PRODUCT MONOGRAPH

INCLUDING PATIENT MEDICATION INFORMATION

PrMETHYLDOPA

Methyldopa Tablets

Tablets, 125 mg, 250 mg and 500 mg, Oral

USP

Antihypertensive

AA PHARMA INC.
1165 Creditstone Road, Unit #1
Vaughan, Ontario
L4K 4N7
www.aapharma.ca

Date of Initial Authorization:
JAN 05, 1976

Date of Revision:
OCT 10, 2024

Submission Control Number: 286256

RECENT MAJOR LABEL CHANGES

None	N/A

TABLE OF CONTENTS

Sections or subsections that are not applicable at the time of authorization are not listed.

PART I: HEALTH PROFESSIONAL INFORMATION

1 INDICATIONS

METHYLDOPA (methyldopa tablets) is indicated:

- For the treatment of arterial hypertension. May be employed in a general treatment program in conjunction with a diuretic and/or other antihypertensive drugs as needed for proper response in patients with hypertension of various severity.
- As the initial agent in the treatment of hypertension in those patients for which treatment should not be started with a diuretic.

1.1 Pediatrics

Pediatrics (<18 years of age): Based on the data submitted and reviewed by Health Canada, the safety and efficacy of methyldopa tablets in pediatric patients has been established; therefore, Health Canada has authorized an indication for pediatric use. See 4.2 Recommended Dose and Dosage Adjustment, Pediatrics.

1.2 Geriatrics

Geriatrics (>65 years of age): Evidence from clinical studies and experience suggests that use in the geriatric population is associated with differences in safety or effectiveness. See 4.2 Recommended Dose and Dosage Adjustment, Geriatrics.

2 CONTRAINDICATIONS

METHYLDOPA is contraindicated in:

- Patients who are hypersensitive to this drug or to any ingredient in the formulation, including any non-medical ingredient, or component of the container. For a complete listing, see 6 DOSAGE FORMS, STRENGTHS, COMPOSITION AND PACKAGING.
- Patients with active hepatic disease, such as acute hepatitis and active cirrhosis.
- If previous methyldopa tablets therapy has been associated with liver disorders or hemolytic anemia. See 3 SERIOUS WARNINGS AND PRECAUTIONS BOX and 7 WARNINGS AND PRECAUTIONS, Hepatic/Biliary/Pancreatic; Monitoring and Laboratory Tests.

3 SERIOUS WARNINGS AND PRECAUTIONS BOX

Serious Warnings and Precautions

- With prolonged methyldopa tablets therapy, 10 to 20% of patients develop a positive direct Coombs test which usually occurs between 6 and 12 months of methyldopa tablets therapy. Lowest incidence is at a daily dosage of 1 g or less. This on rare occasions may be associated with hemolytic anemia, which could lead to potentially fatal complications. One cannot predict which patients with a positive direct Coombs test may develop hemolytic anemia. See 7 WARNINGS AND PRECAUTIONS, Monitoring and Laboratory Tests.

- Rarely, fatal hepatic necrosis has been reported after use of methyldopa tablets. These hepatic changes may represent hypersensitivity reactions. Periodic determination of hepatic function should be done particularly during the first 6 to 12 weeks of therapy, or whenever an unexplained fever occurs. If fever, abnormalities in liver function tests, or jaundice appear, stop therapy with METHYLDOPA. See 7 WARNINGS AND PRECAUTIONS, Hepatic/Biliary/Pancreatic.

4 DOSAGE AND ADMINISTRATION

4.2 Recommended Dose and Dosage Adjustment

Adults: The usual starting dosage is 250 mg 2 or 3 times a day in the first 48 hours. The daily dosage then may be increased or decreased, preferably at intervals of not less than 2 days, until an adequate response is achieved. To minimize the sedation, start dosage increases in the evening. By adjustment of dosage, morning hypotension may be prevented without sacrificing control of afternoon blood pressure.

When METHYLDOPA is given to patients on other antihypertensives, the dose of the agents may need to be adjusted to effect a smooth transition. When METHYLDOPA is added to a thiazide, the dosage of thiazide usually need not be changed. A thiazide may be added at any time during METHYLDOPA therapy and is recommended if therapy has not been started with a thiazide or if effective control of blood pressure cannot be maintained on 2 g of METHYLDOPA daily. When METHYLDOPA is given with antihypertensives other than thiazides, its initial dosage should be limited to 500 mg daily in divided doses.

