Propranolol is a nonselective beta-adrenergic receptor blocking agent possessing no other autonomic specificity. Propranolol exerts its antiarrhythmic effects in concentrations associated with beta-adrenergic blockade. The net physiologic effect of beta-adrenergic blockade is usually advantageous and is dose-dependent. The duration of beta-adrenergic blockade can be adjusted by increasing or decreasing the dosage. The clinical response to propranolol is variable and may require trial-and-error dosage adjustment until an antiarrhythmic effect is achieved. It is usually not advisable to exceed the maximum recommended dosage.

The mean Cmax and AUC of propranolol are increased, respectively, by 50% and 30% by co-administration of nifedipine due to inhibition of CYP3A4 by nifedipine. The AUC of propafenone is increased by more than 200% by co-administration of propranolol. The AUC of lidocaine is increased by 15% by co-administration of propranolol due to inhibition of CYP2D6. The AUC of lidocaine is increased by 25% by co-administration of propranolol due to inhibition of CYP2D6. The AUC of propranolol is reduced by co-administration of quinidine, leading to a two-thirds decrease in peak plasma concentration.

Propranolol should be used with caution in patients with impaired hepatic or renal function. Propranolol may be administered to patients who are receiving other medications that are metabolized by the liver. Propranolol is extensively metabolized with most metabolites appearing in the urine. Propranolol is excreted in the urine as the glucuronide, naphthyloxylactic acid and glucuronic acid, and sulfate conjugates of 4-hydroxypropranolol.

The inactive ingredients contained in Propranolol Hydrochloride Tablets USP are: anhydrous lactose, FD&C Blue #1 (20 mg tablet), FD&C Blue #2 (40 mg tablet), FD&C Red #40 (60 mg tablet), FD&C Yellow #6 (90 mg tablet), magnesium stearate, and starch. Propranolol hydrochloride tablets contain the inactive ingredients: lactose monohydrate, FD&C Blue #2 aluminum lake, FD&C Red #40 aluminum lake, magnesium stearate, starch, and titanium dioxide.

Propranolol hydrochloride tablets are indicated for the management of hypertension (hypertension is defined as a sustained elevation of blood pressure above the upper limit of the normal range). Propranolol hydrochloride tablets are indicated in the management of chronic unstable angina pectoris to reduce the frequency of angina attacks and to prevent the occurrence of arrhythmias during periods of increased ischemic demand.

Propranolol hydrochloride tablets USP are indicated in the management of hypertension. 3-4 times higher and total plasma levels of metabolites were up to 3 times higher in these patients. Propranolol hydrochloride tablets are indicated for the management of hypertension. Propranolol hydrochloride tablets are indicated for the treatment of postinfarction patients.

The antihypertensive effects of clonidine may be antagonized by beta-blockers. Propranolol should not be used in patients with impaired hepatic or renal function. Propranolol should be used with caution in patients with impaired hepatic or renal function. Propranolol should be used with caution in patients with impaired hepatic or renal function. Propranolol should be used with caution in patients with impaired hepatic or renal function. Propranolol should be used with caution in patients with impaired hepatic or renal function. Propranolol should be used with caution in patients with impaired hepatic or renal function.
Skin and mucous membranes:
Systemic lupus erythematosus (SLE).
Agranulocytosis, nonthrombocytopenic purpura, thrombocytopenic purpura.

Respiratory:
paresthesia of hands; thrombocytopenic purpura; arterial insufficiency, usually of the Raynaud type.

Geriatric Use
only if the potential benefit justifies the potential risk to the fetus.
monitoring such infants at birth should be available. Propranolol should be used during pregnancy
and agranulocytosis; erythematous rash, fever combined with aching and sore throat; laryngospasm,
ADVERSE REACTIONS
concomitant disease or other drug therapy.
dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing
received propranolol during pregnancy. Neonates whose mothers received propranolol at parturition
reported for a beta blocker (practolol) have not been associated with propranolol.

Musculoskeletal:
Nausea, vomiting, epigastric distress, abdominal cramping, diarrhea, constipation,
Light-headedness, mental depression manifested by insomnia, lassitude,
Stevens-Johnson Syndrome, toxic epidermal necrolysis, dry eyes,
Protect from light.
Dispense in a well-closed, light-resistant container as defined in the USP.
100 and 500.
"54" bisect "85" on one side and debossed "V" on the reverse side. They are available in bottles of
100 and 1000.
HOW SUPPLIED
* PRINTS HEAD TO HEAD*