidized to form the N-oxide metabolite. Both parent substance and metabolites are partly excreted as glucuronides. After multiple dosing the mean concentrations of the demethyl and didemethyl metabolites are usually 28-31% and <5%, respectively, of the escitalopram concentration. Biotransformation of escitalopram to the demethylated metabolite is mediated primarily by CYP2C19. Some contribution by the enzymes CYP3A4 and CYP2D6 is possible.

Elimination
The elimination half-life ($t_{½\beta}$) after multiple dosing is about 30 hours and the oral plasma clearance (Cl_{oral}) are about 0.6 L/min. The major metabolites have a significantly longer half-life. Escitalopram and major metabolites are assumed to be eliminated by both the hepatic (metabolic) and the renal routes, with the major part of the dose excreted as metabolites in the urine.

INDICATIONS
ESTAR (Escitalopram) tablets are indicated in the treatment of:
• Major depressive disorder
• Panic disorder with or without agoraphobia.
• Social anxiety disorder (social phobia).
• Generalized anxiety disorder.
• Obsessive-compulsive disorder.

DOSAGE AND ADMINISTRATION

Major depressive episodes
Usual dosage is 10 mg once daily. Depending on individual patient response, the dose may be increased to a maximum of 20 mg daily. In adolescents, dose increment should be made after at least 3 weeks while in adults it can be made after a period of 1 week. Usually 2-4 weeks are necessary to obtain antidepressant response. After the symptoms resolve, treatment for at least 6 months is required for consolidation of the response.

Panic disorder with or without agoraphobia
An initial dose of 5 mg is recommended for the first week before increasing the dose to 10 mg daily. The dose may be further increased, up to a maximum of 20 mg daily; dependent on individual patient response. Maximum effectiveness is reached after about 3 months. The treatment lasts several months.

Social anxiety disorder
Usual dosage is 10 mg once daily. Usually 2-4 weeks are necessary to obtain symptom relief. The dose may subsequently, depending on individual patient response, be decreased to 5 mg or increased to a maximum of 20 mg daily.
Social anxiety disorder is a disease with a chronic course, and treatment for 12 weeks is recommended to consolidate response. Long-term treatment of responders has been studied for 6 months and can be considered on an individual basis to prevent relapse; treatment benefits should be re-evaluated at regular intervals.

Generalized anxiety disorder
Initial dosage is 10 mg once daily. Depending on the individual patient response, the dose may be increased to a maximum of 20 mg daily.
Long-term treatment of responders has been studied for at least 6 months in patients receiving 20 mg daily. Treatment benefits and dose should be re-evaluated at regular intervals.

Obsessive-compulsive disorder
Initial dosage is 10 mg once daily. Depending on the individual patient response, the dose may be increased to a maximum of 20 mg daily. As OCD is a chronic disease, patients should be treated for a sufficient period to ensure that they are symptom free.

Dosage adjustment and dosing consideration in special populations:

Elderly patients (> 65 years of age)
Initial dosage is 5 mg once daily. Depending on individual patient response the dose may be increased to 10 mg daily .The efficacy of Escitalopram in social anxiety disorder has not been studied in elderly patients.

Children and adolescents (<18 years)
Dose increments should be made more slowly in children and adolescents less than 18 years of age. (See WARNINGS AND PRECAUTIONS and USE IN SPECIAL POULATIONS)

Renal impairment
Dosage adjustment is not necessary in patients with mild or moderate renal impairment. Caution is advised in patients with severely reduced renal function (CLCR less than 30 ml/min).

Hepatic impairment:
An initial dose of 5 mg daily for the first two weeks of treatment is recommended in patients with mild or moderate hepatic impairment. Depending on individual patient response, the dose may be increased to 10 mg daily. Caution and extra careful dose titration is advised in patients with severely reduced hepatic function.

Poor metabolizers of CYP2C19
For patients who are known to be poor metabolizers with respect to CYP2C19, an initial dose of 5 mg daily during the first two weeks of treatment is recommended. Depending on individual patient response, the dose may be increased to 10 mg daily.

