periodically in patients receiving fosinopril and NSAID therapy.

levels frequently.

indicated lowering effect with risk of hypoglycemia. This appeared more likely to occur during

Antacids:

nolactone, triamterene) or potassium supplements or those patients taking other drugs

Diabetes mellitus

of normal) has been reported in patients receiving fosinopril. Risk factors for the develop-

AUC. In general, no dosing adjustment is necessary. However, patients with heart failure

renal failure and/or death.

Since fosinopril is primarily metabolized to fosinoprilat by hepatic

sulfate absorption. Consider giving a different type of dialysis membrane or a different

hymnophis acidum. The active metabolite. Fosinopril is absorbed

slowly after oral administration; about 36% of an oral dose of fosinopril is absorbed. Although

FOSSANOPRILAT, a specific competitive inhibitor of angiotensin converting enzyme (ACE).

Fosinopril sodium is hydrolyzed by esterases to the pharmacologically active form,

PHARMACODYNAMICS

Both sides partially scored, with “UL” embossed on one side, plain on the

Fosinoprilat, a specific competitive inhibitor of angiotensin converting enzyme (ACE).

Abnormal urination, kidney pain, renal insufficiency, renal failure, prostatic

Skin:

dysphonia, laryngeal angioedema, laryngitis/hoarseness, pharyngitis, pleuritic chest pain,

Other medically important undesirable effects reported with ACE inhibitors:

Fanconi’s syndrome, abnormalities of glucose metabolism with or without MODY (maturity-onset diabetes of the young), hypokalemia, increases in serum creatinine, renal tubular acidosis, hyperuricemia, hyperkalemia, hypechloremic metabolic alkalosis, hyperlipidemia, potassium-lowering effects associated with increases in serum potassium (e.g., heparin)

Diabetes mellitus

ACE inhibitors (e.g., fosinopril) can cause injury and even death to the developing

Fetal/Neonatal Morbidity and Mortality:

Fosinopril is contraindicated in pregnancy. Women of childbearing age should be informed of the potential hazard to the fetus.

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ANGIOTENSIN CONVERTING ENZYME INHIBITOR / ANTIHYPERTENSIVE

Manufactured by

Fosinopril sodium ……………………........……………10 mg or 20 mg

Each tablet contains:

Sodium acetate, sodium hydroxide, sucrose, calcium carbonate, copovidone, lactose monohydrate, magnesium stearate, povidone, starch (corn), titanium dioxide, red iron oxide, yellow iron oxide.

WARNINGS AND PRECAUTIONS

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Fosinoprilat is poorly removed from the body by hemodialysis or peritoneal dialysis.

Expansion alone does not restore blood pressure, angiotensin II may be infused.

Effect would be hypotension, which should respond to plasma expanders. If volume

experience airway obstruction, particularly those with a history of airway surgery.

Anaphylactoid reactions during membrane exposure:

were avoided when ACE inhibitors were temporarily discontinued, but they reappeared

When treated with an ACE

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