PROGLYCEM® (diazoxide) is a nondiuretic benzothiadiazine derivative taken orally for the management of symptomatic hyperinsulinism. It is effective in reducing hyperglycemia.

**Clinical Pharmacology:**

Diazoxide is 7-chloro-3-methyl-2-quinolone-4-aminobenzoic acid. Diazoxide has the following structural formula:

![Structural formula of diazoxide](image_url)

[Safety and Usage]

**Indications:**

Adults: Leucine sensitivity, islet cell hyperplasia, nesidioblastosis, extrapancreatic malignancy, inoperable islet cell adenoma or carcinoma, or extrapancreatic malignancy.

**Usage:**

- Inoperable islet cell adenoma or carcinoma, or extrapancreatic malignancy.
- PREGLYCEM® is used preoperatively as a temporary measure, and for children with hyperinsulinism in the same clinic has been reported.

**Contraindications:**

- Pregnancy Category C:
- Carcinogenesis, mutagenesis, impairment of fertility:
- Drug/Laboratory Test Interactions:
- Drug Interactions:
- Laboratory tests:
- PRECAUTIONS General:
- Other pharmacologic actions of PREGLYCEM® include increased pulse rate; increased serum uric acid levels due to decreased excretion; increased serum levels of low density lipoprotein and cholesterol decreased paraneoplastic syndrome; and chlorothiazide-like diuretic effect (may be potentiated by thiazides).

**WARNINGS:**

- Ketoacidosis and nonketotic hyperosmolar coma have been reported in patients treated with recommended doses of PREGLYCEM®. The hyperglycemic and hyperuricemic effects of diazoxide preclude proper assessment ofketosism associated with the following conditions:
- Bilirubin concentrations, such as bilirubin or coumarin and its derivatives, resulting in higher blood levels of these substances.
- The inhibition of insulin release by PREGLYCEM® is antagonized by alpha-adrenergic blocking agents.
- Cataracts have been observed in several animals receiving daily doses of intravenous or oral diazoxide.

**Drug Interactions:**

- Diazoxide administered orally produces a prompt dose-related increase in blood glucose level, due primarily to an inhibition of insulin release from the pancreas, and also to an extrapancreatic effect.

**Dose and Administration:**

- PROGLYCEM® capsules are to be administered once daily for the management of symptomatic hyperinsulinism. The hyperglycemic effect begins within an hour and generally lasts no more than eight hours in the presence of normal renal function.

**Intraindividual differences:**

The increase of secretion of urine and results in fluid retention which may be clinically significant. The hypoglycemic effect of diazoxide on blood pressure is usually not marked, but may be intensified in patients with impaired renal function. The rise in blood pressure is transient and usually not marked. The effect on blood pressure is generally progressive and may be potentiated by thiazides.

**Pharmacokinetics:**

- The hyperglycemic and hyperuricemic effects of PREGLYCEM® should be considered in the patient's overall therapy. This drug should not be used in patients hypertensive due to or other unless the patient's condition has been stabilized. This usually requires several days. If not effective

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**Carcinogenesis, mutagenesis, impairment of fertility:**

- Drug/Laboratory Test Interactions:

**Drug Interactions:**

- The concomitant administration of thiazides may potentiate the hypoglycemic and hyperuricemic actions of diazoxide.

**Laboratory Tests:**

- Tests may be required to determine the need for dose adjustment.

**Information for Patients:**

- It should be noted that concomitantly administered thiazides may potentiate the hypoglycemic and hyperuricemic actions of diazoxide. Diazoxide inhibits the secretion of renin. Diazoxide may potentiate the hyperglycemic and hyperuricemic effects of diazoxide.

**Pregnancy Category C:**

- When the use of PREGLYCEM® is considered, the indications should be limited to those specified for adults (See INFORMATION AND USAGE) and the potential benefits in the mother be weighed against possible teratogenic effects to the fetus.

**WARNINGS:**

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Since intravenous administration of the drug during labor may cause cessation of uterine contractions, and administration of oxytocic agents may be required to reinstate labor, caution is advised in administering PROGLYCEM® at that time. In addition, diazoxide has been shown to cause a reduction in placental blood flow. Because the placenta has insufficiency of reserve, the newborn may become hypoglycemic if placental blood flow is interrupted. For this reason, the drug should be discontinued if labor cannot be successfully managed. See INDICATIONS AND USAGE.

An overdosage of PROGLYCEM® causes marked hyperglycemia which may be associated with ketoacidosis. It will be necessary to administer insulin and other appropriate measures in such a case. See OVERDOSAGE.

Patients should be under close clinical observation when treatment with PROGLYCEM® is initiated. The clinical response and blood glucose level should be carefully monitored until the patient's condition has stabilized. In certain cases, the patient's condition may remain satisfactory; in most instances, this may be accomplished in several days. If administration of PROGLYCEM® is not effective after two or three weeks, the drug should be discontinued.

The dosage of PROGLYCEM® must be individualized based on the severity of the hypoglycemic condition and the blood glucose level. Administration of the drug should be delayed until the patient's condition has stabilized. In general, the usual daily dosage is 200 mg daily. If administration of PROGLYCEM® is not effective after two or three weeks, the drug should be discontinued.

Nursing mothers:

If the mother is known to be insulin-dependent during pregnancy and nursing, PROGLYCEM® may be used if the blood glucose levels cannot be satisfactorily controlled by diet alone. It usually responds to prompt insulin administration and restoration of fluid and electrolyte balance. Because of the drug's long half-life (approx. 20 hours), the clinical response and blood glucose level should be carefully monitored. See INDICATIONS AND USAGE.

Hirsutism of the lanugo type, mainly on the forehead, back and limbs, occurs most commonly in adults and children. The usual daily dosage is 3 to 10 mg, divided into two or three equal doses every 12 to 24 hours. In certain instances, continuation of treatment may be necessary for 6 to 12 months.

Non-teratogenic effects:

Diazoxide crosses the placental barrier and appears in cord blood. When given to the mother prior to delivery of the infant, the drug may produce fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism, and possibly other side effects that have occurred in adults. When diazoxide is administered during the critical period of embryo formation, it may interfere with normal fetal development, possibly through altered glucose metabolism. This in turn might influence the pattern of normal development and possibly other side effects that have occurred in adults. When diazoxide is administered after the critical period of embryo formation, it may affect the normal pattern of development and possibly other side effects that have occurred in adults.

When diazoxide is administered during the critical period of embryo formation, it may interfere with normal fetal development.