**Brand Name:** Cardivas **Description:** Cardivas 6.25 MG Tablet is an antihypertensive medication that is used to lower the blood pressure and also to treat heart failure. This medicine is not recommended for use in children. **Uses:** diseaseOne,diseaseTwo

**Brand Info**

This is a dummy brand info description.

**diseaseOne**

This is the description for disease one

**diseaseTwo**

This is the description for disease two

**Indications/Uses**

Listed in Dosage.

**Dosage/Direction for Use**

Adult: PO Hypertension Initially, 12.5 mg once daily for 2 days, increased to 25 mg once daily. May gradually increase further at intervals of at least 2 weeks, if necessary. Max: 50 mg daily. Chronic stable angina Initially, 12.5 mg bid for 2 days, increased to 25 mg bid. May gradually increase further at intervals of at least 2 weeks, if necessary. Max: 100 mg/day in 2 divided doses. Heart failure Mild to severe: Initially, 3.125 mg bid for 2 weeks. If tolerated, increase gradually to 6.25 mg bid at intervals of at least 2 weeks, followed by 12.5 mg bid, then 25 mg bid. Max: <85 kg: 25 mg bid. >85 kg: 50 mg bid, if condition is not severe. Left ventricular dysfunction post myocardial infarction Initially, 6.25 mg bid, increased after 3-10 days (based on tolerability) to 12.5 mg bid, and up to target dose of 25 mg bid. Lower initial dose of 3.125 mg bid may be used in symptomatic patients and rate of up-titration may be slowed if clinically indicated.

**Administration**

Should be taken with food.

**Contraindications**

Patient with decompensated heart failure requiring IV inotropic treatment, bronchial asthma or related bronchospastic conditions, 2nd- or 3rd-degree AV block without permanent pacemaker, severe bradycardia (<50 bpm), sick sinus syndrome, cardiogenic shock, untreated phaeochromocytoma, Severe hepatic impairment.

**Special Precautions**

Patient with salt and volume depletion, hypotension; ischaemic heart disease, Prinzmetal's variant angina, diabetes mellitus, thyrotoxicosis, peripheral vascular disease, psoriasis. Avoid abrupt withdrawal. Renal and mild to moderate hepatic impairment. Elderly. Pregnancy and lactation. Patient Counselling This drug may cause syncope during initial therapy, if affected, do not drive or operate machinery. Monitoring Parameters Monitor blood pressure, heart rate, BUN, blood glucose (diabetics), renal and liver function.

**Adverse Reactions**

Significant: Hypotension with or without syncope, bradycardia. Blood and lymphatic system disorders: Anaemia. Cardiac disorders: Dyspnoea, pulmonary oedema. Eye disorders: Visual impairment, eye irritation, dry eye. Gastrointestinal disorders: Nausea, diarrhoea, vomiting, dyspepsia, abdominal pain. General disorders and administration site conditions: Asthenia, fatigue. Infections and infestations: Bronchitis. Metabolism and nutrition disorders: Oedema, hypervolaemia, weight gain, hypercholesterolaemia, hyperglycaemia, hypoglycaemia. Musculoskeletal and connective tissue disorders: Pain in extremities, arthralgia. Nervous system disorders: Dizziness, headache. Psychiatric disorders: Depression. Renal and urinary disorders: Micturition disorders, abnormal renal function, renal failure. Vascular disorders: Orthostatic hypotension, peripheral vascular disease.

**Pregnancy Category (US FDA)**

D in 2nd & 3rd trimesters.
Category C: Either studies in animals have revealed adverse effects on the foetus (teratogenic or embryocidal or other) and there are no controlled studies in women or studies in women and animals are not available. Drugs should be given only if the potential benefit justifies the potential risk to the foetus.

**Drug Interactions**

Additive effect with Ca channel blockers (e.g. diltiazem, verapamil), amiodarone, MAO inhibitors, reserpine, guanfacine, methyldopa. May increase atrioventricular conduction time and decrease heart rate with digitalis glycosides. Increased serum concentrations of ciclosporin. Increased hypoglycaemic effect of insulin and oral antidiabetics. May cause synergistic, negative inotropic and hypotensive effect with anaesthetics. Serum concentration may be reduced by CYP450 inducers (e.g. rifampicin, barbiturates) or increased by CYP450 inhibitors (e.g. ketoconazole, cimetidine, fluoxetine, haloperidol, erythromycin). Increased vasoconstriction effect with ergotamine.

**CIMS Class**

Beta-Blockers / Anti-Anginal Drugs

**ATC Classification**

C07AG02 - carvedilol ; Belongs to the class of alpha and beta blocking agents. Used in the treatment of cardiovascular diseases.