Administration Requirements:
ESTAR is administered as a single daily dose and may be taken with or without food.

Treatment Discontinuation:
Abrupt discontinuation should be avoided. When stopping treatment with Escitalopram the dose should be gradually reduced over a period of at least one to two weeks in order to reduce the risk of discontinuation symptoms. If intolerable symptoms occur following a decrease in the dose or upon discontinuation of treatment, then resuming the previously prescribed dose may be considered.

CONTRAINDICATIONS
• Hypersensitivity to the active substance.
• Concomitant treatment with non-selective, irreversible monoamine oxidase inhibitors (MAO-inhibitors) is contraindicated due to the risk of serotonin syndrome
• The combination of Escitalopram with reversible MAO- inhibitors (e.g. moclobemide) or the reversible non-selective MAO-inhibitor linezolid is contraindicated due to the risk of onset of a serotonin syndrome.
• Escitalopram is contraindicated in patients with known QT interval prolongation or congenital long QT syndrome.
• Escitalopram is contraindicated in patients taking Pimozide due to the risk of developing QT prolongation and torsades de pointes.

WARNINGS AND PRECAUTIONS

Use in children and adolescents under 18 years of age
Escitalopram should be used with caution in the treatment of children and adolescents under the age of 18 years. Suicide related behaviors (suicide attempt and suicidal thoughts), and hostility (predominately aggression, oppositional behavior and anger) were more frequently observed in clinical trials among children and adolescents treated with antidepressants compared to those treated with placebo. The patient should be carefully monitored for the appearance of suicidal symptoms. In addition, long-term safety data in children and adolescents concerning growth, maturation and cognitive and behavioral development are lacking.

Paradoxical anxiety
Some patients with panic disorder may experience increased anxiety symptoms at the beginning of treatment with antidepressants. This paradoxical reaction usually subsides within two weeks during continued treatment. A low starting dose is advised to reduce the likelihood of an anxiogenic effect.

Seizures
Escitalopram should be discontinued if a patient develops seizures for the first time, or if there is an increase in seizure frequency (in patients with a previous diagnosis of epilepsy). SSRIs should be avoided in patients with unstable epilepsy, and patients with controlled epilepsy should be closely monitored.

Mania/Bipolar disorder
SSRIs should be used with caution in patients with a history of mania/hypomania and bipolar disorder. Treating a depressive episode in bipolar disorder with an antidepressant such as escitalopram alone may increase the likelihood of precipitation of a mixed/manic episode. It should also be noted that Escitalopram is not approved to treat bipolar depression.

Diabetes
In patients with diabetes, treatment with an SSRI may alter glycaemic control (hypoglycaemia or hyperglycaemia). Insulin and/or oral hypoglycaemic dosage may need to be adjusted.

Suicide/suicidal thoughts or clinical worsening
Depression is associated with an increased risk of suicidal thoughts, self-harm and suicide (suicide-related events). This risk persists until significant remission occurs. As improvement may not occur during the first few weeks or more of treatment, patients should be closely monitored until such improvement occurs.
Other psychiatric conditions for which Escitalopram is prescribed can also be associated with an increased risk of suicide-related events. In addition, these conditions may be co-morbid with major depressive disorder. The same precautions observed when treating patients with major depressive disorder should therefore be observed when treating patients with other psychiatric disorders.
Patients with a history of suicide-related events, or those exhibiting a significant degree of suicidal ideation prior to commencement of treatment, are known to be at greater risk of suicidal thoughts or suicide attempts, and should receive careful monitoring during treatment. Patients (and caregivers of patients) should be alerted about the need to monitor for any clinical worsening, suicidal behavior or thoughts and unusual changes in behavior and to seek medical advice immediately if these symptoms appear.

Akathisia/psychomotor restlessness
The use of SSRIs/SNRIs has been associated with the development of akathisia, characterized by a subjectively unpleasant or distressing restlessness and need to move often accompanied by an inability to sit or stand still. This is most likely to occur within the first few weeks of treatment. In patients who develop these symptoms, increasing the dose may be detrimental.

