

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug. Forms available from special-order manufacturers include: oral suspension, oral solution

Oral solution

- ▶ **Diovan** (Novartis Pharmaceuticals UK Ltd)
Valsartan 3 mg per 1 ml Diovan 3mg/1ml oral solution | 160 ml [PoM](#) £7.20 DT = £7.20

Tablet

- ▶ **Valsartan (Non-proprietary)**
Valsartan 40 mg Valsartan 40mg tablets | 7 tablet [PoM](#) £7.87 DT = £7.84
Valsartan 160 mg Valsartan 160mg tablets | 28 tablet [PoM](#) £14.69 DT = £14.69
Valsartan 320 mg Valsartan 320mg tablets | 28 tablet [PoM](#) £20.23 DT = £18.18

Capsule

- ▶ **Valsartan (Non-proprietary)**
Valsartan 40 mg Valsartan 40mg capsules | 28 capsule [PoM](#) £13.97 DT = £5.54
Valsartan 80 mg Valsartan 80mg capsules | 28 capsule [PoM](#) £14.35 DT = £9.48
Valsartan 160 mg Valsartan 160mg capsules | 28 capsule [PoM](#) £18.41 DT = £12.76

VASODILATORS > VASODILATOR ANTIHYPERTENSIVES

Hydralazine hydrochloride

04-Feb-2020

● INDICATIONS AND DOSE

Resistant hypertension (adjunct)

▶ BY MOUTH

- ▶ Neonate: 250–500 micrograms/kg every 8–12 hours, increased if necessary to 2–3 mg/kg every 8 hours.
- ▶ Child 1 month–11 years: 250–500 micrograms/kg every 8–12 hours, increased if necessary to 7.5 mg/kg daily; maximum 200 mg per day
- ▶ Child 12–17 years: 25 mg twice daily, increased to 50–100 mg twice daily
- ▶ BY SLOW INTRAVENOUS INJECTION
- ▶ Neonate: 100–500 micrograms/kg, dose may be repeated if necessary every 4–6 hours; maximum 3 mg/kg per day.

- ▶ Child 1 month–11 years: 100–500 micrograms/kg, dose may be repeated if necessary every 4–6 hours; maximum 3 mg/kg per day; maximum 60 mg per day
- ▶ Child 12–17 years: 5–10 mg, dose may be repeated if necessary every 4–6 hours

▶ BY CONTINUOUS INTRAVENOUS INFUSION

- ▶ Neonate: 12.5–50 micrograms/kg/hour, continuous intravenous infusion is the preferred route in cardiac patients; maximum 2 mg/kg per day.
- ▶ Child 1 month–11 years: 12.5–50 micrograms/kg/hour, continuous intravenous infusion is the preferred route in cardiac patients; maximum 3 mg/kg per day
- ▶ Child 12–17 years: 3–9 mg/hour, continuous intravenous infusion is the preferred route in cardiac patients; maximum 3 mg/kg per day

- **UNLICENSED USE** Not licensed for use in children.
- **CONTRA-INDICATIONS** Acute porphyrias p. 652 · cor pulmonale · dissecting aortic aneurysm · high output heart failure · idiopathic systemic lupus erythematosus · myocardial insufficiency due to mechanical obstruction · severe tachycardia
- **CAUTIONS** Cerebrovascular disease · coronary artery disease (may provoke angina, avoid after myocardial infarction until stabilised) · occasionally blood pressure reduction too rapid even with low parenteral doses

- **INTERACTIONS** → Appendix 1: hydralazine

● SIDE-EFFECTS

- ▶ **Common or very common** Angina pectoris · diarrhoea · dizziness · flushing · gastrointestinal disorders · headache · hypotension · joint disorders · lupus-like syndrome (after long-term therapy (more common in slow acetylator individuals)) · myalgia · nasal congestion · nausea · palpitations · tachycardia · vomiting
- ▶ **Rare or very rare** Acute kidney injury · agranulocytosis · anaemia · anxiety · appetite decreased · conjunctivitis · depression · dyspnoea · eosinophilia · eye disorders · fever · glomerulonephritis · haematuria · haemolytic anaemia · hallucination · heart failure · hepatic disorders · leucocytosis · leucopenia · lymphadenopathy · malaise · nerve disorders · neutropenia · oedema · pancytopenia · paradoxical pressor response · paraesthesia · pleuritic pain · proteinuria · skin reactions · splenomegaly · thrombocytopenia · urinary retention · vasculitis · weight decreased

SIDE-EFFECTS, FURTHER INFORMATION The incidence of side-effects is lower if the dose is kept low, but systemic lupus erythematosus should be suspected if there is unexplained weight loss, arthritis, or any other unexplained ill health.

- **PREGNANCY** Neonatal thrombocytopenia reported, but risk should be balanced against risk of uncontrolled maternal hypertension. Manufacturer advises avoid before third trimester.
- **BREAST FEEDING** Present in milk but not known to be harmful.
Monitoring Monitor infant in breast-feeding.
- **HEPATIC IMPAIRMENT** Manufacturer advises caution (risk of accumulation).
Dose adjustments Manufacturer advises adjust dose or dosing interval according to clinical response.
- **RENAL IMPAIRMENT**
Dose adjustments Reduce dose if estimated glomerular filtration rate less than 30 mL/minute/1.73 m².
- **MONITORING REQUIREMENTS** Manufacturer advises test for antinuclear factor and for proteinuria every 6 months and check acetylator status before increasing dose, but evidence of clinical value unsatisfactory.
- **DIRECTIONS FOR ADMINISTRATION**
 - ▶ With oral use For administration *by mouth*, diluted injection may be given orally.
 - ▶ With intravenous use For *continuous intravenous infusion*, initially reconstitute 20 mg with 1 mL Water for Injections, then dilute with Sodium Chloride 0.9%. Incompatible with Glucose intravenous infusion. For *intravenous injection*, initially reconstitute 20 mg with 1 mL Water for Injections, then dilute to a concentration of 0.5–1 mg/mL with Sodium Chloride 0.9% and administer over 5–20 minutes.

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Tablet

EXCIPIENTS: May contain Gluten, propylene glycol

▶ Hydralazine hydrochloride (Non-proprietary)

Hydralazine hydrochloride 25 mg Hydralazine 25mg tablets | 56 tablet [PoM](#) £7.37 DT = £5.64 | 84 tablet [PoM](#) £14.00

Hydralazine hydrochloride 50 mg Hydralazine 50mg tablets | 56 tablet [PoM](#) £15.46 DT = £8.11

▶ Apresoline (Advanz Pharma)

Hydralazine hydrochloride 25 mg Apresoline 25mg tablets | 84 tablet [PoM](#) £3.38

▶ Apo-Hydralazine (Imported (United States))

Hydralazine hydrochloride 10 mg Apo-Hydralazine 10mg tablets | 100 tablet [PoM](#) £