ARKAMIN 150

For the use of a Registered Medical Practitioner or Hospital or a Laboratory only.

Abbreviated Prescribing information for ARKAMIN 150 (Clonidine Hydrochloride Tablets I.P. 150 mcg**)**

[Please refer the complete prescribing information available at www.torrentpharma.com]

PHARMACOLOGICAL PROPERTIES:

Mechanism of action: Clonidine stimulates alpha-adrenoreceptors in the brain stem. This action results in reduced sympathetic outflow from the central nervous system and in decreases in peripheral resistance, renal vascular resistance, heart rate, and blood pressure. Clonidine hydrochloride tablets acts relatively rapidly. The patient's blood pressure declines within 30 to 60 minutes after an oral dose, the maximum decrease occurring within 2 to 4 hours. Renal blood flow and glomerular filtration rate remain essentially unchanged. Normal postural reflexes are intact; therefore, orthostatic symptoms are mild and infrequent.

INDICATIONS: Indicated for the treatment of hypertension.

DOSAGE AND ADMINISTRATION: The dose of clonidine hydrochloride tablets must be adjusted according to the patient's individual blood pressure response. 0.15 mg (150 mcg) tablet twice daily (morning and bedtime). Elderly patients may benefit from a lower initial dose.

Clonidine hydrochloride tablets to be taken orally with or without food. Swallow tablets whole. Do not crush, chew, or break tablets because this will increase the rate of clonidine release.

CONTRAINDICATION: Clonidine hydrochloride tablets should not be used in patients with known hypersensitivity to clonidine.

WARNINGS & PRECAUTIONS: Patients should be instructed not to discontinue therapy without consulting their physician. Sudden cessation of clonidine treatment has, in some cases, resulted in symptoms such as nervousness, agitation, headache, and tremor accompanied or followed by a rapid rise in blood pressure and elevated catecholamine concentrations in the plasma. If therapy is to be discontinued in patients receiving a beta-blocker and clonidine concurrently, the beta-blocker should be withdrawn several days before the gradual discontinuation of clonidine hydrochloride tablets.

Patients should be cautioned against interruption of clonidine hydrochloride tablets therapy without their physician's advice.

DRUG INTERACTION: Clonidine may potentiate the CNS-depressive effects of alcohol, barbiturates or other sedating drugs. If a patient receiving clonidine hydrochloride is also taking tricyclic antidepressants, the hypotensive effect of clonidine may be reduced, necessitating an increase in the clonidine dose. If a patient receiving clonidine is also taking neuroleptics, orthostatic regulation disturbances (e.g., orthostatic hypotension, dizziness, fatigue) may be induced or exacerbated.

ADVERSE REACTIONS: Dry mouth, drowsiness, dizziness, constipation, sedation, Bradycardia, congestive heart failure, withdrawal syndrome, agitation, insomnia and irritability.

MARKETED BY

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(Additional information is available on request)