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# Calan SR (Verapamil Hydrochloride Sustained-Release Oral Caplets)

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Serious adverse reactions are uncommon when verapamil therapy is initiated with upward dose titration within the recommended single and total daily dose. for discussion of heart failure, hypotension, elevated liver enzymes, AV block, and rapid ventricular response. Reversible (upon discontinuation of **WARNINGS**See verapamil) non-obstructive, paralytic ileus has been infrequently reported in association with the use of verapamil. The following reactions to orally administered verapamil occurred at rates greater than 1.0% or occurred at lower rates but appeared clearly drug-related in clinical trials in 4,954 patients:

7.3%	Constipation
3.3%	Dizziness
2.7%	Nausea
2.5%	Hypotension
2.2%	Headache
1.9%	Edema
1.8%	CHF, Pulmonary edema
1.7%	Fatigue
1.4%	Dyspnea
1.4%	Bradycardia (HR < 50/min)
1.2%	AV block (total 1°, 2°, 3°)
0.8%	(2° and 3°)
1.2%	Rash
0.6%	Flushing
<b>)WARNINGS</b> Elevated liver enzymes (see	

In clinical trials related to the control of ventricular response in digitalized patients who had atrial fibrillation or flutter, ventricular rates below 50/min at rest occurred in 15% of patients and asymptomatic hypotension occurred in 5% of patients.

The following reactions, reported in 1% or less of patients, occurred under conditions (open trials, marketing experience) where a causal relationship is uncertain; they are listed to alert the physician to a possible relationship:

angina pectoris, atrioventricular dissociation, chest pain, claudication, myocardial infarction, palpitations, purpura (vasculitis), syncope. **Cardiovascular:**

diarrhea, dry mouth, gastrointestinal distress, gingival hyperplasia. **Digestive system:**

ecchymosis or bruising. **Hemic and lymphatic:**

cerebrovascular accident, confusion, equilibrium disorders, insomnia, muscle cramps, paresthesia, psychotic symptoms, shakiness, somnolence. **Nervous system:**

arthralgia and rash, exanthema, hair loss, hyperkeratosis, macules, sweating, urticaria, Stevens-Johnson syndrome, erythema multiforme. **Skin:**

blurred vision, tinnitus. **Special senses:**

gynecomastia, galactorrhea/hyperprolactinemia, increased urination, spotty menstruation, impotence. **Urogenital:**

## Treatment Of Acute Cardiovascular Adverse Reactions

The frequency of cardiovascular adverse reactions that require therapy is rare; hence, experience with their treatment is limited. Whenever severe hypotension or complete AV block occurs following oral administration of verapamil, the appropriate emergency measures should be applied immediately; eg, intravenously administered norepinephrine bitartrate, atropine sulfate, isoproterenol HCl (all in the usual doses), or calcium gluconate (10% solution). In patients with hypertrophic cardiomyopathy (IHSS), alpha-adrenergic agents (phenylephrine HCl, metaraminol bitartrate, or methoxamine HCl) should be used to maintain blood pressure, and

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isoproterenol and norepinephrine should be avoided. If further support is necessary, dopamine HCl or dobutamine HCl may be administered. Actual treatment and dosage should depend on the severity of the clinical situation and the judgment and experience of the treating physician.