The usual daily maintenance dosage of METHYLDOPA is 500 mg to 2 g in 2 to 4 doses. Although occasional patients have responded to higher doses, the maximum recommended daily dosage is 3 g.

Studies suggest that once optimum dosage is ascertained, the antihypertensive effect can be maintained by giving the same total daily dose once every 24 hours.

Occasionally, tolerance may occur, usually between the second and third month of therapy. Adding a diuretic or increasing the dosage of METHYLDOPA frequently will restore effective control of blood pressure.

Geriatrics: Smaller doses may be needed in older patients with an increased sensitivity or an advanced arteriosclerotic vascular disease. See 7.1.4 Geriatrics.

Pediatrics: Initial dosage is based on 10 mg/kg body weight daily in 2 to 4 doses. The daily dosage then is increased or decreased until an adequate response is achieved. The maximum dosage is 65 mg/kg or 3 g daily, whichever is less.

Renal Impairment: Smaller doses may be needed in patients with impaired renal function. See 7 WARNINGS AND PRECAUTIONS, Renal.

4.4 Administration

METHYLDOPA tablets are for oral administration.

4.5 Missed Dose

If the patient misses a dose, inform the patient to skip the missed dose and take the next dose at the regular dosing schedule.

5 OVERDOSAGE

Symptoms: Acute overdosage may produce acute hypotension, bradycardia, dizziness, with other major responses attributable to brain and gastrointestinal malfunction (excessive sedation, weakness, light-headedness, constipation, distention, flatus, diarrhea, nausea, vomiting).

Potentiation of antihypertensive action may occur in combination therapy with other antihypertensives.

Chronic overdosage may produce hypotension and syncope, especially in the presence of advanced arteriosclerosis.

Treatment: Discontinue the drug. If ingestion is recent, gastric lavage or emesis may reduce absorption; when ingestion has been earlier, infusions may be helpful to promote urinary excretion. Otherwise, management includes symptomatic treatment with special attention to cardiac rate and output, blood volume, electrolyte balance, paralytic ileus, urinary function, and cerebral activity. Administration of sympathomimetic drugs may be indicated.

For management of a suspected drug overdose, contact your regional poison control centre.

6 DOSAGE FORMS, STRENGTHS, COMPOSITION AND PACKAGING

Table 1 – Dosage Forms, Strengths, Composition and Packaging

Route of Administration	Dosage Form / Strength/Composition	Non-medicinal Ingredients
Oral	Tablet 125 mg, 250 mg and 500 mg	Non-medicinal ingredients: Carnauba wax, croscarmellose sodium, magnesium stearate and microcrystalline cellulose. The film-coating contains the non-medicinal ingredients: D&C yellow #10 aluminum lake, ferric oxide yellow, hydroxypropyl methylcellulose, polydextrose, polyethylene glycol, and titanium dioxide.

METHYLDOPA (methyldopa) 125 mg tablets: Each yellow, round, biconvex, film-coated tablet, engraved 125 on one side, other side plain, contains methyldopa 125 mg.

METHYLDOPA (methyldopa) 250 mg tablets: Each yellow, round, biconvex, film-coated tablet,

engraved 250 on one side, other side plain, contains methyldopa 250 mg.

METHYLDOPA (methyldopa) 500 mg tablets: Each yellow, round, biconvex, film-coated tablet, engraved 500 on one side, other side plain, contains methyldopa 500 mg.

Available in bottles of 100.

7 WARNINGS AND PRECAUTIONS

Please see 3 SERIOUS WARNINGS AND PRECAUTIONS BOX.

Hematologic

Rarely, a reversible reduction of the white blood cell count with a primary effect on the granulocytes has been seen. The granulocyte count returned promptly to normal on discontinuance of the drug. Rare cases of granulocytopenia have been reported. In each instance, upon stopping the drug, the white cell count returned to normal. Reversible thrombocytopenia has occurred rarely.

