Vasaran-A®

Amlodipine / Valsartan





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Amlodipine / Valsartan

Vasaran-A® is available in differently dosed combinations of the Angiotensin II Receptor Blocker valsartan and the calcium channel blocker amlodipine.

- valsartan / amlodipine 80/5 mg Film-Coated tablet
- valsartan / amlodipine 160/5 mg Film-Coated tablet
- valsartan / amlodipine 160/10 mg Film-Coated tablet

Pharmacological properties

	VALSARTAN	AMLODIPINE
Pharmacotherapeutic group	Angiotensin II Receptor Blocker	Calcium channel blocking agent
Mechanism of action	Valsartan blocks the angiotensin Il receptor. By blocking the action of angiotensin, valsartan dilates blood vessels and reduces blood pressure	Amlodipine inhibits the transmembrane influx of calcium ions into cardiac and vascular smooth muscle.
Combination	The combination of amlodipine and valsartan produces a dose-related additive reduction in blood pressure across its therapeutic dose range. The antihypertensive effect of a single dose of the combination persisted for 24 hours.	

Therapeutic indications

Treatment of essential hypertension.

Vasaran-A[®] is indicated in adults whose blood pressure is not adequately controlled on amlodipine or valsartan monotherapy.

It is recommended to take Vasaran-A® with some water, with or without food

Dosing

Hypertension: Oral:

Initial therapy: Amlodipine 5 mg/valsartan 160 mg once daily; dose may be titrated after 1 to 2 weeks.

Add-on therapy: Amlodipine 5 to 10 mg/valsartan 160 to 320 mg once daily; dose may be titrated after 3 to 4 weeks of therapy. Maximum dose: amlodipine 10 mg/valsartan 320 mg once daily

Contraindications

Hypersensitivity to amlodipine, valsartan, or any component of the formulation; concomitant use with aliskiren in patients with diabetes mellitus

Significant adverse reaction

Headache, Increased BUN, Peripheral edema, Anxiety, Nasopharyngitis, Increased potassium, Upper respiratory infection, Dizziness, Somnolence, Diarrhea, Nausea, Abdominal pain, Cough

Blood pressure, heart rate; baseline and periodic electrolyte panels; renal and liver function; monitor for orthostasis, peripheral edema

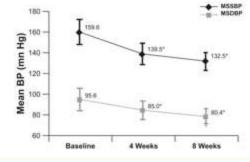
Pregnancy and breastfeeding

Drugs that act on the renin-angiotensin system can cause injury and death to the developing fetus. Discontinue as soon as possible once pregnancy is detected.

Pregnancy risk factor: D

Use is not recommended and a decision should be made to discontinue breastfeeding or discontinue the drug Efficacy and benefits

These results indicate that combination therapy lowers BP to a greater degree than monotherapy. Amlodipine/valsartan was found to be an effective and well-tolerated strategy for BP control in a wide range of patients with hypertension not previously controlled by the use of a single antihypertensive agent.



Reduction in mean systolic and diastolic BP after 4 and 8 weeks of valsartan/amlodipine single-pill combination treatment

References

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3-https://www.medicnes.org.uk/
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Falline after Single Therapy (EX-FAST) study." The Journal of Clinical Hypertension 10.3 (2008): 185-194.
5-htp. Dayl. Usheng Lu., and Weiman Li. "Efficacy and safety of valsartan/amlodipine single-pill combination in 11,422 Chinese patients with hypertension: an observational study." Advances in therapy 31 (2014): 762-775.