

## **RAMIP**

### **Ramipril 2.5/5 mg Capsules**

**GENERIC NAME:** Ramipril

**PHARMACOLOGICAL CLASS:** Angiotensin Converting Enzyme (ACE) inhibitors.

**THERAPEUTIC CLASS:** Antihypertensive

#### **COMPOSITION AND PRESENTATION:**

##### **RAMIP 2.5**

###### **Composition**

Each Capsule contain Ramipril 2.5 mg

###### **Presentation**

20 Capsules x 5 Blisters

##### **RAMIP 5**

###### **Composition**

Each Capsule contain Ramipril 5 mg

###### **Presentation**

20 Capsules x 5 Blisters

#### **MECHANISM OF ACTION**

It inhibits ACE from converting Angiotensin-I to Angiotensin-II resulting in increased plasma renin activity and reduced aldosterone secretion. It also increases bradykinin levels.

#### **INDICATIONS & DOSAGE::**

- **Mild to moderate hypertension**  
Initially 1.25 mg once daily given at bedtime. Maintenance 2.5-5 mg daily as a single dose. Maximum 10 mg daily as a single dose.
- **Congestive Heart Failure.**  
Starting dose 1.25 mg once daily. May be increased gradually at intervals of 2-3 weeks to 5-10 mg/day. Max. dose: 10 mg daily in 1-2 divided doses.
- **Post Myocardial Infarction**  
Initially, 2.5 mg BID increased after 2 days to 5 mg BID. Start treatment 3-10 days after infarction. Usual dose: 2.5-5 mg BID.
- **Prophylaxis of CV events in high-risk patients**  
Initially, 2.5 mg once daily increased to 5 mg once daily after 1 week if tolerated. Maintenance: 10 mg OD after a further 3 weeks.

## **PHARMACOKINETICS:**

### **Absorption:**

50-60% is absorbed from the GI tract (oral); peak plasma concentrations after 2-4 hours (ramiprilat).

### **Distribution**

Ramipril rapidly distributes to all tissues, with the liver, kidneys and lungs showing markedly higher concentrations of the drug than the blood. In the therapeutic concentration range, protein binding of ramipril and ramiprilat is 73 and 56%, respectively.

### **Metabolism**

Ramipril is a prodrug that undergoes de-esterification in the liver to form ramiprilat, its active metabolite.

### **Excretion:**

Most of the drug is excreted in the urine as ramiprilat and the glucuronate conjugate of ramiprilat.

## **ADVERSE EFFECTS:**

Nausea, vomiting, diarrhoea, dizziness, fatigue, headache, abdominal pain, cough. Rarely symptomatic hypotension. Angioneurotic oedema of face, lips, tongue, glottis and larynx, syncope, renal impairment, hypersensitivity reactions.

**Potentially Fatal:** Severe hypotension and renal failure, angioedema.

## **PRECAUTIONS:**

- Monitor renal function before and during treatment.
- Use with caution in patients with history of idiopathic or hereditary angioedema.
- Regular monitoring of WBC in patients with vascular collagen disorders is recommended.

## **CONTRAINDICATIONS:**

- Contraindicated in pregnancy
- Contraindicated in lactation
- Safety and efficacy not established in children
- May show higher blood levels of active metabolite in Geriatric
- Hypersensitivity
- Bilateral renal artery stenosis, or a single kidney with unilateral renal artery stenosis.
- Aortic stenosis or outflow tract obstruction.

## **DRUG INTERACTIONS:**

- NSAIDs may increase risk of deterioration of renal function.

- Concomitant administration of diuretics may lead to serious hypotension. Severe hyperkalaemia may result when used with potassium-sparing diuretics, potassium supplements and drugs that cause hyperkalaemia. May increase serum lithium concentration.

For further information, please contact:

**Market Planning Department**



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