VALSARTAN +HCTZ

Class: Angiotensin II Receptor Blocker;Diuretic, Thiazide

Indications: Treatment of hypertension (initial, add-on, or as substitute for titrated components).

Available dosage form in the hospital: 1500000 VALSARTAN 160 MG+HCTZ 25MG TAB, 80MG + HCTZ 12.5MG TAB.

Dosage:

Hypertension: Oral:

Dose is individualized; combination product may be used as initial therapy or substituted for individual components in patients currently maintained on both agents separately or in patients not adequately controlled with monotherapy (using one of the agents or an agent within same antihypertensive class).

-Initial therapy: Valsartan 160 mg and hydrochlorothiazide 12.5 mg once daily; dose may be titrated after 1-2 weeks of therapy. Maximum recommended daily doses: Valsartan 320 mg; hydrochlorothiazide 25 mg.

-Add-on/replacement therapy: Valsartan 80-320 mg and hydrochlorothiazide 12.5-25 mg once daily; dose may be titrated after 3-4 weeks of therapy. Maximum recommended daily dose: Valsartan 320 mg; hydrochlorothiazide 25 mg.

Renal Impairment:
Cl_{cr} ≥30 mL/minute: No dosage adjustment necessary.

Cl_{cr} <30 mL/minute: No dosage adjustment provided in manufacturer's labeling (has not been studied). Use is contraindicated in patients with anuria (U.S. and Canadian labeling) and not recommended in severe impairment (Canadian labeling).

Hepatic Impairment:
-Mild-to-moderate impairment: No dosage adjustment necessary; use with caution. Patients with mild-to-moderate chronic disease have twice the exposure of valsartan as healthy volunteers.

-Severe impairment: No dosage adjustment provided in manufacturer's labeling (has not been studied). The Canadian labeling does not recommend use in severe impairment.

Common side effect:

>10%: Renal: BUN increased (15%)

1% to 10%: Cardiovascular: Hypotension (1%). Central nervous system: Dizziness

Endocrine & metabolic: Hypokalemia (3%). Renal: Creatinine increased (2%). Respiratory: Nasopharyngitis (2%)

Pregnancy Risk Factor: D