Hepatic/Biliary/Pancreatic

Rarely, fatal hepatic necrosis has been reported after use of methyldopa tablets. These hepatic changes may represent hypersensitivity reactions. Periodic determination of hepatic function should be done particularly during the first 6 to 12 weeks of therapy, or whenever an unexplained fever occurs. If fever, abnormalities in liver function tests, or jaundice appear, stop therapy with METHYLDOPA. If caused by methyldopa tablets, the temperature and abnormalities in liver function characteristically have reverted to normal when the drug was discontinued. METHYLDOPA should not be reinstituted in such patients. METHYLDOPA should be used with caution in patients with a history of previous liver disease or dysfunction.

Monitoring and Laboratory Tests

Prior existence or development of a positive direct Coombs test is not in itself a contraindication to use of METHYLDOPA. If a positive Coombs test develops during METHYLDOPA therapy, the physician should determine whether hemolytic anemia exists, and whether the positive Coombs test may be a problem. For example, in addition to a positive direct Coombs test, there is less often a positive indirect Coombs test which may interfere with cross-matching of blood.

At the start of METHYLDOPA therapy, it is desirable to do a blood count (hematocrit, hemoglobin, or red cell count) for a baseline or to establish whether there is anemia. Periodic blood counts should be done during therapy to detect hemolytic anemia. It may be useful to do a direct Coombs test before therapy and at 6 and 12 months after the start of therapy.

If Coombs positive hemolytic anemia occurs, the cause may be METHYLDOPA, and the drug should be discontinued. Usually the anemia remits promptly. If not, corticosteroids may be given and other causes of anemia should be considered. If hemolytic anemia occurs, the drug should not be reinstituted.

When METHYLDOPA causes Coombs positivity alone or with hemolytic anemia, the red cell is usually coated with gamma globulin of the IgG (gamma G) class only. The positive Coombs test

may not revert to normal until weeks to months after the METHYLDOPA is stopped.

Should the need for transfusion arise in a patient receiving METHYLDOPA, both a direct and indirect Coombs test should be performed on his blood. In the absence of hemolytic anemia, usually only the direct Coombs test will be positive. A positive direct Coombs test alone will not interfere with typing or cross matching. If the indirect Coombs test is also positive, problems may arise in the major cross match and the assistance of a hematologist or transfusion expert will be needed.

Occasionally, fever has occurred within the first 3 weeks of METHYLDOPA therapy, associated in some cases with eosinophilia or abnormalities in one or more liver function tests, such as serum alkaline phosphatase, serum transaminases (SGOT, SGPT), bilirubin, cephalin cholesterol flocculation, prothrombin time and bromsulphalein retention. Jaundice, with or without fever, may occur with onset usually within the first 2 to 3 months of therapy. In some patients the findings are consistent with those of chloestasis.

Neurologic

Rarely, involuntary choreoathetotic movements have been observed during therapy with METHYLDOPA in patients with severe bilateral cerebrovascular disease. Should these movements occur, stop therapy.

Peri-Operative Considerations

Patients may require reduced doses of anesthetics when on METHYLDOPA. If hypotension does occur during anesthesia, it usually can be controlled by vasopressors. The adrenergic receptors remain sensitive during treatment with METHYLDOPA.

Renal

METHYLDOPA is largely excreted by the kidney and patients with impaired renal function may respond to smaller doses.

Hypertension has recurred occasionally after dialysis in patients given METHYLDOPA because the drug is removed by this procedure.

7.1 Special Populations

7.1.1 Pregnant Women

Use of any drug in women who are or may become pregnant requires that anticipated benefits be weighed against possible risks.

No unusual adverse reactions have been reported in association with the use of methyldopa tablets during pregnancy. Though no obvious teratogenic effects have been reported, the possibility of fetal injury cannot be excluded.

7.1.2 Breast-feeding

It is unknown if methyldopa is excreted in human milk. Precaution should be exercised because many drugs can be excreted in human milk.

7.1.3 Pediatrics

Pediatrics (<18 years of age): Based on the data submitted and reviewed by Health Canada, the safety and efficacy of methyldopa tablets in pediatric patients has been established; therefore, Health Canada has authorized an indication for pediatric use. See 4.2 Recommended Dose and Dosage Adjustment, Pediatrics.

7.1.4 Geriatrics

Geriatrics (>65 years of age): Syncope in older patients may be related to an increased sensitivity and advanced arteriosclerotic vascular disease. This may be avoided by lower doses.

8 ADVERSE REACTIONS

8.1 Adverse Reaction Overview

Sedation, usually transient, may occur during the initial period of therapy or whenever the dose is increased. Headache, asthenia, or weakness may be noted as early and transient symptoms.

