Summary of Product Characteristics

1. Name of the medicinal product

Concor 5 mg, film-coated tablets

Concor 10 mg, film-coated tablets

2. Qualitative and quantitative composition

Concor 5 mg:
Each tablet contains 5 mg bisoprolol fumarate.

Concor 10 mg:
Each tablet contains 10 mg bisoprolol fumarate.

For the full list of excipients see section 6.1.

3. Dosage form

Film-coated tablets

Concor 5 mg are yellowish white, heart-shaped, scored and film-coated tablets
Concor 10 mg are pale orange - light orange, heart-shaped, scored and film-coated tablets

The scored tablets can be divided into two equal doses.

4. Clinical data

4.1 Therapeutic indications

- Treatment of stable chronic, moderate to severe heart failure with impaired systolic ventricular function (ejection fraction < 35 %, determined by echocardiography) in addition to ACE inhibitors and diuretics, and optionally cardiac glycosides.

- Hypertension
- Coronary heart disease (angina pectoris)

4.2 Posology

- **Heart Failure**
  Standard treatment of CHF consists of an ACE inhibitor (or an angiotensin receptor blocker in case of intolerance to ACE inhibitors), a beta-blocker, diuretics, and when appropriate cardiac glycosides. Patients should be stable (without acute failure) when Concor treatment is initiated.

  It is recommended that the treating physician should be experienced in the management of chronic heart failure.

Transient worsening of heart failure, hypotension, or bradycardia may occur during the titration period and thereafter.

Titration phase

The treatment of stable chronic heart failure with Concor requires a titration phase.
The treatment with Concor is to be started with a gradual up titration according to the following steps:
• 1.25 mg once daily for 1 week, if well tolerated increase to
• 2.5 mg once daily for a further week, if well tolerated increase to
• 3.75 mg once daily for a further week, if well tolerated increase to
• 5 mg once daily for the 4 following weeks, if well tolerated increase to
• 7.5 mg once daily for the 4 following weeks, if well tolerated increase to
• 10 mg once daily for the maintenance therapy.

The maximum recommended dose is 10 mg once daily.

Close monitoring of vital signs (heart rate, blood pressure) and symptoms of worsening heart failure is recommended during the titration phase. Symptoms may already occur within the first day after initiating the therapy.

Treatment modification

If the maximum recommended dose is not well tolerated, gradual dose reduction may be considered.
In case of transient worsening of heart failure, hypotension, or bradycardia reconsideration of the dosage of the concomitant medication is recommended. It may also be necessary to temporarily lower the dose of Concor or to consider discontinuation.
The reintroduction and/or uptitration of Concor should always be considered when the patient becomes stable again.
If discontinuation is considered, gradual dose decrease is recommended, since abrupt withdrawal may lead to acute deterioration of the patient's condition.

Treatment of stable chronic heart failure with Concor is generally a long-term treatment.

Patients with hepatic or renal impairment
There is no information regarding pharmacokinetics of Concor in patients with chronic heart failure and with impaired hepatic or renal function. Uptitration of the dose in these populations should therefore be made with additional caution.

- **Hypertension and Coronary heart disease (angina pectoris).**

Treatment should principally be initiated gradually with low doses, which are then increased slowly. In all cases the dosage should be adjusted individually, in particular according to the pulse rate and therapeutic success.

Hypertension
The recommended dosage is 5 mg bisoprolol fumarate once daily.

In milder forms of hypertension (diastolic blood pressure up to 105 mmHg) therapy with 2.5 mg once daily may be adequate.
If necessary, the dosage may be increased to 10 mg once daily. Any further increase of dosage is justified only in exceptional cases.
The maximum recommended dosage is 20 mg once daily.

Coronary heart disease (angina pectoris)
The recommended dosage is 5 mg bisoprolol fumarate once daily.
If necessary, the dosage may be increased to 10 mg once daily. Any further increase of dosage is justified only in exceptional cases.

The maximum recommended dosage is 20 mg once daily.

Dosage in hepatic and/or renal insufficiency
In patients with liver or kidney function disorders of mild to moderate severity no dosage adjustment is normally required. In patients with severe kidney function disorders (creatinine clearance < 20 ml/min) and in patients with severely impaired liver function a daily dose of 10 mg bisoprolol fumarate should not be exceeded.
There is only limited experience with the use of Concor in dialysis patients. There are no indications of the necessity to alter the dose regimen.

Older people
No dose adjustment is required.

