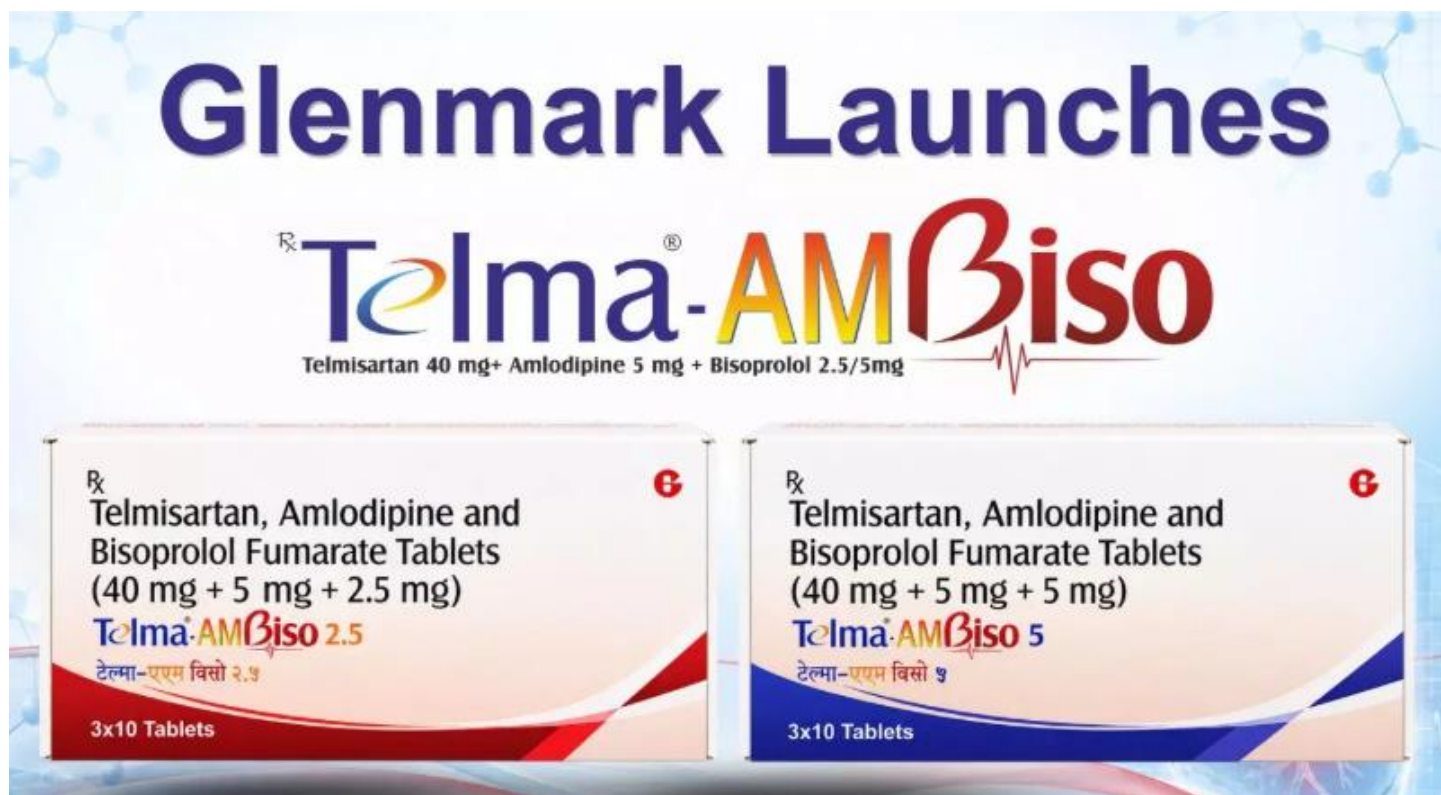


Glenmark Launches Telma AM Bisoprolol Triple FDC in India



Recognising the pressing need for more comprehensive hypertension management strategies, Glenmark Pharmaceuticals Limited has announced the launch of Telma AM Bisoprolol, a fixed-dose combination (FDC) of Telmisartan, Amlodipine and Bisoprolol for the management of uncontrolled hypertension with elevated heart rate & stable coronary artery disease (SCAD).

Ahead of World Heart Day on 29 September, the launch underscores the importance of addressing both heart rate and blood pressure towards securing the overworked Indian heart.

Telma AM Bisoprolol tablets are available in two dosage forms. Telma AM Bisoprolol contains Telmisartan 40 mg, Amlodipine 5 mg, and Bisoprolol 2.5 mg or 5 mg, combining three antihypertensive agents with complementary mechanisms of action for the management of uncontrolled hypertension, including hypertensive patients with heart rate >80 bpm and/or stable CAD.

