Diltiazem Hydrochloride Extended-Release Capsules, USP

DESCRIPT

Diltiazem hydrochloride extended-release capsules, USP is a calcium channel blocker with antianginal properties. Diltiazem hydrochloride extended-release capsules, USP is indicated for the management of stable angina pectoris. Diltiazem hydrochloride extended-release capsules are not recommended for the treatment of angina exacerbated by exercise.

Diltiazem hydrochloride extended-release capsules are not recommended for the treatment of unstable angina or acute coronary syndromes.

INDICATIONS AND USAGE

Diltiazem Hydrochloride Extended-Release Capsules, USP is indicated for the management of stable angina pectoris.

Diltiazem hydrochloride extended-release capsules are not recommended for the treatment of angina exacerbated by exercise.

Diltiazem hydrochloride extended-release capsules are not recommended for the treatment of unstable angina or acute coronary syndromes.

PRECAUTIONS

Serious adverse reactions have been rare in studies carried out to date, but it should be recognized that long-term follow-up studies have not been conducted.

Pediatric Use

Pediatric use is not recommended.

PREGNANCY

There is no information available indicating that diltiazem hydrochloride extended-release capsules are teratogenic. As with all beta-blockers, there is a risk of hypoglycemia in mother and neonate during delivery. Caution should be exercised in using this combination.

PREGNANCY CATEGORY C

Risk: Increased fetal risk

CONTRAINDICATIONS

Diltiazem hydrochloride extended-release capsules are contraindicated in (1) patients with sick sinus syndrome, (2) patients with second- or third-degree atrioventricular (AV) block, (3) symptomatic hypotension (systolic blood pressure less than 90 mm Hg), (4) patients who have demonstrated hypersensitivity to the drug.

Other: Caution should be exercised when using this combination.

Hypotension:

Hypotension may be more common in patients receiving diltiazem hydrochloride extended-release capsules, USP, in combination with other antihypertensive agents. Hypotension may be marked in patients with impaired cardiac function or with intravascular volume depletion, and in those who have been administered vasodilators or sedative agents.

Other:

This effect may lead to more rapid absorption and an increase in bioavailability when given with food. Caution should be exercised when using this combination.

Drug Interactions

DRUG INTERACTIONS

Other: Caution should be exercised when using this combination.

Beta-Blockers: A significant increase in time to termination of exercise and a significant decrease in overall angina frequency were observed when diltiazem hydrochloride extended-release capsules were coadministered with beta-blockers. This effect may lead to more rapid absorption and an increase in bioavailability when given with food. Caution should be exercised when using this combination.

Cimetidine: An adjustment in the diltiazem dosage is recommended when diltiazem hydrochloride extended-release capsules are coadministered with cimetidine. The absorption of diltiazem hydrochloride extended-release capsules is increased by cimetidine. The resultant increases in coronary blood flow (epicardial and subendocardial), left ventricular end diastolic pressure have not been affected. Such data have no predictive value in exercise tolerance studies in patients with ischemic heart disease, reduces the heart rate-blood pressure product, and decreases the incidence of supraventricular arrhythmia. This effect may lead to more rapid absorption and an increase in bioavailability when given with food. Caution should be exercised when using this combination.

Cyclosporine: The effect of cyclosporine on diltiazem plasma concentrations has not been evaluated. When diltiazem hydrochloride extended-release capsules were coadministered with cyclosporine, a significant increase in plasma concentrations of diltiazem hydrochloride extended-release capsules was observed. The concurrent administration of cyclosporine and diltiazem hydrochloride extended-release capsules is not recommended.

Dopaminergic agents (e.g., dopamine and doxapram): The concurrent administration of diltiazem hydrochloride extended-release capsules and dopaminergic agents is not recommended. The concurrent administration of cyclosporine and diltiazem hydrochloride extended-release capsules is not recommended.

Diltiazem hydrochloride extended-release capsules are contraindicated in (1) patients with sick sinus syndrome except for cases in which a temporary pacemaker is used, (2) patients with second- or third-degree atrioventricular (AV) block, (3) symptomatic hypotension (systolic blood pressure less than 90 mm Hg), (4) patients who have demonstrated hypersensitivity to the drug.

Duration of therapy:

The duration of therapy is dependent on the patient's response to therapy. If the patient has been maintained on a placebo-controlled regimen and the drug is well tolerated, the dosage may be increased to the maintenance dose recommended above. In patients with impaired cardiac function, the dosage should be increased to 90 mg or more.

Following an initial dose of 90 mg, the patient should be observed for at least two weeks before further evaluation. The dosage should be increased to 180 mg, if this is well tolerated, and then to 360 mg, if this is well tolerated. The dosage may be increased to 540 mg if necessary, but should not exceed this amount.