Paediatric population
There is no paediatric experience with Concor. Therefore, its use cannot be recommended in paediatric patients.

Method of administration
Concor tablets should be taken in the morning and can be taken with food. They should be swallowed with liquid and should not be chewed.

4.3. Contraindications

Concor is contraindicated in chronic heart failure patients with:

- acute heart failure or during episodes of heart-failure decompensation requiring i.v. inotropic therapy
- cardiogenic shock
- second or third degree AV block
- sick sinus syndrome
- sinoatrial block
- symptomatic bradycardia
- symptomatic hypotension
- severe bronchial asthma
- severe forms of peripheral arterial occlusive disease or severe forms of Raynaud's syndrome
- untreated phaeochromocytoma (see section 4.4)
- metabolic acidosis

- hypersensitivity to Concor or to any of the excipients listed in section 6.1

4.4 Special warnings and special precautions for use

The treatment of stable chronic heart failure with Concor has to be initiated with a special titration phase.
Especially in patients with ischaemic heart disease the cessation of therapy with Concor must not be done abruptly unless clearly indicated, because this may lead to transitional worsening of heart condition.
The initiation and cessation of treatment of stable chronic heart failure with Concor necessitates regular monitoring.

There is no therapeutic experience of Concor treatment of heart failure in patients with the following diseases and conditions:

- insulin dependent diabetes mellitus (type I)
- severely impaired renal function
- severely impaired hepatic function
- restrictive cardiomyopathy
- congenital heart disease
- hemodynamically significant organic valvular disease
- myocardial infarction within 3 months

Concor must be used with caution in:

- bronchospasm (bronchial asthma, obstructive airways diseases)
- diabetes mellitus with large fluctuations in blood glucose values; Symptoms of hypoglycaemia can be masked
- strict fasting
- ongoing desensitization therapy. As with other beta-blockers, Concor may increase both the sensitivity towards allergens and the severity of anaphylactic reactions. Epinephrine treatment does not always yield the expected therapeutic effect
- first degree AV block
- Prinzmetal’s angina: Cases of coronary vasospasm have been observed. Despite its high beta1-selectivity, angina attacks cannot be completely excluded when Concor is administered to patients with Prinzmetal's angina.
- peripheral arterial occlusive disease. Aggravation of symptoms may occur especially when starting therapy.
- general anaesthesia
  In patients undergoing general anaesthesia beta-blockade reduces the incidence of arrhythmias and myocardial ischemia during induction and intubation, and the postoperative period. It is currently recommended that maintenance beta-blockade be continued peri-operatively. The anaesthetist must be aware of beta-blockade because of the potential for interactions with other drugs, resulting in bradyarrhythmias, attenuation

of the reflex tachycardia and the decreased reflex ability to compensate for blood loss. If it is thought necessary to withdraw beta-blocker therapy before surgery, this should be done gradually and completed about 48 hours before anaesthesia.

Combination of Concor with calcium antagonists of the verapamil or diltiazem type, with Class I antiarrhythmic drugs and with centrally acting antihypertensive drugs is generally not recommended, for details please refer to section 4.5.

Although cardioselective (beta1) beta-blockers may have less effect on lung function than non-selective beta-blockers, as with all beta-blockers, these should be avoided in patients with obstructive airways diseases, unless there are compelling clinical reasons for their use. Where such reasons exist, Concor may be used with caution. In patients with obstructive airways diseases, the treatment with Concor should be started at the lowest possible dose and patients should be carefully monitored for new symptoms (e.g. dyspnea, exercise intolerance, cough). In bronchial asthma or other chronic obstructive lung diseases, which may cause symptoms, bronchodilating therapy should be given concomitantly. Occasionally an increase of the airway resistance may occur in patients with asthma, therefore the dose of beta2-stimulants may have to be increased.

Patients with psoriasis or with a history of psoriasis should only be given beta-blockers (e.g. Concor) after carefully balancing the benefits against the risks.

In patients with phaeochromocytoma Concor must not be administered until after alpha-receptor blockade.

Under treatment with Concor the symptoms of a thyreotoxicosis may be masked.

4.5 Interaction with other medicinal products and other forms of interaction

Combinations *not recommended:*
Calcium antagonists of the verapamil type and to a lesser extent of the diltiazem type: Negative influence on contractility and atrio-ventricular conduction. Intravenous administration of verapamil in patients on β-blocker treatment may lead to profound hypotension and atrioventricular block.