Blood and lymphatic system disorders: hemolytic anemia, leukopenia, granulocytopenia, thrombocytopenia.

Cardiac disorders: bradycardia, aggravation of angina pectoris, myocarditis.

Gastrointestinal disorders: nausea, vomiting, distention, constipation, flatus, diarrhea, mild dryness of mouth, sore or black·tongue, pancreatitis, sialadenitis.

General disorders and administration site conditions: asthenia or weakness, edema (and weight gain) usually relieved by the use of a diuretic (Discontinue methyldopa if edema progresses or if signs of heart failure appear), drug-related fever.

Hepatobiliary disorders: liver disorders, jaundice.

Investigations: abnormal liver function tests, positive Coombs test, rise in BUN.

Musculoskeletal and connective tissue disorders: mild arthralgia, myalgia.

Nervous system disorders: sedation, headache, dizziness, lightheadedness, symptoms of cerebrovascular insufficiency, paresthesias, parkinsonism, Bell's palsy, decreased mental acuity, involuntary choreoathetotic movements, toxic encephalopathy.

Psychiatric disorders: psychic disturbances including nightmares and reversible mild psychoses or depression, decreased libido.

Reproductive system and breast disorders: breast enlargement, gynecomastia, lactation, impotence.

Respiratory, thoracic, and mediastinal disorders: nasal stuffiness.

Skin and subcutaneous tissue disorders: dermatologic reactions including eczema and lichenoid eruptions.

Vascular disorders: orthostatic hypotension (decrease daily dosage).

9 DRUG INTERACTIONS

9.4 Drug-Drug Interactions

The drugs listed in this table are based on either drug interaction case reports or studies, or potential interactions due to the expected magnitude and seriousness of the interaction (i.e., those identified as contraindicated).

Table 2 - Established or Potential Drug-Drug Interactions

Proper/Common name	Source of Evidence	Effect	Clinical comment
Other antihypertensive drugs	T	↑antihyper-tensive effect	When METHYLDOPA is used with other antihypertensive drugs, potentiation of antihypertensive effect may occur. Patients should be followed closely to detect side reactions or unusual manifestations of drug idiosyncrasy. A paradoxical pressor response has been reported with i.v. methyldopa.

Legend: T = Theoretical

9.5 Drug-Food Interactions

Interactions with food have not been established.

9.6 Drug-Herb Interactions

Interactions with herbal products have not been established.

9.7 Drug-Laboratory Test Interactions

METHYLDOPA may interfere with measurement of uric acid by the phosphotungstate method, creatinine by the alkaline picrate method, and SGOT by colorimetric methods. Interference with spectrophotometric methods for SGOT analysis has not been reported.

Since methyldopa causes fluorescence in urine samples at the same wave lengths as catecholamines, falsely high levels of urinary catecholamines may be reported. This will interfere with the diagnosis of pheochromocytoma. It is important to recognize this phenomenon before a patient with a possible pheochromocytoma is subjected to surgery. Methyldopa tablets does not interfere with measurement of VMA (vanillylmandelic acid), a test for pheochromocytoma, by those methods which convert VMA to vanillin. METHYLDOPA is not recommended for the treatment of patients with pheochromocytoma. Rarely when urine is exposed to air after voiding, it may darken because of breakdown of methyldopa or its metabolites.

10 CLINICAL PHARMACOLOGY

10.1 Mechanism of Action

Methyldopa is an aromatic-amino acid decarboxylase inhibitor; it inhibits the decarboxylation of dopa, thereby interfering with the formation of dihydroxyphenethylamine (dopamine), a precursor of norepinephrine. It also inhibits the formation of serotonin from 5-hydroxytryptophane. While the inhibition of decarboxylation by methyldopa tablets has been successfully demonstrated in man, the useful effect on blood pressure has not yet been shown definitely to result from this biochemical effect, and is more likely due to a central effect.

Only the levoisomer (methyldopa tablets) has the ability to inhibit dopa decarboxylase and to deplete animal tissues of norepinephrine. In man, the antihypertensive activity appears to be due solely to the levoisomer. Approximately twice the dosage of the racemate is required for equal antihypertensive effects.