Hyponatraemia
Hyponatraemia, probably due to inappropriate antidiuretic hormone secretion (SIADH), has been reported rarely with the use of SSRIs and generally resolves on discontinuation of therapy. Caution should be exercised in patients at risk, such as the elderly, or patients with cirrhosis, or if used in combination with other medications which may cause hyponatraemia.

Haemorrhage
Cutaneous bleeding abnormalities, such as ecchymoses and purpura, with SSRIs have been reported. Caution is advised in patients taking SSRIs, particularly in concomitant use with oral anticoagulants such as warfain, with drugs known to affect platelet function (e.g. atypical antipsychotics and phenothiazines, most tricyclic antidepressants, aspirin and non-steroidal anti-inflammatory medicinal products (NSAIDs), clopidogrel, ticlopidine and dipyridamole) and in patients with known bleeding tendencies.

Serotonin syndrome
Caution must be exercised, if Escitalopram is used concomitantly with medicinal products with serotonergic effects such as (triptans, tricyclic antidepressants, fentanyl, lithium, tramadol, tryptophan, buspirone, and St. John's Wort) and with drugs that impair metabolism of serotonin (in particular, MAOIs, intended to treat psychiatric disorders and also others, such as linezolid and intravenous methylene blue). A combination of symptoms, such as agitation, delirium, hallucinations, tremor, myoclonus, rigidity, seizures, tachycardia, labile blood pressure and hyperthermia may indicate the development of serotonin syndrome. If this occurs, treatment with the SSRI and the serotonergic drug should be discontinued immediately and symptomatic treatment initiated.

St. John's wort
Concomitant use of SSRIs and herbal remedies containing St. John's wort (Hypericum perforatum) may result in an increased incidence of adverse reactions particularly serotonin syndrome.

Discontinuation symptoms seen when stopping treatment
Discontinuation symptoms when stopping treatment are common, particularly if discontinuation is abrupt. The risk of discontinuation symptoms may be dependent on several factors including the duration and dose of therapy and the rate of dose reduction. Dizziness, sensory disturbances (including paraesthesia and electric shock sensations), sleep disturbances (including insomnia and intense dreams), agitation or anxiety, nausea and/or vomiting, tremor, confusion, sweating, headache, diarrhoea, palpitations, emotional instability, irritability, and visual disturbances are the most commonly reported reactions. Symptoms are mild to moderate; however, in some patients they may be severe. They usually occur within the first few days of discontinuing treatment, but there have been very rare reports of such symptoms in patients who have missed a dose. Symptoms are usually self-limiting and usually resolve within 2 weeks, though in some individuals they may be prolonged (2-3 months or more). Escitalopram should be gradually tapered when discontinuing treatment over a period of several weeks or months, according to the patient's needs.

Coronary heart disease
Due to limited clinical experience, caution is advised in patients with coronary heart disease.

QT interval prolongation
Escitalopram has been found to cause a dose-dependent prolongation of the QT interval. Cases of QT interval prolongation and ventricular arrhythmia including torsade de pointes have been reported during the post-marketing period, predominantly in patients of female gender, with hypokalemia, or with pre-existing QT interval prolongation or other cardiac diseases. Caution is advised in patients with significant bradycardia; or in patients with recent acute myocardial infarction or uncompensated heart failure.
Electrolyte disturbances such as hypokalemia and hypomagnesaemia increase the risk for malignant arrhythmias and should be corrected before treatment with Escitalopram is started. Concomitant drugs that are known to prolong QT interval must not be prescribed with Escitalopram. For patients with stable cardiac disease, an ECG should be obtained and if cardiac arrhythmia develops treatment with Escitalopram should be withdrawn.

Angle-Closure Glaucoma
SSRIs including Escitalopram may result in mydriasis. This mydriatic effect has the potential to narrow the eye angle resulting in increased intraocular pressure and angle-closure glaucoma, especially in patients pre-disposed. Escitalopram should therefore be used with

caution in patients with angle-closure glaucoma or history of glaucoma.

