SLATE RUN
PHARMACEUTICALS

SLATERUNPHARMA.COM | 855-962-7547 (Toll Free)

METOPROLOL SUCCINATE

EXTENDED-RELEASE TABLETS, USP

To most, "generics" means bland, ordinary, and uninteresting. To us, it means the opportunity to be remarkable.

MAKING
GENERICS
REMARKABLE

PRODUCT DETAILS

- Strength: Available in 25 mg, 50 mg, 100 mg, and 200 mg extended-release tablets
- Therapeutic Class: Beta-blockers

NDC Numbers:

25 mg | Bottle of 500: 70436-202-02
50 mg | Bottle of 100: 70436-183-01
50 mg | Bottle of 500: 70436-183-02
100 mg | Bottle of 100: 70436-166-01
100 mg | Bottle of 500: 70436-166-02
200 mg | Bottle of 100: 70436-167-01
200 mg | Bottle of 500: 70436-167-02

To place an order or learn more,
call **888-447-0095 (Toll Free)**
or email **sales@slaterunpharma.com**
6am – 7pm CST (Monday - Friday)

Available through your wholesaler:

NDC: 70436-202-02
Cardinal Health: 5807169
McKesson: 2645216
Amerisource: 10272523

NDC: 70436-183-01
Cardinal Health: 5779434
McKesson: 2608792
Amerisource: 10266670

NDC: 70436-183-02
Cardinal Health: 5779426
McKesson: 2608800
Amerisource: 10266632

NDC: 70436-166-01
Cardinal Health: 5719919
McKesson: 2325926
Amerisource: 10258004

NDC: 70436-166-02
Cardinal Health: 5719927
McKesson: 2325934
Amerisource: 10257985

NDC: 70436-167-01
Cardinal Health: 5719935
McKesson: 2325991
Amerisource: 10258020

NDC: 70436-167-02
Cardinal Health: 5719943
McKesson: 2326007
Amerisource: 10257956

IMPORTANT SAFETY INFORMATION FOR:

METOPROLOL SUCCINATE EXTENDED-RELEASE TABLETS USP

WARNING: ISCHEMIC HEART DISEASE

Following abrupt cessation of therapy with certain beta-blocking agents, exacerbations of angina pectoris and, in some cases, myocardial infarction have occurred. When discontinuing chronically administered metoprolol succinate extended-release tablets, particularly in patients with ischemic heart disease, the dosage should be gradually reduced over a period of 1 to 2 weeks and the patient should be carefully monitored. If angina markedly worsens or acute coronary insufficiency develops, metoprolol succinate extended-release tablets administration should be reinstated promptly, at least temporarily, and other measures appropriate for the management of unstable angina should be taken. Warn patients against interruption or discontinuation of therapy without the physician's advice. Because coronary artery disease is common and may be unrecognized, it may be prudent not to discontinue metoprolol succinate extended-release tablets therapy abruptly even in patients treated only for hypertension

Metoprolol Succinate Extended-Release Tablets are contraindicated in patients with:

- **Known hypersensitivity to product components.**
- **Severe bradycardia.**
- **Heart block greater than first degree.**
- **Cardiogenic shock.**
- **Decompensated cardiac failure.**
- **Sick sinus syndrome without a pacemaker.**

Worsening cardiac failure may occur during up-titration of metoprolol succinate extended-release tablets. If such symptoms occur, increase diuretics and restore clinical stability before advancing the dose of metoprolol succinate extended-release tablets. It may be necessary to lower the dose of metoprolol succinate extended-release tablets or temporarily discontinue it.

PATIENTS WITH BRONCHOSPASTIC DISEASES SHOULD, IN GENERAL, NOT RECEIVE BETA-BLOCKERS. Because of its relative beta 1 cardio-selectivity, however, metoprolol succinate extended-release tablets may be used in patients with bronchospastic disease who do not respond to, or cannot tolerate, other antihypertensive treatment. Because beta 1-selectivity is not absolute, use the lowest possible dose of metoprolol succinate extended-release tablets. Bronchodilators, including beta 2-agonists, should be readily available or administered concomitantly.

If metoprolol succinate extended-release tablets are used in the setting of pheochromocytoma, it should be given in combination with an alpha blocker, and only after the alpha blocker has been initiated.
Avoid initiation of a high-dose regimen of extended-release metoprolol in patients undergoing non-cardiac surgery, since such use in patients with cardiovascular risk factors has been associated with bradycardia, hypotension, stroke and death.

The most common adverse reactions include tiredness, dizziness, depression, shortness of breath, bradycardia, hypotension, diarrhea, pruritus, and rash.

Please see the package insert for Metoprolol Succinate Extended-Release Tablets for full prescribing information.