10.2 Pharmacodynamics

Methyldopa tablets has been shown to influence the balance of physiologically important amines in various tissues. Thus, this compound can be shown to cause a net reduction in the tissue concentration of serotonin, norepinephrine, or epinephrine that varies from tissue to tissue. The effect on norepinephrine is apparently related to formation of alpha-methylnorepinephrine, a metabolite of methyldopa tablets, which displaces norepinephrine from adrenergic neurons. Laboratory evidence indicates that alpha-methylnorepinephrine may be involved in the antihypertensive action of methyldopa tablets by becoming a substitute transmitter at sites in the CNS responsible for the control of hemodynamic function. Normal or elevated plasma renin activity may be decreased by methyldopa tablets.

The effect of methyldopa tablets on the balance of adrenergic amines is reversible. In the laboratory it is relatively difficult, with any dosage, to evoke a paralysis of sympathetic control (i.e. nictitating membrane) as can be induced by sympathectomy, ganglion blocking agents, or by the depleting action of excessive dosages of reserpine of guanethidine. Although the relevance of this observation may be questioned, clinical experience indicates that postural adjustments by the hypertensive patient are not as seriously embarrassed by methyldopa tablets as by sympathectomy, ganglion-blocking agents, or guanethidine.

It has no direct effect on cardiac or renal functions.

Methyldopa tablets has a close structural similarity to the naturally occurring amino acid precursors of the amines that are responsible for the adrenergic mediation of autonomic nerve impulses.

The mechanism of the development of a positive Coombs test has been under study in several species of animals including primates. The results indicate that a positive direct Coombs test of unknown etiology has been observed occasionally in dogs and rats at high doses of methyldopa tablets. Further, in 1 dog, anemia and arrest of erythropoietic maturation at the prorubricyte-rubricyte concentration occurred during 2 periods of treatment with methyldopa tablets at doses of 1000 mg/kg/day, and-1 period of treatment at doses of 20 mg/kg/day. On each

occasion, withdrawal of the drug was followed by a return of the hemoglobin to pretest concentrations.

10.3 Pharmacokinetics

Absorption:

Methyldopa tablets is well absorbed on oral administration to man and laboratory animals.

11 STORAGE, STABILITY AND DISPOSAL

Store at room temperature 15°C to 30°C (59°F to 86°F).

Keep out of reach and sight of children.

12 SPECIAL HANDLING INSTRUCTIONS

None.

PART II: SCIENTIFIC INFORMATION

13 PHARMACEUTICAL INFORMATION

Drug Substance

Proper name: Methyldopa

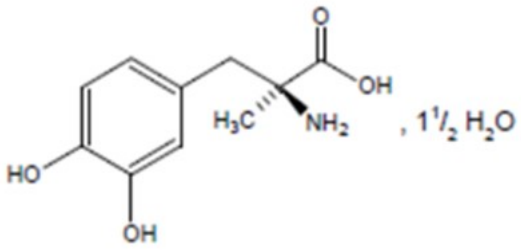
Chemical name: (2S)-2-amino-3-(3, 4-dihydroxyphenyl)-2-methylpropanoic acid

L-Tyrosine, 3-hydroxy-α-methyl-, sesquihydrate.

L-3-(3, 4-Dihydroxyphenyl)-2-methylalanine sesquihydrate

Molecular formula and molecular mass: $C_{10}H_{13}NO_4$ 3/2H_2O and 238.2 g/mol

Structural formula:



Physicochemical properties:

Physical Description

White to yellowish-white, odorless, fine crystalline powder, which may contain friable lumps.

Solubility profile

Sparingly soluble in water; very soluble in 3N hydrochloric acid; slightly soluble in alcohol; practically insoluble in ether.

Chirality and Isomers

According to the method described in USP, the specific rotation is -25° ~ -28°.

14 CLINICAL TRIALS

The clinical trial data on which the original indication was authorized is not available.

15 MICROBIOLOGY

No microbiological information is required for this drug product.

16 NON-CLINICAL TOXICOLOGY

No information is available.

PATIENT MEDICATION INFORMATION

READ THIS FOR SAFE AND EFFECTIVE USE OF YOUR MEDICINE

PrMETHYLDOPA

Methyldopa Tablets

Read this carefully before you start taking **METHYLDOPA** and each time you get a refill. This leaflet is a summary and will not tell you everything about this drug. Talk to your healthcare professional about your medical condition and treatment and ask if there is any new information about **METHYLDOPA**.