Effects on ability to drive and use machines
Although Escitalopram has been shown not to affect intellectual function or psychomotor performance, any psychoactive medicinal product may impair judgment or skills. Patients should be cautioned about the potential risk of an influence on their ability to drive a vehicle and operate machinery.

ADVERSE REACTIONS

Blood and lymphatic system disorders
Frequency not known: Thrombocytopenia
Immune system disorders
Rare: Anaphylactic reaction
Endocrine disorders
Not known: Inappropriate ADH secretion
Metabolism and nutrition disorders
Common: Decreased appetite, increased appetite, weight increased
Uncommon: Weight decreased
Not known: Hyponatraemia, anorexia
Psychiatric disorders
Common: Anxiety, restlessness, abnormal dreams, libido decreased, Female: anorgasmia
Uncommon: Bruxism, agitation, nervousness, panic attack, confusional state
Rare: Aggression, depersonalization, hallucination
Not known: Mania, suicidal ideation, suicidal behavior
Nervous system disorders
Very common: Headache
Common: Insomnia, somnolence, dizziness, paraesthesia, tremor
Uncommon: Taste disturbance, sleep disorder, syncope
Rare: Serotonin syndrome
Not known: Dyskinesia, movement disorder, convulsion, psychomotor, restlessness/akathisia
Eye disorders
Uncommon: Mydriasis, visual disturbance
Ear and labyrinth disorders
Uncommon: Tinnitus
Cardiac disorders
Uncommon: Tachycardia
Rare: Bradycardia
Not known: Electrocardiogram QT prolonged Ventricular arrhythmia including torsade de pointes
Vascular disorders
Not known: Orthostatic hypotension
Respiratory, thoracic and mediastinal disorders
Common: Sinusitis, yawning
Uncommon: Epistaxis
Gastrointestinal disorders
Very common: Nausea
Common: Diarrhoea, constipation, vomiting, dry mouth
Uncommon: Gastrointestinal haemorrhages (including rectal haemorrhage)
Hepatobiliary disorders
Not known: Hepatitis, liver function test abnormal
Skin and subcutaneous tissue disorders
Common: Sweating increased
Uncommon: Urticaria, alopecia, rash, pruritus
Not known: Ecchymosis, angioedemas
Musculoskeletal and connective tissue disorders
Common: Arthralgia, myalgia
Renal and urinary disorders
Not known: Urinary retention
Reproductive system and breast disorders
Common: Male: ejaculation disorder, impotence
Uncommon: Female: metrorrhagia, menorrhagia
Not known: Galactorrhoea, Male: priapism
General disorders and administration site conditions
Common: Fatigue, pyrexia
Uncommon: Oedema

DRUG INTERACTIONS

Irreversible non-selective MAOIs
Cases of serious reactions have been reported in patients receiving an SSRI in combination with a non-selective, irreversible monoamine oxidase inhibitor (MAOI), and in patients who have recently discontinued SSRI treatment and have been started on such MAOI treatment. In some cases, the patient developed serotonin syndrome.
Escitalopram is contraindicated in combination with non-selective, irreversible MAOIs. Escitalopram may be started 14 days after discontinuing treatment with an irreversible MAOI. At least 7 days should elapse after discontinuing Escitalopram treatment, before starting a non-selective, irreversible MAOI.

Reversible, selective MAO-A inhibitor (moclobemide)
Due to the risk of serotonin syndrome, the combination of Escitalopram with a MAO-A inhibitor such as moclobemide is contraindicated.

Reversible, non-selective MAO-inhibitor (linezolid)
The antibiotic linezolid is a reversible non-selective MAO-inhibitor and should not be given to patients treated with Escitalopram.

Irreversible, selective MAO-B inhibitor (selegiline)
In combination with selegiline (irreversible MAO-B inhibitor), caution is required due to the risk of developing serotonin syndrome.

Drugs prolonging QT interval
Co-administration of escitalopram with other drugs that prolong the QT interval, such as Class IA and III antiarrhythmics, antipsychotics (e.g. phenothiazine derivatives, pimozide, haloperidol), tricyclic antidepressants, certain antimicrobial agents (e.g. sparfloxacin, moxifloxacin, erythromycin IV, pentamidine, anti-malarial treatment particularly halofantrine), certain antihistamines (e.g. astemizole, mizolastine), is contraindicated.

