ma (see Apraclonidine, p.1877). Beta$_1$ agonists are mainly used for their inotropic actions in acute heart failure and shock, while beta$_2$ agonists such as salbutamol (p.1131) are used for their bronchodilator effects and as uterine relaxants in premature labour. Sympathomimetics with mainly CNS effects may be used as central stimulants (see Dexamfetamine, p.2153).

Talinolol *(rINN)* ⊗

Talinololum. (±)-1-{*p*-[3-(*tert*-Butylamino)-2-hydroxypropoxy]-phenyl}-3-cyclohexylurea.

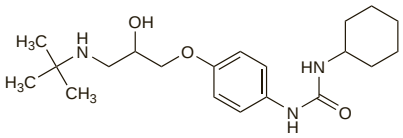
Талинолол

$C_{20}H_{33}N_3O_3$ = 363.5.

CAS — 57460-41-0.

ATC — C07AB13.

ATC Vet — QC07AB13.



Profile

Talinolol is a cardioselective beta blocker (p.1225). It is given orally in the management of hypertension (p.1171) and other cardiovascular disorders, in doses of up to 300 mg daily. It has also been given intravenously.

Preparations

Proprietary Preparations (details are given in Part 3)
Cz.: Cordanum†; ***Ger.:*** Cordanum; ***Rus.:*** Cordanum (Корданум).

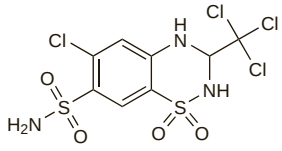
Teclothiazide Potassium *(BANM, rINNM)* ⊗

Kalii Teclothiazidum; Téclothiazide Potassique; Teclotiazida potásica; Tetrachlormethiazide Potassium. 6-Chloro-3,4-dihydro-3-trichloromethyl-2*H*-1,2,4-benzothiadiazine-7-sulphonamide 1,1-dioxide potassium.

Калия Теклотиазид

$C_8H_7Cl_4N_3O_4S_2,K$ = 454.2.

CAS — 4267-05-4 (teclothiazide); 5306-80-9 (teclothiazide potassium).



(teclothiazide)

Profile

Teclothiazide potassium is a thiazide diuretic (see Hydrochlorothiazide, p.1307) used in the treatment of oedema.

Preparations

Proprietary Preparations (details are given in Part 3)

Multi-ingredient: ***Spain:*** Quimodril.

Tedisamil *(USAN, rINN)*

KC-8857; Tédisamil; Tedisamilum. 3′,7′-Bis(cyclopropylmethyl)-spiro[cyclopentane-1,9′-[3,7]diazabicyclo[3.3.1]nonane].

Тедизамил

$C_{19}H_{32}N_2$ = 288.5.

CAS — 90961-53-8.

ATC — C01EB12.

ATC Vet — QC01EB12.

Profile

Tedisamil is an antiarrhythmic under investigation for the treatment of atrial arrhythmias.

◊ References.

1. Hohnloser SH, *et al*. Safety and efficacy of intravenously administered tedisamil for rapid conversion of recent-onset atrial fibrillation or atrial flutter. *J Am Coll Cardiol* 2004; **44:** 99–104.

Telmisartan *(BAN, USAN, rINN)*

BIBR-277; BIBR-277-SE; Telmisartaani; Telmisartán; Telmisartanum. 4′-{[4-Methyl-6-(1-methyl-2-benzimidazolyl)-2-propyl-1-benzimidazolyl]methyl}-2-biphenylcarboxylic acid.

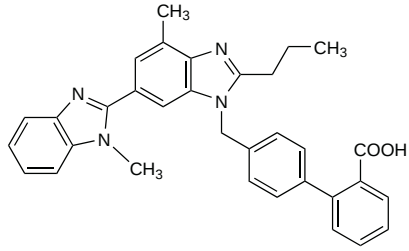
Тельмизартан

$C_{33}H_{30}N_4O_2$ = 514.6.

CAS — 144701-48-4.

ATC — C09CA07.

ATC Vet — QC09CA07.



Pharmacopoeias. In *Eur.* (see p.vii).

