VI.2 Elements for a Public Summary

/…/ 10 mg/10 mg film-coated tablets
/…/ 20 mg/10 mg film-coated tablets

VI.2.1 Overview of disease epidemiology

High blood pressure (hypertension)
Overall, approximately 20% of the world's adults are estimated to have high blood pressure. The frequency of people with high blood pressure dramatically increases in patients older than 60 years. In many countries, 50% of the population older than 60 years have high blood pressure. Until age 45 years, a higher percentage of men than women have high blood pressure; from age 45 years onward, the percentages are nearly equal between men and women. In women, those who use oral contraceptives, particularly obese and older women, have a 2- to 3-fold higher risk of developing high blood pressure than women not using this medication. Globally, black adults have among the highest rates of high blood pressure.

VI.2.2 Summary of treatment benefits

/.../ is a fixed combination of an ACE-inhibitor (enalapril) and a calcium channel blocker (lercanidipine), two medicines that lower blood pressure.

/…/ 10 mg/10 mg
In a clinical study conducted in 342 patients not being responsive to lercanidipine 10 mg the reduction in blood pressure was greater with the combination enalapril 10 mg/lercanidipine 10 mg than with lercanidipine 10 mg alone. A significantly higher percentage of patients on combination treatment experienced normalization of blood pressure compared with patients on monotherapy.

/…/ 20 mg/10 mg
In a clinical study conducted in 327 patients not being responsive to enalapril 20 mg, patients on enalapril 20 mg/lercanidipine 10 mg had a significantly greater reduction in blood pressure compared with those on monotherapy.

[Applies only for 10 mg/10 mg]
/.../ is used to treat high blood pressure (hypertension) in adult patients whose blood pressure is not adequately controlled by lercanidipine 10 mg alone.

[Applies only for 20 mg/10 mg]
/…/ is used to treat high blood pressure (hypertension) in adult patients whose blood pressure is not adequately controlled by enalapril 20 mg alone.

/.../ should not be used for initial treatment of hypertension.

VI.2.3 Unknowns relating to treatment benefits

There is insufficient information available on the use of the combination product in paediatric patients or on safety in use in breast feeding women.

VI.2.4 Summary of safety concerns

Important identified risks

Risk	What is known	Preventability
Allergic reactions (Hypersensitivity reactions, including angioedema)	Patients taking this medicine may experience an allergic reaction in the form of swelling of the face, lips, tongue, and throat.	Patients should not take this medicine if they are allergic to enalapril or lercanidipine or any of the other ingredients of this medicine. Or if they are allergic to medicines closely related to enalapril/lercanidipine (e.g. amlodipine, felodipine, nifedipine, captopril, fosinopril, lisinopril, ramipril). Patients should not take this medicine if they have ever developed swelling of the face, lips, tongue, and/or throat, hands, and feet), either hereditary in type or after previous treatment with this type of medicine (ACE-inhibitor). Or if they have a hereditary tendency to tissue swelling or if you develop tissue swelling of unknown cause (hereditary or idiopathic angioedema). If patients experience any of the symptoms of an allergic reaction they should stop taking the medicinal product at once and tell their doctor immediately.
High blood potassium levels (Hyperkalaemia)	Increased potassium levels in the blood is a common side effect with this medicine (it may affect up to 1 in 10 people). This is more likely if patients use potassium-sparing diuretics (spironolactone) or potassium supplements. Patients should talk to their doctor before taking enalapril / lercanidipine if they are at risk of an elevation of the potassium level in their blood. The doctor may check the amount of electrolytes (e.g. potassium) in the patient's blood at regular	High blood potassium levels (Hyperkalaemia)

