LOSAR

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

Abbreviated Prescribing information for LOSAR (Losartan Tablets I.P**)**

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

PHARMACOLOGICAL PROPERTIES:

MECHANISM OF ACTION: Losartan is a synthetic oral angiotensin-II receptor (type AT_1) antagonist. Angiotensin II, a potent vasoconstrictor, is the primary active hormone of the renin/angiotensin system and an important determinant of the pathophysiology of hypertension. Angiotensin II binds to the AT_1 receptor found in many tissues (e.g. vascular smooth muscle, adrenal gland, kidneys and the heart) and elicits several important biological actions, including vasoconstriction and the release of aldosterone. Angiotensin II also stimulates smooth muscle cell proliferation. Losartan selectively blocks the AT_1 receptor. *In vitro* and *in vivo* losartan and its pharmacologically active carboxylic acid metabolite E-3174 block all physiologically relevant actions of angiotensin II, regardless of the source or route of its synthesis.

DOSAGE AND ADMINISTRATION: Film Coated Tablet, Losartan tablets should be swallowed whole with a glass of water. Losartan tablets may be administered with or without food.

CONTRAINDICATION: Hypersensitivity to the active substance or to any of the excipients, 2nd and 3rd trimester of pregnancy, Severe hepatic impairment, the concomitant use of losartan with aliskiren-containing products is contraindicated in patients with diabetes mellitus or renal impairment (GFR < 60 ml/min/1.73 m2).

WARNINGS & PRECAUTIONS*:* *Hypersensitivity*: Angiooedema: Hypotension, Intravascular volume depletion, Electrolyte imbalances, Liver and renal function impairment, Renal transplantation, Primary hyperaldosteronism, Heart failure, aortic and mitral valve stenosis, obstructive hypertrophic cardiomyopathy, Ethnic differences, pregnancy, dual blockade of the RAAS. Losartan is not recommended in children with glomerular filtration rate < 30 ml/min/1.73 m_2 as no data are available. Concomitant use of losartan and ACE-inhibitors has shown to impair renal function. Therefore, concomitant use is not recommended. Losartan should not be initiated during pregnancy. Unless continued losartan therapy is considered essential, patients planning pregnancy should be changed to alternative antihypertensive treatments which have an established safety profile for use in pregnancy. There is evidence that the concomitant use of ACE-inhibitors, angiotensin II receptor blockers or aliskiren increases the risk of hypotension, hyperkalaemia, and decreased renal function (including acute renal failure). Dual blockade of RAAS through the combined use of ACEinhibitors, angiotensin II receptor blockers or aliskiren is therefore not recommended.

DRUG INTERACTION: Other antihypertensive agents may increase the hypotensive action of losartan. Concomitant use with other substances which may induce hypotension as an adverse reaction (like tricyclic antidepressants, antipsychotics, baclofen and amifostine) may increase the risk of hypotension. Losartan is predominantly metabolised by cytochrome P450 (CYP) 2C9 to the active carboxyacid. As with other medicinal products that block angiotensin II or its effects, concomitant use of other medicinal products which retain potassium (e.g. potassium-sparing diuretics: amiloride, triamterene, spironolactone) or may increase potassium levels (e.g. heparin), potassium supplements or salt substitutes containing potassium may lead to increases in serum potassium. Co-medication is not advisable. Reversible increases in serum lithium concentrations and toxicity have been reported during concomitant administration of lithium with ACE inhibitors. When angiotensin II antagonists are administered simultaneously with NSAIDs (i.e. selective COX-2 inhibitors, acetylsalicylic acid at anti-inflammatory doses

and non-selective NSAIDs), attenuation of the antihypertensive effect may occur. Reported clinical trial data have shown that dual blockade of the renin-angiotensin-aldosterone system (RAAS) through the combined use of ACE-inhibitors, angiotensin II receptor blockers or aliskiren is associated with a higher frequency of adverse events such as hypotension, hyperkalaemia, and decreased renal function (including acute renal failure) compared to the use of a single RAAS-acting agent.

ADVERSE REACTIONS: Anaemia thrombocytopenia hypersensitivity reactions, anaphylactic reactions, angioedema, vasculitis depression, dizziness , somnolence , headache, sleep disorders , rare, migraine, dysgeusia, vertigo , tinnitus, palpitations, angina pectoris syncope orthostatic), hypotension (including doserelated orthostatic effects), dyspnoea, cough, abdominal pain , obstipation , diarrhoea, nausea, vomiting

Urticarial, pruritus, rash , photosensitivity, myalgia, arthralgia, rhabdomyolysis, renal impairment, renal failure, asthenia , fatigue , oedema , malaise, increased alanine, aminotransferase(ALT) , increase in blood, urea, serum, creatinine, serum, potassium, hyponatraemia, hypoglycaemia.

MARKETED BY

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(Additional information is available on request)