Ph. Eur. 6.2 (Telmisartan). A white or slightly yellowish, crystalline powder. Practically insoluble in water; slightly soluble in methyl alcohol; sparingly soluble in dichloromethane. it dissolves in 1M sodium hydroxide. It exhibits polymorphism.

Adverse Effects and Precautions

As for Losartan Potassium, p.1326. Telmisartan should be used with caution in patients with hepatic impairment or biliary obstruction.

◊ References.

1. Michel MC, *et al*. Safety of telmisartan in patients with arterial hypertension : an open-label observational study. *Drug Safety* 2004; **27:** 335–44.

Interactions

As for Losartan Potassium, p.1327.

Digoxin. Telmisartan may increase serum concentrations of digoxin (see Angiotensin II Receptor Antagonists under Interactions of Digoxin, p.1261) but the interaction is probably not clinically significant.

Pharmacokinetics

Telmisartan is rapidly absorbed from the gastrointestinal tract; the absolute oral bioavailability is dose-dependent and is about 42% after a 40-mg dose and 58% after a 160-mg dose. Peak plasma concentrations of telmisartan are reached about 0.5 to 1 hour after an oral dose. Telmisartan is over 99% bound to plasma proteins. It is excreted almost entirely in the faeces via bile, mainly as unchanged drug. The terminal elimination half-life of telmisartan is about 24 hours.

◊ References.

1. Stangier J, *et al*. Absorption, metabolism, and excretion of intravenously and orally administered [C]telmisartan in healthy volunteers. *J Clin Pharmacol* 2000; **40:** 1312–22.

Uses and Administration

Telmisartan is an angiotensin II receptor antagonist with actions similar to those of losartan (p.1327). It is used in the management of hypertension (p.1171).

Telmisartan is given orally. After a dose the hypotensive effect peaks within 3 hours and persists for at least 24 hours. The maximum hypotensive effect occurs within about 4 to 8 weeks after starting therapy.

In hypertension, telmisartan is given in an initial dose of 40 mg once daily. This may be increased, if necessary, to a maximum dose of 80 mg once daily. Lower doses should be considered in patients with hepatic or renal impairment (see below).

◊ Reviews.

1. McClellan KJ, Markham A. Telmisartan. *Drugs* 1998; **56:** 1039–44.
2. Sharpe M, *et al*. Telmisartan: a review of its use in hypertension. *Drugs* 2001; **61:** 1501–29.
3. Battershill AJ, Scott LJ. Telmisartan: a review of its use in the management of hypertension. *Drugs* 2006; **66:** 51–83.
4. Gosse P. A review of telmisartan in the treatment of hypertension: blood pressure control in the early morning hours. *Vasc Health Risk Manag* 2006; **2:** 195–201.
5. Yamagishi S, *et al*. Potential utility of telmisartan, an angiotensin II type 1 receptor blocker with peroxisome proliferator-activated receptor-γ (PPAR-γ)-modulating activity for the treatment of cardiometabolic disorders. *Curr Mol Med* 2007; **7:** 463–9.
6. Francischetti EA, *et al*. Treatment of hypertension in individuals with the cardiometabolic syndrome: role of an angiotensin II receptor blocker, telmisartan. *Expert Rev Cardiovasc Ther* 2008; **6:** 289–303.

Administration in hepatic or renal impairment. Giving telmisartan to patients with hepatic impairment resulted in an increase in bioavailability and a reduction in clearance compared with healthy subjects.[1] Although telmisartan was well tolerated, it was suggested that lower doses should be considered in patients with hepatic impairment. In the UK telmisartan is contraindicated in severe hepatic impairment and a maximum dose of 40 mg once daily is recommended for patients with mild to moderate impairment

Telmisartan appears to be well tolerated in patients with renal impairment, including those on dialysis.[2] However, in the UK, an initial dose of 20 mg once daily is recommended for patients with severe renal impairment or on haemodialysis.

1. Stangier J, *et al*. Pharmacokinetics and safety of intravenous and oral telmisartan 20 mg and 120 mg in subjects with hepatic impairment compared with healthy volunteers. *J Clin Pharmacol* 2000; **40:** 1355–64.
2. Sharma AM, *et al*. Telmisartan in patients with mild/moderate hypertension and chronic kidney disease. *Clin Nephrol* 2005; **63:** 250–7.

