

**INDICATIONS AND USAGE**

Edarbyclor is indicated for the treatment of hypertension, to lower blood pressure. Edarbyclor may be used in patients whose blood pressure is inadequately controlled on monotherapy.

Edarbyclor may be used in hypertension patients if a patient is likely to need multiple drugs to achieve blood pressure goals.

Leaving blood pressure reduced risk of fatal and non-fatal cardiovascular events, primarily strokes and myocardial infarctions (1).

These benefits have been seen in controlled trials of antihypertensive drugs. The benefits observed in these studies may not reflect the rates observed in practice.

In patients with an activated renin-angiotensin system, such as those with severe hepatic impairment, the potential for angiotensin II receptor antagonists to cause hyperkalemia may be increased.

As a consequence of inhibiting the renin-angiotensin system, changes in renal function (including risk of reduced renal function or failure) may occur in patients with impaired renal function.

The antihypertensive effect of Edarbyclor may be attenuated by the concurrent use of NSAIDs, including selective COX-2 inhibitors.


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medoxomil; however, the Cmax of chlorthalidone from Edarbyclor was

of absorption of azilsartan are similar when it is administered alone or

3 and 1 hours, respectively. The rate (Cmax and Tmax) and extent (AUC)

Following oral administration of Edarbyclor, peak plasma

and continues for up to 72 hours.

in a dose-related manner. An azilsartan single dose equivalent to

clear, sodium and water depletion appear to provide a basis for its

inhibits the binding of angiotensin II to the AT1 receptor in many tissues,

active moiety, azilsartan. Azilsartan blocks the vasoconstrictor and

of sodium. Azilsartan medoxomil is an orally administered prodrug

active-controlled study. The studies ranged from 8 weeks to 12 months

unaffected at doses of up to 3000 mg M-II/kg/day. It did not affect sperm

any significance on fertility in rats. Azilsartan medoxomil produced no

in whole blood, chlorthalidone is predominantly bound

protein binding is constant at all concentrations throughout the clinically relevant concentration range.

Food does not affect the bioavailability of azilsartan.

overall randomized patients had a mean age of 57 years, and included

were approximately 50% and less than 1% of azilsartan, respectively.

DuMox, another metabolite of chlorthalidone. In vitro data suggests

and 2-year rat studies. The highest doses tested (approximately

and 600 mg azilsartan medoxomil/kg/day in the rat)

for the nonclinical study. In a 1-year rat study, no evidence of tumors

was statistically superior (P < 0.001) to olmesartan medoxomil –

The active ingredients of Edarbyclor target two separate mechanisms

silica stearate, hypromellose 2910, talc, titanium dioxide, ferric oxide red,

5 mg, 10 mg, and 20 mg tablets. The tablets contain the same

of azilsartan or chlorthalidone following administration of Edarbyclor.

involves the increased release of aldosterone, cardiac stimulation, and renal reabsorption

Edarbyclor is supplied as fixed dose combination tablets that are

EDARBYCLOR ( azilsartan medoxomil and chlorthalidone)

your doctor if you: 

in the stomach. Treatment of severe hyperkalemia includes administration of calcium

whether this difference has clinical relevance is not

of kidneys, the urinary tract, and the adrenal gland. The main

the majority of an absorbed dose is eliminated within 1-2 hours of

the treatment of hypertension. ACE inhibitors also

a reaction catalyzed by angiotensin-converting enzyme (ACE, also known as Angiotensin II type 1 receptor antagonist activity, which

such interaction is seen with other ACE inhibitors, angiotensin II type 1 receptor antagonists,

and the adrenal gland. Its action is,

inhibitor, azilsartan. Azilsartan blocks the vasoconstrictor and

at 300 mg (140 mg of azilsartan and 160 mg of chlorthalidone)

presence of azilsartan in plasma is reported following cross-day dosing.

an intermediate metabolite of azilsartan medoxomil. In plasma,

azilsartan plasma concentrations well above the range achieved with

magnesium, and potassium. It is extensively metabolized in the liver.

Conversion of azilsartan medoxomil to azilsartan occurs via oxidative

and chlorthalidone concentrations following administration of Edarbyclor were

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