Class I antiarrhythmic drugs (e.g. quinidine, disopyramide; lidocaine, phenytoin; flecainide, propafenone): Effect on atrio-ventricular conduction time may be potentiated and negative inotropic effect increased.

Centrally acting antihypertensive drugs such as clonidine and others (e.g. methyldopa, moxonodine, rilmenidine): Concomitant use of centrally acting a antihypertensive drugs may worsen heart failure by a decrease in the central sympathetic tonus (reduction of heart rate and cardiac output, vasodilation). Abrupt withdrawal, particularly if prior to beta-blocker discontinuation, may increase the risk of "rebound hypertension".

Combinations to be used with caution:
Calcium antagonists of the dihydropyridine type such as felodipine and amlodipine: Concomitant use may increase the risk of hypotension, and an increase in the risk of a further deterioration of the ventricular pump function in patients with heart failure cannot be excluded.
Class III antiarrhythmic drugs (e.g. amiodarone): Effect on atrio-ventricular conduction time may be potentiated.

Topical beta-blockers (e.g. eye drops for glaucoma treatment) may add to the systemic effects of Concor.

Parasympathomimetic drugs: Concomitant use may increase atrio-ventricular conduction time and the risk of bradycardia.

Insulin and oral antidiabetic drugs: Increase of blood sugar lowering effect. Blockade of beta-adrenoreceptors may mask symptoms of hypoglycaemia.

Anaesthetic agents: Attenuation of the reflex tachycardia and increase of the risk of hypotension (for further information on general anaesthesia see also section 4.4)
Digitalis glycosides: Reduction of heart rate, increase of atrio-ventricular conduction time.

Non-steroidal anti-inflammatory drugs (NSAIDs): NSAIDs may reduce the hypotensive effect of Concor.

Beta-sympathomimetics agents (e.g. isoprenaline, dobutamine): Combination with Concor may reduce the effect of both agents.

Sympathomimetics that activate both β- and α-adrenoceptors (e.g. noradrenaline, adrenaline): Combination with Concor may unmask the α-adrenoceptor-mediated vasoconstrictor effects of these agents leading to blood pressure increase and exacerbated intermittent claudication. Such interactions are considered to be more likely with nonselective β -blockers.

Concomitant use with antihypertensive agents as well as with other drugs with blood pressure lowering potential (e.g. tricyclic antidepressants, barbiturates, phenothiazines) may increase the risk of hypotension.

Combinations to be considered
Mefloquine: increased risk of bradycardia
Monoamine oxidase inhibitors (except MAO-B inhibitors): Enhanced hypotensive effect of the beta-blockers but also risk for hypertensive crisis.

4.6 Fertility, pregnancy and lactation:

Concor has pharmacological effects that may cause harmful effects on pregnancy and/or the fetus/newborn.

In general, beta-adrenoceptor blockers reduce placental perfusion, which has been associated with growth retardation, intrauterine death, abortion or early labour. Adverse effects (e.g. hypoglycaemia and bradycardia) may occur in the fetus and newborn infant. If

treatment with beta-adrenoceptor blockers is necessary, $beta_1$-selective adrenoceptor blockers are preferable.

Concor should not be used during pregnancy unless clearly necessary. If treatment with Concor is considered necessary, the uteroplacental blood flow and the fetal growth should be monitored. In case of harmful effects on pregnancy or the fetus, alternative treatment should be considered. The newborn infant must be closely monitored. Symptoms of hypoglycaemia and bradycardia are generally to be expected within the first 3 days.

Breast-feeding
It is not known whether this drug is excreted in human milk. Therefore, breastfeeding is not recommended during administration of Concor.

4.7 Effects on ability to drive and use machines

In a study with coronary heart disease patients Concor did not impair driving performance. However, due to individual variations in reactions to the drug, the ability to drive a vehicle or to operate machinery may be impaired. This should be considered particularly at start of treatment and upon change of medication as well as in conjunction with alcohol.