Preparations

Proprietary Preparations (details are given in Part 3)
Arg.: Gliosartan; Micardis; Pritor†; ***Austral.:*** Micardis; Pritor†; ***Austria:*** Micardis; ***Belg.:*** Kinzalmono; Micardis; ***Braz.:*** Micardis; Pritor; ***Canad.:*** Micardis; ***Chile:*** Micardis; Pritoral†; Samertan; ***Cz.:*** Kinzalmono; Micardis; Pritor; ***Denm.:*** Kinzalmono†; Micardis; ***Fin.:*** Kinzalmono; Micardis; ***Fr.:*** Micardis; Pritor; ***Ger.:*** Kinzalmono; Micardis; ***Gr.:*** Micardis; Pritor; ***Hong Kong:*** Micardis; ***Hung.:*** Micardis; Pritor; ***India:*** Telma; Telpres; ***Indon.:*** Micardis; ***Irl.:*** Micardis; ***Ital.:*** Micardis; Pritor; ***Jpn:*** Micardis; ***Malaysia:*** Micardis; ***Mex.:*** Micardis; Predxal; ***Neth.:*** Kinzalmono; Micardis; Pritor; ***Norw.:*** Micardis; ***NZ:*** Micardis; ***Philipp.:*** Micardis; Pritor; ***Pol.:*** Micardis; Pritor; ***Port.:*** Kinzalmono; Micardis; Pritor; ***Rus.:*** Micardis (Микардис); Pritor (Прайтор); ***S.Afr.:*** Micardis; ***Singapore:*** Micardis; ***Spain:*** Micardis; Pritor; ***Swed.:*** Kinzalmono†; Micardis; ***Switz.:*** Kinzal; Micardis; ***Thai.:*** Micardis; ***Turk.:*** Micardis; Pritor; ***UK:*** Micardis; ***USA:*** Micardis; ***Venez.:*** Micardis; Pritor.

Multi-ingredient: ***Arg.:*** Gliosartan Plus; Micardis Plus; ***Austral.:*** Micardis Plus; ***Austria:*** MicardisPlus; ***Belg.:*** Kinzalkomb; Micardis Plus; ***Braz.:*** Micardis HCT; Pritor HCT; ***Canad.:*** Micardis Plus; ***Chile:*** Micardis Plus; ***Cz.:*** Kinzalkomb; MicardisPlus; PritorPlus; ***Denm.:*** Kinzalkomb†; MicardisPlus; ***Fin.:*** Kinzalkomb; MicardisPlus; ***Fr.:*** MicardisPlus; PritorPlus; ***Ger.:*** Kinzalkomb; MicardisPlus; ***Gr.:*** Micardis Plus; Pritor Plus; ***Hong Kong:*** Micardis Plus; ***Hung.:*** MicardisPlus; PritorPlus; ***India:*** Telma-H†; Telpres-H; ***Indon.:*** Micardis Plus; ***Irl.:*** MicardisPlus; ***Ital.:*** Micardis Plus; PritorPlus; ***Malaysia:*** Micardis Plus; ***Mex.:*** Micardis Plus; Predxal Plus; ***Neth.:*** Kinzalkomb; Micardis Plus; PritorPlus; ***Norw.:*** MicardisPlus; ***Philipp.:*** Micardis Plus; PritorPlus; ***Pol.:*** Micardis Plus; Pritor Plus; ***Port.:*** Kinzalkomb; Micardis Plus; PritorPlus; ***Rus.:*** MicardisPlus (МикардисПлюс); ***S.Afr.:*** Co-Micardis; ***Singapore:*** Micardis Plus; ***Spain:*** Micardis Plus; Pritor Plus; ***Swed.:*** Kinzalkomb†; Micardis Plus; ***Switz.:*** Kinzalplus; MicardisPlus; ***Thai.:*** Micardis Plus; ***Turk.:*** Micardis Plus; Pritor Plus; ***UK:*** MicardisPlus; ***USA:*** Micardis HCT; ***Venez.:*** Micardis Plus; Pritor Plus.