Hypertension is not merely an elevation in blood pressure; prolonged uncontrolled hypertension places continuous stress on the cardiovascular system. In patients with increased heart rate, the heart works harder, increasing myocardial workload and oxygen demand.

Indian patients with hypertension often present with a unique cardiometabolic profile characterised by abdominal obesity, diabetes, dyslipidaemia, increased sympathetic activity, elevated resting heart rate and enhanced renin-angiotensin-aldosterone system (RAAS) activation, contributing to higher cardiovascular risk at younger ages¹.

The average resting heart rate among Indian hypertensive patients is approximately 82 bpm², with 6 out of 10 newly diagnosed³ hypertensive patients showing markers of sympathetic overactivity. These findings highlight the need for comprehensive strategies to protect the high-risk Indian heart in hypertension and underscore the important role of beta-blockers in cardiovascular medicine practice.

Telma AM Bisoprolol Triple FDC to Secure the Overworked Heart

Telma AM Bisoprolol combines three complementary therapeutic mechanisms with telmisartan, amlodipine & bisoprolol. Bisoprolol, a highly selective β_1 beta-blocker, reduces heart rate and decreases myocardial workload, helping address increased cardiac stress associated with sympathetic activation⁴. Telmisartan, an angiotensin receptor blocker (ARB), reduces angiotensin II-mediated vasoconstriction, promoting vascular relaxation and decreasing preload and afterload⁵. Amlodipine, a long-acting calcium channel blocker (CCB), improves coronary and peripheral vasodilation by reducing vascular smooth muscle contractility, thereby supporting blood pressure reduction⁶.

Together, these complementary actions aim to provide heart rate reduction, BP control and reduction of cardiac workload, helping in better cardiovascular protection.

Telmisartan Amlodipine Bisoprolol: Supporting Clinical Evidence

Telmisartan, Amlodipine and Bisoprolol are widely used agents individually and in combination, with robust independent evidence from landmark studies supporting them.

BISOCAD study indicated that patients treated with bisoprolol who achieved a heart rate of <65 bpm had a 4-fold lower risk compared with those who achieved a heart rate of 70–74 bpm⁷.

Bisoprolol's high β_1 -selectivity, predictable pharmacokinetic profile, and favourable metabolic effects make it a practical choice for diverse hypertensive populations, including patients with diabetes, dyslipidaemia and respiratory comorbidities⁸.

TRANSCEND (n=5,926) demonstrated a 13% relative reduction in the secondary composite of cardiovascular death, myocardial infarction and stroke with telmisartan versus placebo in high-risk, ACE-inhibitor-intolerant patients (HR 0.87; 95% CI 0.76–1.00; p=0.048)⁹.

CAMELOT (n=1,997) showed a 31% relative reduction in cardiovascular events with amlodipine versus placebo in patients with CAD (HR 0.69; 95% CI 0.54–0.88; p=0.003)¹⁰.

Guideline Recommendation for the usage of Telmisartan, Amlodipine, Bisoprolol

The European Society of Hypertension (ESH) 2023 guidelines highlight the role of beta-blockers in hypertension, particularly in patients with an elevated resting heart rate (>80 bpm)¹¹. The 2024 European Society of Cardiology (ESC) guidelines recommended Angiotensin converting enzyme inhibitors or angiotensin receptor blockers, dihydropyridine calcium channel blockers, and thiazide or thiazide-like diuretics are the recommended first line BP-lowering medications (Class I). While beta blockers are not considered as first line, they are recommended in combination with first line medications when there is a compelling indication¹².

Current Indian hypertension guidelines emphasize a combination of an ACE inhibitor (ACEi) or angiotensin receptor blocker (ARB) with a dihydropyridine calcium channel blocker (DHP-CCB) is recommended as a first-line strategy to improve blood pressure control. β -Blockers should not be used as first-line agents and should be reserved for patients with specific indications (e.g., AF, recent MI, HFrEF)¹³.

Single-pill combinations (SPCs), which combine two or more antihypertensive agents into a single formulation, are recommended by major hypertension guidelines, including the Indian Society of Hypertension (InSH) and European Society of Hypertension (ESH). The InSH 2025 consensus guideline recommends that SPCs be used wherever possible, including when initiating two-drug therapy, while the 2023 ESH guideline recommends preferring single-pill fixed-dose combinations at every therapeutic step, including initial treatment. Combining agents with complementary mechanisms can improve blood pressure control while reducing pill burden and simplifying treatment regimens. SPCs may also improve adherence, reduce treatment complexity, help overcome clinical inertia and facilitate faster achievement of blood pressure targets.

Applying Telmisartan, Amlodipine, Bisoprolol: Clinical Considerations

The telmisartan–amlodipine–bisoprolol combination may be considered in appropriate patients with uncontrolled hypertension, particularly those with elevated heart rate (>80 bpm) cardiovascular risk, inadequate control on dual therapy, stable coronary artery disease, or atrial fibrillation. Treatment selection needs to be individualized based on patient characteristics, cardiovascular risk profile and clinical requirements.