Serotonergic drugs
Co-administration of Escitalopram with serotonergic drugs such as (triptans, tricyclic antidepressants, fentanyl, lithium, tramadol, tryptophan, buspirone, and St. John's Wort) and with drugs that impair metabolism of serotonin (in particular, MAOIs and also others, such as linezolid and intravenous methylene blue).

Drugs lowering the seizure threshold
SSRIs can lower the seizure threshold. Caution is advised when concomitantly using other medicinal products capable of lowering the seizure threshold (e.g. antidepressants (tricyclic's, SSRIs), neuroleptics (phenothiazines, thioxanthenes and butyrophenones), mefloquin, bupropion and tramadol).

Anticoagulant/Antiplatelet drugs
Altered anti-coagulant effects may occur when Escitalopram is combined with oral anticoagulants. Patients receiving oral anticoagulant therapy should receive careful coagulation monitoring when Escitalopram is started or stopped. Concomitant use of non-steriodal anti-inflammatory drugs (NSAIDs) and antiplatelet drugs such as aspirin, clopidogrel, ticlopidine, dypyridamole etc.) may also increase bleeding-tendency.

Drugs inducing hypokalaemia/hypomagnesaemia
Caution is warranted for concomitant use of hypokalaemia/hypomagnesaemia inducing medicinal products with Escitalopram, as these conditions increase the risk of malignant arrhythmias.

Influence of other drugs on the pharmacokinetics of Escitalopram
The metabolism of Escitalopram is mainly mediated by CYP2C19. CYP3A4 and CYP2D6 may also contribute to the metabolism although to a smaller extent. The metabolism of the major metabolite S-DCT (demethylated escitalopram) seems to be partly catalyzed by CYP2D6.
Co-administration of Escitalopram with omeprazole 30 mg once daily (a CYP2C19 inhibitor) resulted in moderate (approximately 50%) increase in the plasma concentrations of Escitalopram.
Co-administration of Escitalopram with cimetidine 400 mg twice daily (moderately potent general enzyme-inhibitor) resulted in a moderate (approximately 70%) increase in the plasma concentrations of Escitalopram. Caution is advised when administering Escitalopram in combination with cimetidine. Dose adjustment may be warranted.
Thus, caution should be exercised when Escitalopram is used concomitantly with CYP2C19 inhibitors (e.g. omeprazole, esomeprazole, fluvoxamine, lansoprazole, ticlopidine) or cimetidine. A reduction in the dose of Escitalopram may be necessary based on monitoring of side-effects during concomitant treatment.

Effect of Escitalopram on the pharmacokinetics of other drugs
Escitalopram is an inhibitor of the enzyme CYP2D6. Caution is recommended when Escitalopram is co-administered with medicinal products that are mainly metabolized by this enzyme, and that have a narrow therapeutic index, e.g. flecainide, propafenone and metoprolol (when used in cardiac failure), or some CNS acting medicinal products that are mainly metabolized by CYP2D6, e.g. antidepressants such as desipramine, clomipramine and nortriptyline or antipsychotics like risperidone, thioridazine and haloperidol. Dosage adjustment may be warranted.
Co-administration with desipramine or metoprolol resulted in both cases in a twofold increase in the plasma levels of these two CYP2D6 substrates.
In vitro studies have demonstrated that escitalopram may also cause weak inhibition of CYP2C19. Caution is recommended with concomitant use of medicinal products that are metabolised by CYP2C19.

USE IN SPECIAL POPULATIONS

Pregnancy
Escitalopram should not be used during pregnancy unless clearly necessary and only after careful consideration of the risk/benefit. US FDA Pregnancy category C
Neonates should be observed if maternal use of Escitalopram continues into the later stages of pregnancy, particularly in the third trimester. Abrupt discontinuation should be avoided during pregnancy.
The following symptoms may occur in the neonate after maternal SSRI/SNRI use in later stages of pregnancy: respiratory distress, cyanosis, apnoea, seizures, temperature instability, feeding difficulty, vomiting, hypoglycaemia, hypertonia, hypotonia, hyperreflexia, tremor, jitteriness, irritability, lethargy, constant crying, somnolence and difficulty sleeping. These symptoms could be due to either serotonergic effects or discontinuation symptoms. In a majority of instances the complications begin immediately or sooner (<24 hours) after delivery.