Temocapril Hydrochloride *(BANM, USAN, rINNM)*

CS-622; Hidrocloruro de temocapril; Témocapril, Chlorhydrate de; Temocaprili Hydrochloridum. (+)-(2*S*,6*R*)-6-{[(1*S*)-1-Ethoxycarbonyl-3-phenylpropyl]amino}tetrahydro-5-oxo-2-(2-thienyl)-1,4-thiazepine-4(5*H*)-acetic acid hydrochloride.

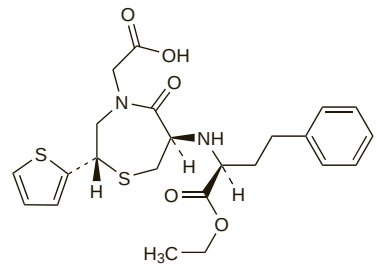
Темокаприла Гидрохлорид

$C_{23}H_{28}N_2O_5S_2$,HCl = 513.1.

CAS — 111902-57-9 (temocapril); 110221-44-8 (temocapril hydrochloride).

ATC — C09AA14.

ATC Vet — QC09AA14.



(temocapril)

Profile

Temocapril is an ACE inhibitor (p.1193) that has been used in the treatment of hypertension (p.1171). It owes its activity to the di-acid temocaprilat to which it is converted after oral doses.

◊ References.

1. Nakashima M, *et al*. Pharmacokinetics of temocapril hydrochloride, a novel angiotensin converting enzyme inhibitor, in renal insufficiency. *Eur J Clin Pharmacol* 1992; **43:** 657–9.

2. Oguchi H, *et al.* Pharmacokinetics of temocapril and enalapril in patients with various degrees of renal insufficiency. *Clin Pharmacokinet* 1993; **24:** 421–7.
3. Furuta S, *et al.* Pharmacokinetics of temocapril, an ACE inhibitor with preferential biliary excretion, in patients with impaired liver function. *Eur J Clin Pharmacol* 1993; **44:** 383–5.
4. Arakawa M, *et al.* Pharmacokinetics and pharmacodynamics of temocapril during repeated dosing in elderly hypertensive patients. *Eur J Clin Pharmacol* 2001; **56:** 775–9.
5. Song JC, White CM. Clinical pharmacokinetics and selective pharmacodynamics of new angiotensin converting enzyme inhibitors: an update. *Clin Pharmacokinet* 2002; **41:** 207–24.
6. Yasunari K, *et al.* Pharmacological and clinical studies with temocapril, an angiotensin converting enzyme inhibitor that is excreted in the bile. *Cardiovasc Drug Rev* 2004; **22:** 189–98.

Preparations

Proprietary Preparations (details are given in Part 3)
Jpn: Acecol.

Tenecteplase *(BAN, USAN, rINN)*

Tenecteplasa; Ténectéplase; Tenecteplasum; TNK-tPA. [103-L-Asparagine-117-L-glutamine-296-L-alanine-297-L-alanine-298-L-alanine-299-L-alanine]plasminogen activator (human tissue-type).

Тенектеплас

CAS — 191588-94-0.
ATC — B01AD11.
ATC Vet — QB01AD11.

Description. Tenecteplase is a 527 amino acid glycoprotein produced by recombinant DNA technology. It is a modified form of human tissue plasminogen activator.

Adverse Effects, Treatment, and Precautions

As for Streptokinase, p.1402

Interactions

As for Streptokinase, p.1404

Pharmacokinetics

After intravenous injection in patients with acute myocardial infarction, tenecteplase has a biphasic clearance from plasma with an initial half-life of 20 to 24 minutes and a terminal phase half-life of 90 to 130 minutes. It is cleared mainly by hepatic metabolism.

◊ Reviews.

1. Tanswell P, *et al.* Pharmacokinetics and pharmacodynamics of tenecteplase in fibrinolytic therapy of acute myocardial infarction. *Clin Pharmacokinet* 2002; **41:** 1229–45.

Uses and Administration

Tenecteplase is a thrombolytic drug. It converts plasminogen to plasmin, a proteolytic enzyme that has fibrinolytic effects. The mechanisms of fibrinolysis are discussed further under Haemostasis and Fibrinolysis on p.1045. Tenecteplase is a fibrin-specific thrombolytic (see p.1156).