Risk	What is known	Preventability
	intervals.	
Low blood pressure (Hypotension)	This medicine is given to people in order to lower their blood pressure. In some cases, it can lower the blood pressure too much.	If patients experience excessive reduction in blood pressure including excessive fall in blood pressure when standing up, they should stop taking the medicinal product at once and tell the doctor immediately. Alcohol can increase the effect of enalapril/lercanidipine. Patients are therefore advised either to consume no alcohol or to strictly limit their alcohol intake.
Liver damage (Hepatic impairment)	Patients taking this medicine may develop fever, chills, tiredness, loss of appetite, stomach pain, feeling sick, yellowing of your skin or eyes (jaundice). These can be signs of liver problems such as hepatitis (inflammation of the liver) or liver damage. Patients should not take this medication if they have severe liver or kidney problems, or if they are undergoing dialysis. If patients experience any symptoms of liver problems they should stop taking the medicinal product at once and tell their doctor immediately.	Liver damage (Hepatic impairment)
Use with certain other medications and food/drink (Drug-drug interactions)	Use with certain other medicines can either increase or decrease the effects of enalapril/lercanidipine. Patients should not take this medicine if they are simultaneously using a medicine known as cyclosporin or ciclosporin or together with grapefruit or grapefruit juice.	Use with certain other medications and food/drink (Drug-drug interactions)
Kidney damage (Use in patients with renal impairment/increased renal toxicity)	This medicine can cause kidney problems. This is an uncommon side effect (may effect up to 1 in 100 people).	Patients should not take this medication if they have severe liver or kidney problems, or if they are undergoing dialysis.
Use during pregnancy	Studies have not been	Use during pregnancy

Risk	What is known	Preventability
	conclusive regarding the risk of birth defects when this medicine is taken during the first trimester of pregnancy, however a small risk cannot be excluded. Treatment should not be initiated during pregnancy. Unless continued treatment is considered essential, patients planning pregnancy should be changed to alternative anti-hypertensive treatments which have an established safety profile for use in pregnancy. When pregnancy is diagnosed, treatment should be stopped immediately, and, if appropriate, alternative therapy should be started.	

Important potential risks

Risk	What is known (Including reason why it is considered a potential risk)
Reduction in white blood cells, platelets and red blood cells (Neutropenia/agranulocytosis/ thrombocytopenia/anaemia)	Use of this medicine can cause reduction in the number of certain blood cells. This occurs rarely (may effect up to 1 in 1000 people). Patients should talk to their doctor before taking enalapril/lercanidipine if their white blood cells are reduced to various degrees (leucopenia, agranulocytosis), possibly resulting in susceptibility to infection and severe general symptoms.
Increased risk of heart problems in patients with certain type of heart disease (Increased cardiovascular risk in patients with left ventricular dysfunction and ischaemic heart)	This medicine can cause an increased risk of heart attack in patients who already have a certain type of heart disease. If patients suffer from certain heart diseases they should not take this medicine: - Obstruction to the flow of blood from the left ventricle of the heart, including a narrowing of the main artery of the heart (aortic stenosis). - Chest pain. - Within one month after suffering a heart attack

	(myocardial infarction). Patients should talk to their doctor before taking this medicine if they suffer from heart disease involving interruption of blood flow (ischaemia).

Missing information

Risk	What is known
Use in paediatric patiens	The safety of this product when used in children and adolescents has not been established. Talk to your doctor or pharmacist if youwant to give this product to your child.
Use during breast feeding	Breastfeeding newborn babies (first few weeks after birth), and especially premature babies, is not recommended whilst taking enalapril/lercanidipine. In the case of an older baby your doctor should advise you on the benefits and risks of taking enalapril/lercanidipine whilst breast feeding, compared with other treatments. Tell your doctor if you are breast feeding or about to start breast feeding.
Use in patients who have recently undergone kidney (renal) transplantation	The safety of this product when used in patients who have recently undergone a kidney transplant has not been established. Talk to your doctor or pharmacist if you have a kidney problem including kidney transplantation.

VI.2.5 Summary of risk minimisation measures by safety concern

All medicines have a Summary of Product Characteristics (SPC) which provides physicians, pharmacists and other health care professionals with details on how to use the medicine, the risks and recommendations for minimising them. An abbreviated version of this in lay language is provided in the form of the package leaflet (PL). The measures in these documents are known as routine risk minimisation measures.

This medicine has no additional risk minimisation measures.

VI.2.6 Planned post authorisation development plan

No post-authorisation studies have been imposed or are planned.

VI.2.7 Summary of changes to the Risk Management Plan over time

Not applicable.