

# Text for Anin Plus Tablet Insert

Size : 95 x 220 mm

## Anin Plus

Losartan Potassium and Hydrochlorothiazide

### DESCRIPTION

Angiotensin II (formed from angiotensin I in a reaction catalyzed by angiotensin converting enzyme (ACE), is a potent vasoconstrictor, the primary vasoactive hormone of the renin-angiotensin system and an important component in the pathophysiology of hypertension. It also stimulates aldosterone secretion by the adrenal cortex. Losartan and its principal active metabolite block the vasoconstrictor and aldosterone-secreting effects of angiotensin II by selectively blocking the binding of angiotensin II to the AT<sub>1</sub> receptor found in many tissues (e.g. vascular smooth muscle, adrenal gland). In vitro binding studies indicate that Losartan is reversible, competitive inhibitor of the AT<sub>1</sub> receptor. Neither Losartan nor its active metabolite inhibits ACE (kininase II, the enzyme that converts angiotensin I to angiotensin II and degrades bradykinin); nor do they bind to or block other hormone receptors or ion channels known to be important in cardiovascular regulation.

Hydrochlorothiazide is a thiazide diuretic. Thiazides affect the renal tubular mechanisms of electrolyte reabsorption, directly increasing excretion of sodium and chloride in approximately equivalent amounts. Indirectly, the diuretic action of hydrochlorothiazide reduces plasma volume, with consequent increases in plasma volume renin activity, increases in aldosterone secretion, increases in urinary potassium loss and decreases in serum potassium. The renin-aldosterone link is mediated by angiotensin II, so co-administration of an angiotensin II receptor antagonist tends to reverse the potassium loss associated with these diuretics.

### INDICATIONS AND USES

It is indicated for the treatment of hypertension.

### CONTRAINDICATIONS

The combination of Losartan Potassium and Hydrochlorothiazide is contraindicated in patients who are hypersensitive to any component of this product. Because of the Hydrochlorothiazide component, this product is contraindicated in patients with anuria or hypersensitivity to other Sulfonamide derived drugs.

### DOSAGE AND ADMINISTRATION

#### Hypertension

The usual starting dose of 50 mg Losartan Potassium and 12.5 mg Hydrochlorothiazide is one tablet once daily. For patients who do not respond adequately to one tablet the dosage may be increased to 100 mg Losartan Potassium and 25 mg Hydrochlorothiazide tablet once daily. The maximum dose is 100 mg Losartan Potassium and 25 mg Hydrochlorothiazide tablet once daily. In general, the antihypertensive effect is attained within three weeks after initiation of therapy.

No initial dosage adjustment of 50 mg Losartan Potassium and 12.5 mg Hydrochlorothiazide is necessary for elderly patients. But maximum dose of 100 mg Losartan Potassium and 25 mg Hydrochlorothiazide once daily dose should not be used as initial therapy in elderly patients.

**Use in patients with renal impairment:** The usual regimens of therapy with 50 mg Losartan Potassium and 12.5 mg Hydrochlorothiazide may be followed as long as the patient's creatinine clearance is >30 ml/min. In-patient's with more severe renal impairment, loop diuretics are preferred to thiazides. In that case, Hydrochlorothiazide is not recommended.

**Use in patients with hepatic impairment:** The combination of losartan and Hydrochlorothiazide is not recommended for titration in patients with hepatic impairment because the appropriate 25 mg starting dose of Losartan Potassium cannot be given.

#### Severe Hypertension

The starting dose for initial treatment of severe hypertension is one tablet of 50 mg Losartan Potassium and 12.5 mg Hydrochlorothiazide once daily. For patients who do not respond adequately to this dose after 2 to 4 weeks of therapy, the dosage may be increased to 100 mg Losartan Potassium and 25 mg Hydrochlorothiazide once daily. The maximum dose is one tablet of once daily. This combination drug may be administered with other antihypertensive agents. This drug may be administered with or without food.

### PRECAUTIONS

Periodic determination of serum electrolytes to detect possible electrolyte

imbalance should be performed at appropriate intervals. All patients receiving thiazide therapy should be observed for clinical signs of fluid or electrolyte imbalance. Serum and urine electrolyte determinations are particularly important when the patient is vomiting excessively or receiving parenteral fluids. Hyperuricemia may occur or frank gout may be precipitated in certain patients receiving thiazide therapy. Because Losartan decreases uric acid, Losartan in combination with Hydrochlorothiazide attenuates the diuretic-induced hyperuricemia. In diabetic patients dosage adjustments of insulin or oral hypoglycemic agents may be required. Hyperglycemia may occur with thiazide diuretics. Thus latent diabetes mellitus may become manifest during thiazide therapy.

### SIDE EFFECTS

Generally this product is well tolerated. However, few side effects including abdominal pain, swelling, palpitation, back pain, dizziness, rash, sinusitis, cough upper respiratory infection may occur in rare cases.

### USE IN PREGNANCY AND LACTATION

Pregnancy: Not recommended.

Nursing mother: Not recommended.

### USE IN PEDIATRIC PATIENTS

The safety and effectiveness in pediatric patients have not been established.

### OVERDOSE

#### Losartan Potassium

Limited data are available in regard to overdosage in humans. The most likely manifestation of overdosage would be hypotension and tachycardia; bradycardia could occur from parasympathetic (vagal) stimulation. If symptomatic hypotension occurs, supportive treatment should be instituted. Neither losartan nor its active metabolite can be removed by hemodialysis.

#### Hydrochlorothiazide

The most common signs and symptoms observed are those caused by electrolyte depletion (Hypokalemia, Hypochloremia, Hyponatremia) and dehydration resulting from excessive diuresis. If digitalis has also been administered, hypokalemia may accentuate cardiac arrhythmias. The degree to which hydrochlorothiazide is removed by hemodialysis has not been established.

### DRUG INTERACTION

#### Losartan Potassium

There is no pharmacokinetic interaction between Losartan Potassium and Hydrochlorothiazide. As with other drugs that block angiotensin II or its effects, concomitant use of Potassium sparing diuretics (e.g., Spironolactone, Triamterene, Amiloride), Potassium supplements, or salt substitutes containing Potassium may lead to increases in serum Potassium.

#### Hydrochlorothiazide

When administered concurrently the following drugs may interact with thiazide diuretics: alcohol, barbiturates, or narcotics: potentiation of orthostatic hypotension may occur. Antidiabetic drugs (oral agents and insulin): dosage adjustment of the antidiabetic drug may be required. Other antihypertensive drugs additive effect or potentiation: Cholestyramine and Colestipol resins: Absorption of Hydrochlorothiazide is impaired in the presence of anionic exchange resins.

### STORAGE

Store in a dry place, at between 15° C and 30° C, away from light.

### PACKAGING

**Anin 50 Plus tablet:** Each box contains 2x10's tablets in blister pack. Each tablet contains Losartan Potassium USP 50 mg and Hydrochlorothiazide BP 12.5 mg.

**Anin 100 Plus tablet:** Each box contains 2x10's tablets in blister pack. Each tablet contains Losartan Potassium USP 100 mg and Hydrochlorothiazide BP 12.5 mg.

### WARNING

Keep out of the reach of children.



Manufactured by  
**Delta Pharma Limited**  
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