Tenecteplase is used similarly to streptokinase (p.1404) in acute myocardial infarction (p.1175). It is given intravenously as a single bolus dose over 5 to 10 seconds as soon as possible after the onset of symptoms. The dose is based on body-weight and ranges from 30 mg in patients less than 60 kg to a maximum of 50 mg in those 90 kg or above.

◊ References.

1. Cannon CP, *et al.* TNK-tissue plasminogen activator compared with front-loaded alteplase in acute myocardial infarction: results of the TIMI 10B trial. *Circulation* 1998; **98:** 2805–14.
2. Assessment of the Safety and Efficacy of a New Thrombolytic (ASSENT-2) Investigators. Single-bolus tenecteplase compared with front-loaded alteplase in acute myocardial infarction: the ASSENT-2 double-blind randomised trial. *Lancet* 1999; **354:** 716–22.
3. Llevadot J, *et al.* Bolus fibrinolytic therapy in acute myocardial infarction. *JAMA* 2001; **286:** 442–9.
4. The Assessment of the Safety and Efficacy of a New Thrombolytic Regimen (ASSENT)-3 Investigators. Efficacy and safety of tenecteplase in combination with enoxaparin, abciximab, or unfractionated heparin: the ASSENT-3 randomised trial in acute myocardial infarction. *Lancet* 2001; **358:** 605–13.
5. Turcasso NM, Nappi JM. Tenecteplase for treatment of acute myocardial infarction. *Ann Pharmacother* 2001; **35:** 1233–40.
6. Dunn CJ, Goa KL. Tenecteplase: a review of its pharmacology and therapeutic efficacy in patients with acute myocardial infarction. *Am J Cardiovasc Drugs* 2001; **1:** 51–66.
7. Melzer C, *et al.* Fibrinolysis of acute peripheral arterial occlusion with tenecteplase—a new weight-optimized treatment regimen. *J Thromb Thrombolysis* 2004; **18:** 43–6.
8. Spöhr F, *et al.* International multicentre trial protocol to assess the efficacy and safety of tenecteplase during cardiopulmonary resuscitation in patients with out-of-hospital cardiac arrest: the Thrombolysis in Cardiac Arrest (TROICA) Study. *Eur J Clin Invest* 2005; **35:** 315–23.
9. Kelly RV, *et al.* Safety of adjunctive intracoronary thrombolytic therapy during complex percutaneous coronary intervention: initial experience with intracoronary tenecteplase. *Catheter Cardiovasc Interv* 2005; **66:** 327–32.
10. Assessment of the Safety and Efficacy of a New Treatment Strategy with Percutaneous Coronary Intervention (ASSENT-4 PCI) investigators. Primary versus tenecteplase-facilitated percutaneous coronary intervention in patients with ST-segment elevation acute myocardial infarction (ASSENT-4 PCI): randomised trial. *Lancet* 2006; **367:** 569–78.
11. Kline JA, *et al.* Tenecteplase to treat pulmonary embolism in the emergency department. *J Thromb Thrombolysis* 2007; **23:** 101–5.

Preparations

Proprietary Preparations (details are given in Part 3)
Austral.: Metalyse; ***Austria:*** Metalyse; ***Belg.:*** Metalyse; ***Braz.:*** Metalyse; ***Canad.:*** TNKase; ***Chile:*** Metalyse; ***Cz.:*** Metalyse; ***Denm.:*** Metalyse; ***Fin.:*** Metalyse; ***Fr.:*** Metalyse; ***Ger.:*** Metalyse; ***Gr.:*** Metalyse; ***Hong Kong:*** Metalyse; ***Hung.:*** Metalyse; ***Irl.:*** Metalyse; ***Ital.:*** Metalyse; ***Malaysia:*** Metalyse; ***Mex.:*** Metalyse; ***Neth.:*** Metalyse; ***Norw.:*** Metalyse; ***NZ:*** Metalyse; ***Pol.:*** Metalyse; ***Port.:*** Metalyse; ***Rus.:*** Metalyse (Метализе); ***S.Afr.:*** Metalyse; ***Spain:*** Metalyse; ***Swed.:*** Metalyse; ***Switz.:*** Metalyse; ***Thai.:*** Metalyse; ***UK:*** Metalyse; ***USA:*** TNKase.

