

Prazosin

COMPOSITION

Prazolok™ ER 2.5 Tablet: Each extended release tablet contains Prazosin Hydrochloride EP equivalent to 2.5 mg Prazosin.

Prazolok™ ER 5 Tablet: Each extended release tablet contains Prazosin Hydrochloride EP equivalent to 5 mg Prazosin.

PHARMACOLOGY

Prazosin causes a decrease in total peripheral vascular resistance through selective inhibition of postsynaptic alpha-1-adrenoreceptors in vascular smooth muscle. In hypertensive patients, blood pressure is lowered in both the supine and standing positions; this effect is more pronounced on the diastolic blood pressure. Rebound elevation of blood pressure does not occur following abrupt cessation of Prazosin therapy. Clinical studies have shown that Prazosin therapy is not associated with adverse changes in the serum lipid profile.

INDICATIONS

Hypertension (Primary and Secondary Hypertension).

DOSAGE & ADMINISTRATION

Prazosin Extended Release (ER) Tablet administration in Hypertension: Prazosin extended release tablet therapy must be initiated at 2.5 mg once daily. The 5 mg dosage form is not for initial dosing. Dosage should be increased slowly, in general over a 7 to 14 days period, depending on the response to each dose level. Maximum dose: Dosage may be increased to 20 mg once daily.

Prazosin Extended Release (ER) Tablet administration in Patients with moderate to severe grades of renal impairment: Evidence shows that Prazosin does not further compromise renal function when used in patients with renal impairment. As some patients in this category have responded to small doses of Prazosin, it is recommended that therapy be initiated at 2.5 mg daily and that dosage increases be increased cautiously.

Patients controlled with Prazosin Immediate Release (IR) tablets alone or in combination with other antihypertensive medications may be switched to Prazosin ER Tablets at the equivalent or nearest higher total daily dose (e.g. Prazosin IR Tablets 4 mg daily equivalent to Prazosin ER Tablet 5 mg once daily).

PREGNANCY & LACTATION

Pregnancy category-C.

It should be used only when, in the opinion of the physician, potential benefit outweighs potential risk. Prazosin has been shown to be excreted in small amount in human milk. Caution should be exercised when Prazosin is administered to nursing mothers.

CONTRAINDICATION

Prazosin is contraindicated in patients with known sensitivity to Prazosin & other quinazolines or any of the excipients.

SIDE EFFECTS

The most common side effects of Prazosin are allergic reaction, depression, nervousness, insomnia, hallucinations, dizziness, drowsiness, headache, paraesthesia, blurred vision, eye pain, reddened sclera, vertigo, tinnitus, palpitations etc.

PRECAUTION

In patients with benign prostatic hyperplasia: Prazosin is not recommended for patients with a history of micturition syncope. It should not normally be administered to patients already receiving another alpha-1-antagonist. In patients with congestive heart failure: Prazosin is not recommended in the treatment of congestive cardiac failure due to mechanical obstruction such as aortic valve stenosis, mitral valve stenosis, pulmonary embolism and restrictive pericardial disease.

In patients with hypertension: Postural hypotension evidenced by dizziness and weakness, or rarely loss of consciousness, has been reported particularly with the commencement of therapy.

DRUG INTERACTION

Use with phosphodiesterase-5 inhibitors (PDE-5 Inhibitors): Concomitant use of PDE-5 inhibitors (e.g. Sildenafil, Tadalafil, Vardenafil) and Prazosin may lead to symptomatic hypotension in some patients. Adding Prazosin to beta-adrenergic antagonist or calcium antagonist therapy may produce a substantial reduction in blood pressure.

STORAGE

Keep away from light and moisture, store below $30^{0}\,\mathrm{C}$. Keep away from reach out of the children.

HOW SUPPLIED

Prazolok[™] ER 2.5 Tablet: Each box contains 30 tablets in blister pack. **Prazolok**[™] ER 5 Tablet: Each box contains 30 tablets in blister pack.

Manufactured by



TM - Trade Mark