Serious Warnings and Precautions

- If you are taking METHYLDOPA for a long period of time, you may develop a blood disorder called haemolytic anemia. This blood disorder causes red blood cells to be destroyed faster than they are made. Your healthcare professional should perform a Coombs test (a type of blood test) before you start, and periodically during your treatment with METHYLDOPA.
- Rarely, METHYLDOPA may cause severe liver problems (fatal hepatic necrosis). Your healthcare professional should perform periodic liver function tests. If you develop an unexplained fever, tell your healthcare professional **right away**.

What is METHYLDOPA used for?

METHYLDOPA is used in children and adults to treat high blood pressure, (also called hypertension). It can be used by itself, or with other medicines to treat high blood pressure.

How does METHYLDOPA work?

METHYLDOPA works by controlling impulses along certain nerve pathways. As a result, it relaxes and widens blood vessels so that blood passes through them more easily. This helps to lower blood pressure.

What are the ingredients in METHYLDOPA?

Medicinal ingredients: Methyldopa.

Non-medicinal ingredients: Carnauba wax, croscarmellose sodium, magnesium stearate and microcrystalline cellulose. The film-coating contains: D&C yellow #10 aluminum lake, ferric oxide yellow, hydroxypropyl methylcellulose, polydextrose, polyethylene glycol and titanium dioxide.

METHYLDOPA comes in the following dosage forms:

Tablets: 125 mg, 250 mg and 500 mg.

Do not use METHYLDOPA if:

- You are allergic to methyldopa or any other ingredients in the formulation.
- You have liver disease, such as hepatitis or cirrhosis.
- You have taken methyldopa in the past and developed liver problems or hemolytic anemia.

To help avoid side effects and ensure proper use, talk to your healthcare professional before you take METHYLDOPA. Talk about any health conditions or problems you may have, including if you:

- have pheochromocytoma (a rare tumor of the adrenal gland, which sits near the kidney).
- have any brain problems or nerve damage.
- are going to have a blood transfusion.
- have liver problems.
- are undergoing any surgery, that requires an anaesthetic.
- have kidney problems.
- are undergoing dialysis.
- are pregnant or planning to become pregnant.
- are breast feeding or plan to breast feed.
- are elderly (65 years of age, or older).

Other warnings you should know about:

Monitoring and Tests: Your healthcare professional may perform blood tests before you start, and periodically during your treatment with METHYLDOPA. These blood tests monitor:

- Your liver function.
- Your blood count and the presence of antibodies in your blood (Coombs test).

Your healthcare professional will interpret the results of these tests and may continue or stop your treatment with METHYLDOPA.

If you need to give a urine or blood sample for another reason, tell your healthcare professional you are taking METHYLDOPA, as it may affect the results of some types of tests.

Tell your healthcare professional about all the medicines you take, including any drugs, vitamins, minerals, natural supplements or alternative medicines.

The following may interact with METHYLDOPA:

- Other drugs used to treat high blood pressure

How to take METHYLDOPA:

- Take METHYLDOPA exactly as your healthcare professional has told you to.
- Your healthcare professional will tell you how many tablets you need to take each day and when to take them.

Usual dose:

Adults:
- The usual starting dose for the first two days is 250 mg two or three times a day.
- Your healthcare professional may then change your dose depending on how you respond.

Children: Your healthcare professional will decide the dose based on the weight of the child.
- The usual starting dose is 10 mg for each kg of body weight each day.
- This dose is taken in two to four doses during the day.
- Your healthcare professional may then change the dose, depending on how the child responds.

Elderly: Your healthcare professional may give you a lower dose than the usual adult dose.

Overdose:

If you take too many tablets, you may feel light-headed and dizzy or you may faint. You may also feel very drowsy, weak, may have a slow heart rate, be constipated, have abdominal bloating, gas in the stomach or bowel, diarrhoea, nausea or vomiting.

If you think you, or a person you are caring for, have taken too much METHYLDOPA, contact a healthcare professional, hospital emergency department, or regional poison control centre immediately, even if there are no symptoms.

Missed Dose:

If you miss a dose, skip the missed dose and take your next dose at the regular scheduled time. Do NOT take a double dose to make up for the missed dose.

What are possible side effects from using METHYLDOPA?