Tenitramine

Tenitramina. *NNN′N′*-Tetrakis(2-hydroxyethyl)ethylenediamine tetranitrate.

$C_{10}H_{20}N_6O_{12}$ = 416.3.
CAS — 21946-79-2.
ATC — C01DA38.
ATC Vet — QC01DA38.

Profile

Tenitramine is a vasodilator with general properties similar to those of glyceryl trinitrate (p.1296) that has been used in angina pectoris (p.1157).

Preparations

Proprietary Preparations (details are given in Part 3)
Ital.: Tenitran†.

Teprotide *(BAN, USAN, rINN)*

BPF_{9a}; L-Pyroglutamyl-L-tryptophyl-L-prolyl-L-arginyl-L-prolyl-L-glutaminyl-L-isoleucyl-L-prolyl-L-proline; SQ-20881; Teprotida; Téprotide; Teprotidum; 2-L-Tryptophan-3-de-L-leucine-4-de-L-proline-8-L-glutaminebradykinin potentiator B. 5-oxo-Pro-Trp-Pro-Arg-Pro-Gln-Ile-Pro-Pro.

Тепротид

$C_{53}H_{76}N_{14}O_{12}$ = 1101.3.
CAS — 35115-60-7.

Profile

Teprotide is a nonapeptide originally found in the venom of *Bothrops jararaca*, a South American pit-viper. It is an ACE inhibitor with a short duration of action and has been given parenterally as an investigational tool.

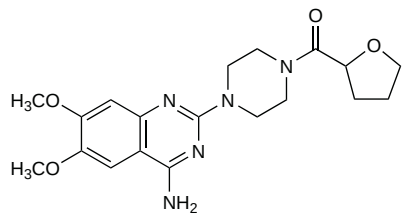
Terazosin Hydrochloride

(BANM, USAN, rINNM)

Abbott-45975; Hidrocloruro de terazosina; Teratsosiinihydrokloridi; Terazosin Hidroklorür; Térazosine, chlorhydrate de; Terazosinhydroklorid; Terazosini hydrochloridum. 1-(4-Amino-6,7-dimethoxyquinazolin-2-yl)-4-(tetrahydro-2-furoyl)piperazine hydrochloride dihydrate; 6,7-Dimethoxy-2-[4-(tetrahydrofuran-2-carbonyl)piperazin-1-yl]quinazolin-4-ylamine hydrochloride dihydrate.

Теразозина Гидрохлорид

$C_{19}H_{25}N_5O_4$,HCl,$2H_2O$ = 459.9.
CAS — 63590-64-7 (terazosin); 63074-08-8 (anhydrous terazosin hydrochloride); 70024-40-7 (terazosin hydrochloride dihydrate).
ATC — G04CA03.
ATC Vet — QG04CA03.



(terazosin)

Pharmacopoeias. In *Eur.* (see p.vii) and *US.*

Ph. Eur. 6.2 (Terazosin Hydrochloride Dihydrate). White or slightly yellow, crystalline powder. Sparingly soluble in water; very slightly soluble in alcohol; slightly soluble in methyl alcohol; practically insoluble in acetone. A 2% solution in water has a pH of 3.0 to 5.0. Protect from light.

USP 31 (Terazosin Hydrochloride). A white to pale yellow, crystalline powder. soluble in water and in methyl alcohol; freely soluble in isotonic saline solution; slightly soluble in alcohol and in 0.1N hydrochloric acid; practically insoluble in acetone and in hexanes; very slightly soluble in chloroform. Store in airtight containers at a temperature between 20° and 25°.

Adverse Effects, Treatment, and Precautions

As for Prazosin Hydrochloride, p.1375.

Urinary incontinence. For reference to urinary incontinence associated with terazosin, see under Adverse Effects of Prazosin Hydrochloride, p.1375.

Interactions

As for Prazosin Hydrochloride, p.1376.

Pharmacokinetics

Terazosin is rapidly and almost completely absorbed from the gastrointestinal tract after oral doses; the bioavailability is reported to be about 90%. Peak plasma concentrations are achieved in about 1 hour. Terazosin is 90 to 94% protein bound. It is metabolised in the liver; one of the metabolites is reported to possess antihypertensive activity. The half-life in plasma is about 12 hours. Terazosin is excreted in faeces via the bile, and in the urine, as unchanged drug and metabolites.