4.8 Undesirable effects

The following definitions apply to the frequency terminology used hereafter:
Very common (≥ 1/10)
Common (≥1/100 to <1/10)
Uncommon (≥1/1,000 to <1/100)
Rare (≥1/10,000 to <1/1,000)
Very rare (<1/10,000)
Frequency not known (cannot be estimated from available data)

Cardiac disorders	
Very common	bradycardia.
Common	worsening of heart failure.
Uncommon	AV-conduction disturbances

Investigations	
Rare:	Increased triglycerides, increased liver enzymes (ALAT, ASAT)

Nervous system disorders	
Common	Dizziness, headache
Rare	Syncope

Eye disorders	
Rare	Reduced tear flow (to be considered if the patient uses lenses)
Very rare	Conjunctivitis

Ear and labyrinth disorders	
Rare	Hearing disorders

Respiratory, thoracic and mediastinal disorders

Uncommon	Bronchospasm in patients with bronchial asthma or a history of obstructive airways disease
Rare	Allergic rhinitis

Gastrointestinal disorders

Common	Gastrointestinal complaints such as nausea, vomiting, diarrhoea, constipation

Skin and subcutaneous tissue disorders

Rare	Hypersensitivity reactions (pruritus, flush, rash)
Very rare	alopecia. Beta-blockers may provoke or worsen psoriasis or induce psoriasis-like rash

Musculoskeletal and connective tissue disorders

Uncommon	Muscular weakness and cramps

Vascular disorders

Common	feeling of coldness or numbness in the extremities, hypotension
Uncommon:	orthostatic hypotension

General disorders

Common	asthenia, fatigue

Hepatobiliary disorders

Rare	Hepatitis

Reproductive system and breast disorders

Rare	erectile dysfunction

Psychiatric disorders

Uncommon	sleep disorders, depression
Rare	nightmares, hallucinations

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product.

Any suspected adverse events should be reported to the Ministry of Health according to the National Regulation by using an online form https://sideeffects.health.gov.il/

and emailed to the Registration Holder's Patient Safety Unit at: drugsafety@neopharmgroup.com

4.9 Overdose

Symptoms

With overdose (e.g. daily dose of 15 mg instead of 7.5 mg) third degree AV-block, bradycardia, and dizziness have been reported. In general the most common signs expected with overdosage of a beta-blocker are bradycardia, hypotension, bronchospasm, acute cardiac

insufficiency and hypoglycaemia. To date a few cases of overdose (maximum: 2000 mg) with Concor have been reported in patients suffering from hypertension and/or coronary heart disease showing bradycardia and/or hypotension; all patients recovered. There is a wide interindividual variation in sensitivity to one single high dose of Concor and patients with heart failure are probably very sensitive. Therefore it is mandatory to initiate the treatment of these patients with a gradual uptitration according to the scheme given in section 4.2.

Management
If overdose occurs, Concor treatment should be stopped and supportive and symptomatic treatment should be provided. Limited data suggest that Concor is hardly dialysable. Based on the expected pharmacologic actions and recommendations for other beta-blockers, the following general measures should be considered when clinically warranted.

Bradycardia: Administer intravenous atropine. If the response is inadequate, isoprenaline or another agent with positive chronotropic properties may be given cautiously. Under some circumstances, transvenous pacemaker insertion may be necessary.
Hypotension: Intravenous fluids and vasopressors should be administered. Intravenous glucagon may be useful.

AV block (second or third degree): Patients should be carefully monitored and treated with isoprenaline infusion or transvenous cardiac pacemaker insertion.

Acute worsening of heart failure: Administer i.v. diuretics, inotropic agents, vasodilating agents.

Bronchospasm: Administer bronchodilator therapy such as isoprenaline, $beta_2$-sympathomimetic drugs and/or aminophylline.

Hypoglycaemia: Administer i.v. glucose.

5. Pharmacological properties

5.1 Pharmacodynamic properties
Pharmacotherapeutic group: Beta blocking agents, selective
ATC Code: C07AB07
Mechanism of action
Concor is a highly $beta_1$-selective-adrenoceptor blocking agent, lacking intrinsic stimulating and relevant membrane-stabilising activity. It only shows low affinity to the $beta_2$-receptor of the smooth muscles of bronchi and vessels as well as to the $beta_2$-receptors concerned with metabolic regulation. Therefore, Concor is generally not to be expected to influence the airway resistance and $beta_2$-mediated metabolic effects. Its $beta_1$-selectivity extends beyond the therapeutic dose range.

Clinical efficacy and safety
In total 2647 patients were included in the CIBIS II trial. 83% (n = 2202) were in NYHA class III and 17% (n = 445) were in NYHA class IV. They had stable symptomatic systolic heart failure (ejection fraction <35%, based on echocardiography). Total mortality was reduced from 17.3% to 11.8% (relative reduction 34%). A decrease in sudden death (3.6%

vs 6.3%, relative reduction 44%) and a reduced number of heart failure episodes requiring hospital admission (12% vs 17.6%, relative reduction 36%) was observed. Finally, a significant improvement of the functional status according to NYHA classification has been shown. During the initiation and titration of Concor hospital admission due to bradycardia (0.53%), hypotension (0.23%), and acute decompensation (4.97%) were observed, but they were not more frequent than in the placebo-group (0%, 0.3% and 6.74%). The numbers of fatal and disabling strokes during the total study period were 20 in the Concor group and 15 in the placebo group.