The effect of diltiazem hydrochloride extended-release capsules may be enhanced by other agents that inhibit the cytochrome P450-2C9 system. The effect of diltiazem hydrochloride extended-release capsules on the CYP2C9 system has not been evaluated.

The elimination half-life of propranolol was increased by 2.3-fold, compared to placebo. The AUC of some statins. The risk of myopathy and rhabdomyolysis with statins metabolized by CYP2C9 may be increased with concomitant use of diltiazem. When possible, use CYP2C9 inhibitors as a last resort. When the risk-benefit profile is unacceptable, diltiazem should be administered with caution.
Hypertension: been studied in clinical trials. The incidence of side effects increases as the dose increases with patients. Monitor patients closely. Subsequent titration to higher or lower doses may be necessary. Patients controlled on diltiazem alone or in combination with other medications may be switched according to the judgment and experience of the treating physician. Actual treatment and dosage should depend on the severity of the clinical situation and the judgment of the treating physician.

Angina: doses. Maximum antihypertensive effect is usually observed by 14 days of chronic therapy; therefore, schedule dosage adjustments accordingly. The usual dosage range studied in clinical trials was 240 to 360 mg once daily. Individual patients may respond to higher doses of up to 480 mg once daily.

Beta-blockers: may be taken as required to abort acute anginal attacks during diltiazem hydrochloride extended-release capsules therapy.

CONTRAINDICATIONS

Hypertension: Angina: prophylactic nitrate therapy. Concomitant use with other cardiovascular agents and nitrate preparations is not recommended. Clinical experience is not available with concurrent use of diltiazem and immediate-release nitrates, isosorbide dinitrate, or isosorbide mononitrate in patients with angina. Diltiazem hydrochloride extended-release capsules may be safely coadministered with short- and long-acting nitrates. Reversal of the coronary vasoconstrictive effect of nitrates in patients taking diltiazem hydrochloride extended-release capsules may be achieved by decreasing the dose of the diltiazem hydrochloride extended-release capsules or the concomitant antihypertensives may need to be adjusted when adding one to the other.

Dilated Cardiomyopathy:

PROPRIETARY NAME
Diltiazem hydrochloride extended-release capsules: DILTIAZEM HYDROCHLORIDE EXTENDED-RELEASE CAPSULES, USP.

HOW SUPPLIED

Diltiazem hydrochloride extended-release capsules: hard gelatin capsules containing white to off white coated pellets. Each capsule contains white to off white coated pellets:

<table>
<thead>
<tr>
<th>Strength</th>
<th>Quantity</th>
<th>NDC Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>120 mg</td>
<td>30 counts</td>
<td>10370-829-11</td>
<td>Diltiazem Hydrochloride Extended-Release Capsules, USP</td>
</tr>
<tr>
<td>180 mg</td>
<td>30 counts</td>
<td>10370-830-11</td>
<td>Diltiazem Hydrochloride Extended-Release Capsules, USP</td>
</tr>
<tr>
<td>360 mg</td>
<td>30 counts</td>
<td>10370-831-09</td>
<td>Diltiazem Hydrochloride Extended-Release Capsules, USP</td>
</tr>
</tbody>
</table>

MISCELLANEOUS

Overview: the usual dose is 360 mg/day, although doses up to 720 mg/day have been used. In some patients, the dose may need to be increased above the standard dose of 360 mg/day (the dose is increased by 120 mg every 3 to 7 days). Diltiazem hydrochloride extended-release capsules may be administered at bedtime. However, initial titration should be at bedtime to avoid potential orthostatic hypotension at the time of the dose. Diltiazem hydrochloride extended-release capsules may be administered at bedtime. However, initial titration should be at bedtime to avoid potential orthostatic hypotension at the time of the dose.

Pharmacology: Diltiazem hydrochloride extended-release capsules have an additive effect with sympathomimetic agents. Therefore, the dosage of all sympathomimetic agents should be reduced in patients taking diltiazem hydrochloride extended-release capsules. In some patients, the dose of other antihypertensive agents may need to be adjusted when adding one to the other.

DOSAGE AND ADMINISTRATION

Hypertension: been studied in clinical trials. The incidence of side effects increases as the dose increases with patients. Monitor patients closely. Subsequent titration to higher or lower doses may be necessary. Patients controlled on diltiazem alone or in combination with other medications may be switched according to the judgment and experience of the treating physician. Actual treatment and dosage should depend on the severity of the clinical situation and the judgment of the treating physician.

Angina: doses. Maximum antihypertensive effect is usually observed by 14 days of chronic therapy; therefore, schedule dosage adjustments accordingly. The usual dosage range studied in clinical trials was 240 to 360 mg once daily. Individual patients may respond to higher doses of up to 480 mg once daily.

Beta-blockers: may be taken as required to abort acute anginal attacks during diltiazem hydrochloride extended-release capsules therapy.