Amlodipine Besilate
Losartan Potassium

Amzar

5mg/50mg
Film-Coated Tablet
Angiotensin II Receptor Antagonist
Calcium Channel Antagonist

FORMULATION
Each film- coated tablet contains:
Amlodipine (as besilate) 5mg
Losartan Potassium 50mg

Amlodipine (as besilate) 5mg
Losartan Potassium 100mg

DESCRIPTION
Describe the product as fixed-dose combined drug.

PHARMACOKINETICS
Losartan is readily absorbed from the gastrointestinal tract following oral administration, with an oral bioavailability of about 33%. It is undergoes first-pass metabolism to form an active carboxylic acid metabolite E-3174 (EXP-3174), which has greater pharmacological activity than losartan, and some inactive metabolites. Metabolism is primarily by cytochrome P450 isoenzymes CYP2C9 and CYP3A4. Peak plasma concentrations of losartan and E-3174 occur about 1 hour and 3 to 4 hours, respectively, after an oral dose. Both losartan and E-3174 are more than 98% bound to plasma proteins. Losartan is excreted in the urine, and in the faeces via bile, as unchanged drug and metabolites. Following oral dosing abut 35% of the dose if excreted in the urine and about 60% in the faeces. The terminal elimination half-lives of losartan and E-3174 are about 1.5 to 2.5 hours and 3 to 9 hours, respectively.
Amlodipine is well absorbed following oral administration with peak blood concentrations occurring after 6 to 12 hours. The bioavailability is about 60 to 65%. Amlodipine is reported to be about 97.5% bound to plasma proteins. It has a prolonged terminal elimination half-life of 35 to 50 hours and steady-state plasma concentrations are not achieved until after 7 to 8 days of administration. Amlodipine is extensively metabolized in the liver; metabolite are mostly excreted in the urine together with less than 10% of a dose as unchanged drug.

ADVERSE EFFECTS
Adverse effects of losartan have been reported to be usually mild and transient, and include dizziness and dose-related orthostatic hypotension. Hypotension may occur particularly in patients with volume depletion (for example those who have received high-dose diuretics). Impaired renal function and, rarely, rash, angioedema, and raised liver enzyme values may occur. Hyperkalaemia and myalgia have been reported. Losartan appears less likely than ACE inhibitors to cause cough. Other adverse effects that have been reported with angiotensin II receptor antagonists include respiratory-tract disorders, back pain, gastrointestinal disturbances, fatigue, and neutropenia.
The most common adverse effects are associated with its vasodilator action and often diminish on continued therapy. They include dizziness, flushing, headache, hypotension, peripheral edema, tachycardia and palpitations. Nausea and other gastrointestinal disturbances, increased micturition frequency, lethargy, eye pain, and mental depression have also occurred. A paradoxical increase in ischaemic chest pain may occur at the start of treatment and in a few patients excessive fall in blood pressure has led to cerebral or myocardial ischaemia or transient blindness. There have been reports of rashes (including erythema multiforme), fever, and abnormalities in liver function, including cholestasis, due to hyperplasia, myalgia, tremor and impotence have been reported. Overdose maybe associated with bradycardia and hypotension.

PRECAUTIONS
Losartan is contra-indicated in pregnancy and should be used with care, if at all, during breast feeding. It should be used with caution in patients with renal artery stenosis. Reduced doses may be required in patients with renal impairment and should be considered in patients with hepatic impairment. Patients with volume depletion (for example those who have received high-dose diuretic therapy) may experience hypotension, which may be minimized by initiating treatment with a low dose of Losartan. Since hyperkalaemia may occur, serum-potassium concentrations should be monitored, especially in the elderly and patients with renal impairment, and the concomitant use of potassium-sparing diuretics should generally be avoided.
Amlodipine should be used with caution in patients with hypotension, in patients whose cardiac reserve is poor, and in those with heart failure has been noted, It should not be used in cardiogenic shock, in patient who have recently suffered a myocardial infarction, or in acute unstable angina. It should not be used to treat an angina attack in chronic stable angina. In patients with severe aortic stenosis it may increase the risk of developing heart failure. Sudden withdrawal might be associated with an exacerbation of angina. The dose may need to be reduced in patients with hepatic impairment. It should be discontinued in patients who experience ischaemic pain following its administration.

INDICATIONS
In the treatment of mild to moderate hypertension in case of inadequate control with monotheraphy.

DOSAGE AND ADMINISTRATIONS
Usual initial dose in one (1) tablet daily. Increased if necessary to two (2) tablets daily or as prescribed by the physician. Similar doses are given in the treatment of stable angina and Prinzmetal's angina or as prescribed by the physician.

CAUTION
Foods, Drugs, Devices and Cosmetics Act prohibits dispensing without prescription.

STORAGE CONDITIONS
Store at temperatures not exceeding 30°C.

AVAILABILITY
Clear PVDC/ALU Blister Pack x 10's (Box of 30 Tablets).

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