The CIBIS III trial investigated 1010 patients aged ≥65 years with mild to moderate chronic heart failure (CHF; NYHA class II or III) and left ventricular ejection fraction ≤35%, who had not been treated previously with ACE inhibitors, beta-blockers, or angiotensin receptor blockers. Patients were treated with a combination of Concor and enalapril for 6 to 24 months after an initial 6 months treatment with either Concor or enalapril.
There was a trend toward higher frequency of chronic heart failure worsening when Concor was used as the initial 6 months treatment. Non inferiority of bisoprolol-first versus enalapril-first treatment was not proven in the per-protocol analysis, although the two strategies for initiation of CHF treatment showed a similar rate of the primary combined endpoint death and hospitalization at study end (32.4% in the bisoprolol-first group vs. 33.1 % in the enalapril-first group, per-protocol population). The study shows that Concor can also be used in elderly chronic heart failure patients with mild to moderate disease.
Concor is also used for the treatment of hypertension and angina.
In acute administration in patients with coronary heart disease without chronic heart failure Concor reduces the heart rate and stroke volume and thus the cardiac output and oxygen consumption. In chronic administration the initially elevated peripheral resistance decreases.

5.2 Pharmacokinetic properties

Absorption
Concor is absorbed and has a biological availability of about 90% after oral administration.

Distribution
The distribution volume is 3.5 l/kg. The plasma protein binding of Concor is about 30%.

Biotransformation and Elimination
Concor is excreted from the body by two routes. 50% is metabolised by the liver to inactive metabolites which are then excreted by the kidneys. The remaining 50% is excreted by the kidneys in an unmetabolised form. Total clearance is approximately 15 l/h. The half-life in plasma of 10-12 hours gives a 24 hour effect after dosing once daily.
Linearity
The kinetics of Concor are linear and independent of age.

Special population
Since the elimination takes place in the kidneys and the liver to the same extent a dosage adjustment is not required for patients with impaired liver function or renal insufficiency. The pharmacokinetics in patients with stable chronic heart failure and with impaired liver or renal function has not been studied. In patients with chronic heart failure (NYHA stage III) the plasma levels of Concor are higher and the halflife is prolonged compared to healthy volunteers. Maximum plasma concentration at steady state is 64+21 ng/ml at a daily dose of 10 mg and the half-life is 17+5 hours.

5.3 Preclinical safety data

Preclinical data reveal no special hazard for humans based on conventional studies of safety pharmacology, repeated dose toxicity, genotoxicity or carcinogenicity .
Like other beta-blockers, Concor caused maternal (decreased food intake and decreased body weight) and embryo/fetal toxicity (increased incidence of resorptions, reduced birth weight of the offspring, retarded physical development) at high doses but was not teratogenic.

6. Pharmaceutical particulars

6.1 List of excipients

Concor 5 mg / 10 mg

Tablet core: Silica, colloidal anhydrous; magnesium stearate, crospovidone, microcrystalline cellulose, maize starch; calcium hydrogen phosphate, anhydrous.

Film-coating: Iron oxide yellow (E172), dimethicone 100, macrogol 400, titanium dioxide (E171), hypromellose 2910/15.
In Concor 10 mg additionally: Iron oxide red (E172)

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

Concor 5 mg and 10 mg
5 years.

6.4 Special precautions for storage

Do not store above 30°C.

6.5 Nature and contents of container

The container is a blister, which is made of a polyvinylchloride base film and an aluminium cover foil.
Concor 5 mg:
Pack sizes: 30, 50 and 100 tablets.

Hospital pack with 300 (10 x 30) film-coated tablets

Concor 10 mg:
Pack sizes: 30, 50 and 100 tablets.
Hospital pack with 300 (10 x 30) film-coated tablets

6.6 Special precautions for disposal

No special requirements.

7. Registration holder

Neopharm (Israel) 1996 Ltd., P.O.Box 7063, Petach Tiqva 49170

8. Marketing authorization numbers

Concor 5 mg	057-79-25169-01
Concor 10 mg	057-78-25170-01

Approved in July 2016, updated in March 2020.