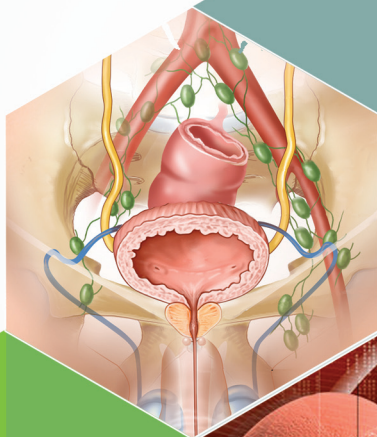


Drug INDEX

PASSI PUBLICATIONS

SPECIAL SUPPLEMENT FOR SUN PHARMACEUTICAL INDUSTRIES LTD.



BRAND	COMPOSITION
TAMFLO 0.4	EACH CAPSULES CONTAINS: TAMSULOSIN HYDROCHLORIDE (AS MODIFIED RELEASE PELLETS) 0.4MG
TAMFLO 0.4 [New Formulation]	EACH CAPSULES CONTAINS: TAMSULOSIN HYDROCHLORIDE BP (AS MODIFIED RELEASE PELLETS) 0.4MG
TAMLET 2	EACH CAPSULES CONTAINS TAMSULOSIN HYDROCHLORIDE (AS MODIFIED RELEASE PELLETS) 2MG
TAMLET 4	EACH CAPSULES CONTAINS TAMSULOSIN HYDROCHLORIDE (AS MODIFIED RELEASE PELLETS) 0.4MG TOLTERODINE TARTRATE (AS EXTENDED RELEASE PELLETS) 4MG
TROFAME XR	EACH CAPSULES CONTAINS: TROSPIUM CHLORIDE BP (AS EXTENDED RELEASE PELLETS) 60MG
TROPAN 2.5	OXYBUTYNIN 2.5MG PER TAB
TROPAN 5	OXYBUTYNIN 5MG PER TAB
TROPAN-XL 5	EACH FILM COATED EXTENDED RELEASE TABLET CONTAINS: OXYBUTYNIN CHLORIDE USP 5MG
UROTEL-XL 2	EACH CAPSULE CONTAINS: TOLTERODINE TARTRATE 2MG
UROTEL-XL 4	EACH CAPSULE CONTAINS: TOLTERODINE TARTRATE 4MG

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**INDICATIONS**

To alkalinise the urine in UTI or to promote the excretion of certain acidic drugs.

MECHANISM OF ACTION

Inhibits carbonic anhydrase which catalyses the reaction involving hydration of CO_2 and de-hydration of carbonic acid. This causes secretion of aqueous humor and decrease in intra ocular pressure (IOP). In kidney this causes loss of HCO_3 ion and along with that of Na^+ and K^+ .

DOSAGE

Oral: 250-375 mg once daily or on alternate days. Intermittent treatment is needed for continued efficacy.

CONTRAINDICATIONS

Liver disease may precipitate hepatic coma, renal hyper-

chloraemic acidosis, Addison's disease, sensitivity to sulfonamides, pregnancy and lactation. Chronic angle-closure glaucoma.

ONSET OF EFFECT

Within 30 mins.

DURATION OF ACTION

6-24 hrs.

DRUG INTERACTIONS

- Oral anticoagulants, oral hypoglycaemics, mercurial diuretics: potentiated effects of these drugs.
- Quinidine: reduced quinidine excretion.
- Phenytoin: increased risk of osteomalacia.
- Cardiac glycosides: increased toxicity if hypokalaemia occurs with acetazolamide.
- Corticosteroids, sympatho-

mimetics, ulcercoating drugs: increased risk of hypokalaemia.

ADVERSE EFFECTS

Hypersensitivity, rash, tingling hands and feet, confusion, headache, lethargy, loss of appetite/weight loss, acidosis, hypokalaemia, abdominal discomfort, bone marrow depression, anorexia, paraesthesia, drowsiness, depression and renal calculi.

SPECIAL PRECAUTIONS

- Elderly; lactation; diabetes mellitus; pulmonary obstruction; monitor blood count and electrolytes if used for long periods; severe respiratory acidosis.
- May impair ability to perform skilled tasks, for example operating machinery, driving.

INDICATIONS

Signs and symptoms of benign prostatic hyperplasia.

MECHANISM OF ACTION

Selectively blocks the post-synaptic alpha1-adrenoreceptors, which are located in the prostate, bladder base, bladder neck, prostatic capsule, and prostatic urethra.

DOSAGE

10 mg once daily taken immediately after the same meal each day. Tablets should not be chewed or crushed.

CONTRAINDICATIONS

Moderate or severe hepatic impairment. Co-administration with potent CYP3A4 inhibitors (ketoconazole, itraconazole, ritonavir). Hypersensitivity to alfuzosin or any of the ingredients.

DRUG INTERACTIONS

- Potent CYP3A4 inhibitors such as ketoconazole, itraconazole, or ritonavir (alfuzosin blood levels are increased).
- Should not be used in combination with other alpha-blockers.
- Anti-hypertensive medication and nitrates (increased risk of hypotension/postural hypotension and syncope).

ADVERSE EFFECTS

Dizziness, upper respiratory infection, headache, fatigue. Angina pectoris in patients with pre-existing coronary artery disease, hepatocellular and cholestatic liver injury, priapism, angioedema.

SPECIAL PRECAUTIONS

- Care should be taken in patients with symptomatic hypotension or who have

had a hypotensive response to other medications or are concomitantly treated with antihypertensive medication or nitrates.

- Caution is advised in patients with severe renal impairment, and in patients with a history of QT prolongation or who are taking medications which prolong the QT interval.
- Prostate carcinoma should be ruled out prior to treatment.
- Intraoperative floppy iris syndrome (IFIS) during cataract surgery may require modifications to the surgical technique.
- Alfuzosin should be discontinued if symptoms of angina pectoris appear or worsen.