

DRUG CARDS | DAILY



NAME(S): Generic: losartan / hydrochlorothiazide (loe SAR tan / HYE droe KLOR oh THYE a zide) | **Brand:** Hyzaar

PHARMACOLOGIC & THERAPEUTIC CLASS: Angiotensin II Inhibitor and Thiazide Combination | Antihypertensive

DOSAGE FORM & STRENGTH: **Tab:** (losartan/HCTZ) 100 mg/25 mg, 100 mg/12.5 mg, 50 mg/12.5 mg

INDICATION(S) & DOSING(S): ADULTS

1. **Hypertension:** Initiate 50 mg/12.5 mg PO qd if prev on 50 mg/day losartan or 25 mg/day HCTZ. If severe initiate 100 mg/12.5 mg PO qd. Increase to 100 mg/25 mg dose if poor response after 3 weeks.
2. **Prevention of Stroke:** Initiate 50 mg/12.5 mg PO qd, then increase to 100 mg/12.5 mg, then increase to 100 mg/25 mg.

INDICATION(S) & DOSING(S): PEDIATRICS (Nothing at this time.)

MECHANISM OF ACTION & PHARMACOLOGY

- **MOA:** Losartan is a selective antagonist of the angiotensin II AT1 Receptor. Losartan (an active metabolite) blocks the aldosterone secreting effects of angiotension II. Losartan's active metabolite displays 10-40 times more activity than the prodrug. Hydrochlorothiazide exhibits inhibition of sodium and chloride resorption in the distal convoluted tubule. | Losartan is primarily **metabolized** hepatically via the CYP2C9 pathway with some 3A4 pathway activity. Hydrochlorotiazide is not **metabolized** via the common pathways. | Losartan is **excreted** 60% fecally and 35% through the urine while hydrochlorothiazide is through the urine. | The **half-life elimination** for losartan is 2 hour as the parent drug and b/t 6-9 hours as the active metabolite. Hydrochlorotiazide has a **half-life elimination** between 5.6-14.8 hours. |

SPECIAL POPULATIONS & CONSIDERATIONS

- **Renally Impaired:** CrCl 10-30 is not defined but it is advised to exercise caution. In CrCl <10 use is contraindicated. | **Hepatically Impaired:** Avoid use. | **Contraindications** in pregnancy, breastfeeding, anuria, CrCl <10, and elderly. | **Caution** in elderly, African Americans, renal & hepatic disease, electrolyte abnormalities, seizure disorders, diabetes mellitus, and SLE. | **Pregnancy:** Avoid use due to losartan, otherwise HCTZ alone has no known teratogenicity risk. | **Lactation:** Avoid use if possible. Losartan has limited data so caution is advised while doses of HCTZ >50 mg may cause a decrease in milk production.

SIDE EFFECTS

- **Common:** Dizziness, cough, back & chest pain, n/v, dyspepsia, elevated ALT/AST/BUN/Cr, and hyperuricemia.
- **Serious:** Renal failure, acute angle-closure glaucoma, thrombocytopenia, renal impairment or failure, non-melanoma skin cancer, anaphylaxis, and angioedema.

BLACK BOX WARNING: Fetal Toxicity - Drugs such as losartan or containing losartan act directly on the renin-angiotensin system. If used during pregnancy, this may lead to fetal & neonatal morbidity & mortality. Discontinue the drug immediately if pregnancy is detected or suspected.



DRUG INTERACTIONS

- **Considerations for DI:** Antihypertensive agents, decreases in renal perfusion, hyperkalemia, hypoglycemic effects, and angiotensin II type 1 antagonists.
- **Some Contraindicated Drug(s) & Drug(s) of Note:** Contraindicated w/ aliskiren and dofetilide. Avoid/Use and exercise caution in amiloride, benazapril, albuterol, acyclovir, calcitriol, and dexamethasone.

MONITORING PARAMETERS

- **Blood pressure** at baseline and periodically, **electrolytes**, BUN/Cr, and conduct periodic dermatologic exams if the patient is at risk for skin cancer.

