Ramipress®

ramipril

esentation

nipress® 1.25 : Each film-coated tablet contains Ramipril BP 1.25 mg
nipress® 2.5 : Each film-coated tablet contains Ramipril BP 2.5 mg
nipress® 5 : Each film-coated tablet contains Ramipril BP 5 mg
nipress® 10 : Each film-coated tablet contains Ramipril BP 10 mg

dications, dosage and administration

d to moderate hypertension: Initially 1.25 mg once daily, increased at intervals -2 weels; usual range 2.5-5 mg once daily; max. 10 mg once daily..
ngestive heart failure (adjunct): Initially 1.25 mg once daily under close medical pervision, increased if necessary at intervals of 1-2 weeks; max.10mg daily (daily es of 2.5 mg or more may be taken in 1-2 divided doses).
phylaxis after myocardial infarction in patients with clinical evidence of heart ure: (Started in hospital 3 to 10 days after infarction), initially 2.5 mg twice daily, reased after 2 days to 5 mg twice daily, maintenance 2.5-5 mg twice daily
e. if initial 2.5-mg dose not tolerated, give 1.25 mg twice daily for 2 days before reasing to 2.5 mg twice daily, then 5 mg twice daily; withdraw if 2.5 mg twice daily tolerated.
usceptible patients, prevention of myocardial infarcation,strole, cardiovascular th or need of revascularisation procedures: Initially 2.5 mg once daily, increased er 1 week to 5 mg once daily, then increased after a furhter 3 weels to 10 mg once y.

ntraindications

persensitivity to ramipril or any of the excipients. History of angioneurotic oedema, emodynamically relevant renal artery stenosis, hypotensive or haemodynamically table patients.

ecial warnings and precautions for use

rnings:
nipril should not be used in patients with aortic or mitral valve stenosis or outflow truction.

cautions:
E inhibitors need to be initiated with care in patients receiving diuretics; first doses y cause hypotension especially in patients taking high doses of diuretics on a low ium diet, on dialysis, dehydrated or with heart failure. They should also be used h caution in peripheral vascular disease or generalized atherosclerosis owing to risk clinically silent renovascular disease. renal funcation Should be monitored before d during treatment, and the dose reduced in renal impairment.
e risk of agranulocytosis is possibly increased in collagen vascular disease (blood unts recommended).
E inhibitors should be used with care in patients with severe or symptomatic aortic nosis (risk of hypotension).
ey should be used with care (or avoided) in those with a history of idiopathic or editary angioedema.

aphylactoid reactions. To prevent anaphylaction reactions, ACE inhibitors should be oided during dialysis with high-flux polyacrylonitrile membrances and during low-sity lipoprotein apheresis with dextran sulphate; they should also be withheld ore desensitisation with wasp or bee venom.

ug interaction

mbination with diuretics or other antihypertensive agents may potentiate the ihypertensive response to Ramipril. Adrenergic-blocking druge should only be mbined with ramipril under careful supervision.
assium sparing diuretics (spironolactone, amiloride, triamterene) or potassium plements may increase the risk of hyperkalaemia. Ramipril may attenuate the assium loss caused by thiazide-type diuretics. If concomitant use of these agents is indicated, they should be given with caution and serum potassium should monitored regularly.
When antidiabetic agents (insulin and sulphonylurea derivatives) are us concurrently, the possibility of increased blood-sugar reduction must be consider
When ACE inhibitors are administered simultaneously with non-steroidal a inflammatory drugs (e.g. acetylsalicylic acid and indomethacin), attenuation of antihypertensive effect may occur. If Ramipril is given with lithium, an increase serum lithium concentration may occur.

Pregnancy and lactation

Pregnancy should be excluded before start of treatment with Ramipril and avoi during treatment; exposure of the mother to ACE inhibitors in mid or late pregn has been associated with oligohydramnios and neonatal hypotension with anuria renal failure.
From animal experiments it is known that use of ramipril may cause a decreas utero-placental perfusion. There is also a potential risk of fetal or post-natal effect ACE inhibitors also influence the local renin-angiotensin system. In peri-post na studies increased renal pelvic dilatation was observed in the first generation offspri However, ramipril was not fetotoxic in our studies although ACE inhibitors ha shown fetotoxicity in some species. Ramipril should not be used during laction.

Side-effects

Generally, adverse reactions have been mild and transient, and do not requ discontinuation of therapy. The most frequently reported adverse reactions nausea, dizziness and headache.

Storage

Store below 25°C

Commercial packaging

Ramipress® 1.25 : 3 x 10's tablets in Blister Pack.
Ramipress® 2.5 : 3 x 10's tablets in Blister Pack.
Ramipress® 5 : 3 x 10's tablets in Blister Pack.
Ramipress® 10 : 3 x 10's tablets in Blister Pack.

Manufactured by :
Silva
Pharmaceuticals Limited
Maijdee, Noakhali, Bangladesh