Nursing mothers
It is expected that escitalopram will be excreted into human milk.Consequently, breast-feeding is not recommended during treatment.

Pediatrics
Escitalopram is not approved for use in patients less than 12 years of age because safety and efficacy has not been established. The safety and effectiveness of Escitalopram has been established in patients 12 to 17 years of age in major depressive disorder but not in Generalized Anxiety Disorder. In adolescents less than 18 years of age with depression, Escitalopram must be used with caution as there is a potential risk of suicidal behaviors in this population. (See WARNINGS AND PRECAUTIONS). In addition, long-term safety data in children and adolescents concerning growth, maturation and cognitive and behavioral development are lacking.

Renal impairment
Dosage adjustment is not necessary in patients with mild or moderate renal impairment. (See DOSAGE & ADMINISTRATION)

Hepatic impairment
Dosage adjustment is required in patients with hepatic impairment (See DOSAGE & ADMINISTRATION)

OVER DOSAGE

Toxicity
Escitalopram overdose are limited and many cases involve concomitant overdoses of other drugs. In the majority of cases mild or no symptoms have been reported. Fatal cases of Escitalopram overdose have rarely been reported with Escitalopram alone; the majority of cases have involved overdose with concomitant medications. Doses between 400 and 800 mg of Escitalopram alone have been taken without any severe symptoms.

Symptoms
Symptoms seen in reported overdose of Escitalopram include symptoms mainly related to the central nervous system (ranging from dizziness, tremor, and agitation to rare cases of serotonin syndrome, convulsion, and coma), the gastrointestinal system (nausea/vomiting), and the cardiovascular system (hypotension, tachycardia, QT interval prolongation, and arrhythmia) and electrolyte/fluid balance conditions (hypokalaemia, hyponatraemia).

Management
There is no specific antidote. Establish and maintain an airway, ensure adequate oxygenation and respiratory function. Gastric lavage and the use of activated charcoal should be considered. Gastric lavage should be carried out as soon as possible after oral ingestion. Cardiac and vital signs monitoring are recommended along with general symptomatic supportive measures.
ECG monitoring is advised in case of overdose in patients with congestive heart failure/bradyarrhythmias, in patients using concomitant medications that prolong the QT interval, or in patients with altered metabolism, e.g. liver impairment.

PRESENTATION
Estar 5 mg Tablet: Pack of 14 tablets (2 x 7's)
Estar 10 mg Tablet: Pack of 14 tablets (2 x 7's)
Estar 20 mg Tablet: Pack of 14 tablets (2 x 7's)

INSTRUCTIONS
As advised by the physician.
Keep all medicines out of the reach of children.
To be sold on the prescription of a registered medical practitioner only.
Protect from heat, light and moisture.
Store below 30°C.
For more information on our products
call PharmAssist helpline 0800-82222
Monday to Friday 9:00 am to 6:00 pm
or email us at : pharmassist@pharmevo.biz

ہدایات:
ڈاکٹر کی ہدایات کے مطابق استعمال کریں۔
تمام دوائیں بچّوں کی پہنچ سے دُور رکھیں۔
صرف رجسٹرڈ ڈاکٹر کے نسخہ پر ہی فروخت کی جائے۔
روشنی، گرمی اور نمی سے محفوظ، 30°C سے کم درجہ حرارت پر رکھیں۔
ہماری ادویات کی مزید معلومات کے لئے فارم اسسٹ کی
ہیلپ لائن نمبر 0800-82222 پر کال کریں۔
پیر تا جمعہ صبح 9:00 بجے تا شام 6:00 بجے
یا ہمیں pharmassist@pharmevo.biz پر ای میل کریں

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Our dream, a healthier society

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