Officials from Glenmark said, “Over 315 million adults live with hypertension in India, yet only around 37% are diagnosed, and achieving adequate blood pressure control remains a significant challenge. With hypertension management evolving beyond blood pressure numbers alone, Telma AM Bisoprolol represents an approach focused to reduce BP, control HR and support cardiovascular outcomes. By addressing the ‘overworked heart’, Telma AM Bisoprolol aims to support appropriate patients with uncontrolled hypertension, including those with elevated HR, cardiovascular risk, atrial fibrillation, stable CAD or those uncontrolled on dual therapy.”

Glenmark Pharmaceuticals Limited is a research-led global pharmaceutical company with operations in more than 80 countries; and a portfolio spanning branded formulations, innovative medicines, generics and consumer healthcare products across various therapy segments.

Abbreviations: FDC: Fixed-Dose Combination, BP: Blood Pressure, HR: Heart Rate, CAD: Coronary Artery Disease, ARB: Angiotensin Receptor Blocker, CCB: Calcium Channel Blocker, RAAS: Renin–Angiotensin–Aldosterone System, SPC: Single-Pill Combination, SBP: Systolic Blood Pressure, DBP: Diastolic Blood Pressure, CCO: Cardiac Composite Outcomes, MACE: Major Adverse Cardiovascular Events, AHA: American Heart Association, ACC: American College of Cardiology, ESH: European Society of Hypertension, IGH: Indian Guidelines on Hypertension.

REFERENCES:

1. Jariwala, P., Alexander, W., Kapardhi, P. L. N., Prasad, A., Mishra, S., Jain, N., Sharma, A., Mukhopadhyay, S., Prajapati, H., & Chhatrola, S. (2026). A contemporary review on combination therapy for hypertension management in India. *International Journal of Advances in Medicine* *International Journal of Advances in Medicine* 13(3), 150–156
2. Chopra HK, et.al A. BEAT-HTN India: Burden, Epidemiology, and Trends of Hypertension - A Nationwide Survey *Cardiol Res.* 403–412
3. Padmanabhan TN, Dani S, Chopra VK, Guha S, Vasawala H, Ammar R Prevalence of sympathetic overactivity in hypertensive patients - a pan India, non-interventional, cross sectional study *Indian Heart J.* 2014 686–690

4. **Farzam K, Jan A.** Beta Blockers. [Updated 2023 Aug 22]. In: StatPearls [Internet].
5. **Chen TY, Lin YC, Liu GY, Hung HC.** Comparative effectiveness of telmisartan vs. other angiotensin receptor blockers in reducing hypertension-related cerebrovascular and cardiovascular events a real-world retrospective study using the TriNetX network *Front Cardiovasc Med*.
6. **Bulsara KG, Patel P, Cassagnol M.** Amlodipine. [Updated 2024 Apr 21].
7. **Chen YD, Yang XC, et.al.** Resting heart rate control and prognosis in coronary artery disease patients with hypertension previously treated with bisoprolol: a sub-group analysis of the BISO-CAD study. *Chin Med J (Engl)*. 1165
8. **Ray S, Nair T, et al.** Role of β -blockers in the cardiovascular disease continuum: a collaborative Delphi survey-based consensus from Asia-Pacific. 2023;39
9. **Yusuf S, Teo K, Anderson C, et al.** Effects of the angiotensin-receptor blocker telmisartan on cardiovascular events in high-risk patients intolerant to angiotensin-converting enzyme inhibitors: a randomised controlled trial. *Lancet*. 2008; 1174--1183
10. **Nissen SE, Tuzcu EM, CAMELOT Investigators.et.al;** Effect of antihypertensive agents on cardiovascular events in patients with coronary disease and normal blood pressure: the CAMELOT study: a randomized controlled trial. *JAMA*. 2004 Nov 10; 2217--2225
11. **Mahfoud F, Wang J, Ray S.** The current position of β -blockers in hypertension: guidelines and clinical practice. *Curr Med Res Opin*. 2024; 40(sup1) 25--32
12. **Cian P McCarthy, et. al** 2024 ESC Guidelines for the management of elevated blood pressure and hypertension: what is new in pharmacotherapy? *European Heart Journal - Cardiovascular Pharmacotherapy*, Volume 11, January 2025, 7-9
13. **Nihar mehta et. al** Indian Guidelines on Hypertension (I.G.H.)-V. 2025--2026 *Journal of the Association of Physicians of India (JAPI)*.

News Source:

<https://medicaldialogues.in/md-brand-connect/glenmark-launches-telma-am-biso-bisoprolol-triple-fdc-in-india-180201>