Uses and Administration

Terazosin is an $alpha_1$-adrenoceptor blocker (p.1153) with actions similar to those of prazosin (p.1376), but a longer duration of action.

It is used in the management of hypertension (p.1171) and in benign prostatic hyperplasia (p.2178) to relieve symptoms of urinary obstruction.

Terazosin is given orally as the hydrochloride, but doses are usually expressed in terms of the base. Terazosin hydrochloride 1.2 mg is equivalent to about 1 mg of terazosin. After oral doses its hypotensive effects are seen within 15 minutes and may last for up to 24 hours, permitting once daily dosage.

To avoid the risk of collapse which may occur in some patients after the first dose the initial dose for both hypertension and benign prostatic hyperplasia is 1 mg of terazosin at bedtime, increasing gradually at intervals of 7 days according to the patient's response. For **hypertension** the usual maintenance dose is 2 to 10 mg once daily and the usual maximum dose is 20 mg daily in a single dose or two divided doses. For **benign prostatic hyperplasia** the usual maintenance dose is 5 to 10 mg once daily.

◊ Reviews.

1. Titmarsh S, Monk JP. Terazosin: a review of its pharmacodynamic and pharmacokinetic properties, and therapeutic efficacy in essential hypertension. *Drugs* 1987; **33:** 461–77.
2. Achari R, Laddu A. Terazosin: a new alpha adrenoceptor blocking drug. *J Clin Pharmacol* 1992; **32:** 520–3.
3. Wilt TJ, *et al.* Terazosin for benign prostatic hyperplasia. Available in the Cochrane Database of Systematic Reviews; Issue 1. Chichester: John Wiley; 2000 (accessed 01/02/06).

Preparations

Proprietary Preparations (details are given in Part 3)
Arg.: Andrin; Benaprost; Blavin; Eglidon; Flumarc; Fosfomik; Geriprost; Isontyn; Panaprost; Proxatan; Rotiaz; ***Austral.:*** Hytrin; ***Austria:*** Urocard; Uroflo; Vicard; ***Belg.:*** Hytrin; Terazosabb; Uro-Hytrin; ***Braz.:*** Hytrin; ***Canad.:*** Hytrin; ***Chile:*** Adecur; Hytrin; ***Cz.:*** Hytrin; Kornam; ***Denm.:*** Sinalfa; ***Fr.:*** Dysalfa; Hytrine; ***Ger.:*** Flotrin; Heitrin; Tera; Terablock; Teranar; Terazid; Terazoflo; ***Gr.:*** Hytrin; Vlanodrin; ***Hong Kong:*** Hytrin; ***Hung.:*** Hyron†; Hytrin; Kornam†; Setegis; ***India:*** Hytrin; Olyster; Zytrin; ***Indon.:*** Hytrin; ***Irl.:*** Benph; Hytrin; ***Israel:*** Hytrin; ***Ital.:*** Ezosina; Ibiprovir†; Itrin; Prostatil; Terafluss; Teraprost; Unoprost; Urodie; ***Malaysia:*** Hytrin; Terasin; ***Mex.:*** Adecur; Hytrin; Romaken; ***Neth.:*** Hytrin; ***Norw.:*** Sinalfa; ***NZ:*** Hytrin; ***Philipp.:*** Conmy; Hytrin; Lotencin; ***Pol.:*** Hytrin; Kornam; Setegis; Tesin; ***Port.:*** Hytrin; ***Rus.:*** Hytrin (Хитрин)†; Kornam (Корнам); Setegis (Сетегис); ***S.Afr.:*** Hytrin; ***Singapore:*** Hytrin; ***Spain:*** Alfaprost; Deflox; Magnurol; Mayul; Sutif; Tazusin†; Teraumon; Zayasel; ***Swed.:*** Hytrinex; Sinalfa; ***Switz.:*** Hytrin BPH; ***Thai.:*** Hytrin; ***Turk.:*** Hytrin; ***UK:*** Hytrin; ***USA:*** Hytrin; ***Venez.:*** Adecur; Hytrin.