These are not all the possible side effects you may have when taking METHYLDOPA. If you experience any side effects not listed here, tell your healthcare professional.

Side effects may include:
- nausea
- vomiting
- feeling bloated
- gas in stomach
- diarrhea
- dry mouth

- sore or black tongue
- weakness
- joint stiffness, muscle aches and/or pain
- fever
- drowsiness
- headache
- dizziness, light-headedness
- numbness or burning feeling
- altered mental status
- nightmares
- impotence, decreased sexual desire (libido)
- stuffy nose
- skin rash

Serious side effects and what to do about them			
Symptom / effect	**Talk to your healthcare professional**		**Stop taking drug and get immediate medical help**
	Only if severe	**In all cases**	
UNKNOWN			
Angina: (not enough oxygen to the heart muscle): discomfort in the shoulder, arm, back, throat, jaw or teeth; pain or pressure in the chest		√	
Blood Disorders (low white and/or red blood cell or platelet count): feeling tired or weak, pale skin, bruising or bleeding for longer than usual if you hurt yourself, fever, chills		√	
Bradycardia (abnormally slow heartbeat)	√		
Brain Disorder Symptoms: severe and sudden headache, paralysis of one side of the body, slurred speech, unconsciousness, memory loss, parkinsonism (tremors, slow movement, impaired speech, or muscle stiffness), Bells Palsy (facial muscle weakness or paralysis, involuntary twitching or writhing)			√
Depression (sad mood that won't go away)**:** difficulty sleeping or sleeping too much, changes in appetite or weight, feelings of worthlessness, guilt, regret, helplessness or hopelessness, withdrawal from social situations, family, gatherings and activities with friends, reduced libido (sex drive) and thoughts of death or suicide	√		
Edema: unusual swelling of the arms, hands, legs, feet and ankles, face or airway passages, weight gain (water retention)			√

Serious side effects and what to do about them			
Symptom / effect	**Talk to your healthcare professional**		**Stop taking drug and get immediate medical help**
	Only if severe	**In all cases**	
Gynecomastia: breast enlargement in men and/or women, which may cause lactation			√
Hemolytic Anemia (breakdown of red blood cells): pale skin, feeling tired or weak, dizziness, fainting, thirst, rapid breathing		√	
Hypotension (low blood pressure): dizziness, fainting, light-headedness, blurred vision, nausea, vomiting, fatigue (may occur when you go from lying or sitting to standing up)		√	
Liver Disorder: yellowing of the skin or eyes (jaundice), dark urine and pale stools, abdominal pain, nausea, vomiting, loss of appetite		√	
Myocarditis (inflammation of the heart muscle and lining around the heart): abnormal heartbeat, chest pain that may resemble a heart attack, fatigue, fever and other signs of infection including headache, muscle aches, sore throat, diarrhea, or rashes, joint pain or swelling, leg swelling, shortness of breath		√	
Pancreatitis (inflammation of the pancreas): upper abdominal pain, fever, rapid heart beat, nausea, vomiting, tenderness when touching the abdomen		√	
Sialadenitis (infection of a salivary gland): swelling, pain, redness or tenderness of the gland, fever, chills		√	

If you have a troublesome symptom or side effect that is not listed here or becomes bad enough to interfere with your daily activities, tell your healthcare professional.

Reporting Side Effects

You can report any suspected side effects associated with the use of health products to Health Canada by:

- Visiting the Web page on Adverse Reaction Reporting (https://www.canada.ca/en/health-canada/services/drugs-health-products/medeffect-canada/adverse-reaction-reporting.html) for information on how to report online, by mail or by fax; or
- Calling toll-free at 1-866-234-2345.

NOTE: Contact your health professional if you need information about how to manage your side effects. The Canada Vigilance Program does not provide medical advice.

Storage:

Store at room temperature 15°C to 30°C.

Keep out of reach and sight of children.

If you want more information about METHYLDOPA:

- Talk to your healthcare professional
- Find the full product monograph that is prepared for healthcare professionals and includes this Patient Medication Information by visiting the Health Canada website: (https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/drug-product-database.html); the manufacturer's website (https://www.aapharma.ca/en/), or by calling 1-877-998-9097.

This leaflet was prepared by AA Pharma Inc. 1165 Creditstone Road Unit #1, Vaughan, Ontario, L4K 4N7.

Last Revised: OCT. 10, 2024