PATIENT COUNSELING INFORMATION

- Losartan / hydrochlorothiazide is most commonly used in the **treatment of high blood pressure** and to **lower the risk of stroke**.
- If taking cholesterol lowering drugs such as **cholestyramine** or **cholestipol**, take losartan / hydrochlorothiazide at least **4 hours before or b/t 4-6 hours after**.
- Should be taken **with or without food** at the **same time each day** even if feeling well.
- Avoid getting overheated or dehydrated.
- Avoid **potassium containing salt substitutes, potassium supplements, and drinking alcohol**.
- If a dose is missed and it's close to next dose, you can skip the missed dose. If it's not close to the next dose take it immediately. **Do not take two doses at one time**.
- Do not take if **pregnant**.
- Make sure to check the **blood pressure** periodically and **often**.

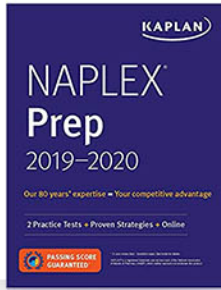
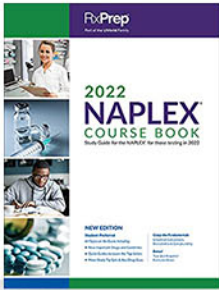
REFERENCE(S) & RESOURCE(S)

1. <https://online.epocrates.com/drugs/81810/losartan-hydrochlorothiazide/Monograph>
2. <https://www.drugs.com/mtm/hydrochlorothiazide-and-losartan.html>
3. <https://www.drugs.com/pro/losartan-potassium-and-hydrochlorothiazide.html#moreResources>
4. <https://www.webmd.com/drugs/2/drug-2626/losartan-hydrochlorothiazide-oral/details>

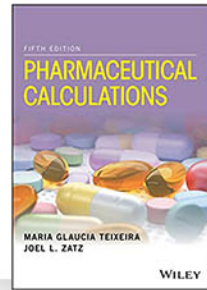
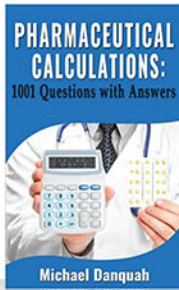
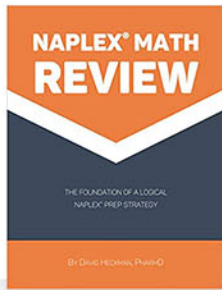
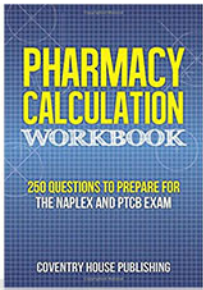


PREPARE FOR SUCCESS!

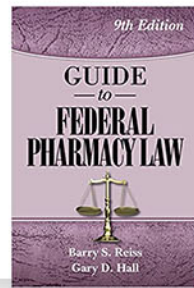
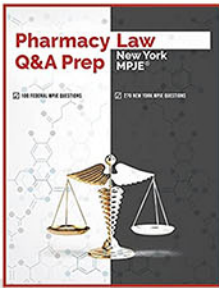
Comprehensive (NAPLEX)



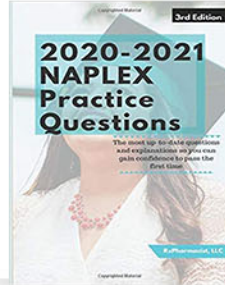
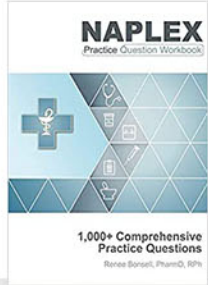
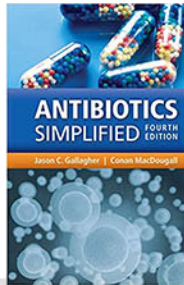
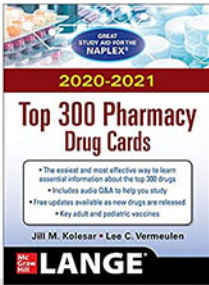
Calculations (NAPLEX)



Pharmacy Law (MPJE)



Supplemental



DRUG CARDS DAILY

Monday at 7 am EST
(6 am CST, 4 am PST)

HEY NEW GRAD!

So you landed that perfect job offer or got the perfect match for your PGY1 and now the **ONLY** thing standing in your way is passing the NAPLEX and MPJE.

Here are some NAPLEX & MPJE prep recommendations to help you do everything you can to **pass the first time!**

HEY STUDENT!

When I was P1 one of the best pieces of advice I got from those before me was to use a NAPLEX Prep book while learning each topic.

This helps focus your learning and the repetition helps to retain info and indirectly prepare you for the NAPLEX

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