**Full Prescribing Information**

**Indications and Usage**

1. Primary Hypertension
2. Malignant Hypertension
3. Secondary Hypertension
4. Severe Hypertension
5. Diabetic Hypertension
6. Chemotherapy-Induced Hypertension
7. Renal Hypertension
8. Hypertensive Emergencies
9. Hypertensive Crisis

**Contraindications**

1. History of stroke, transient ischemic attack, or other serious cerebrovascular events
2. Head trauma, skull fractures, or other serious injuries
3. Intracranial bleeding or other serious cardiovascular disease
4. Patients with severe renal impairment
5. Patients with active liver disease

**Warnings and Precautions**

1. Warnings
2. Precautions
3. Adverse Reactions
4. Drug Interactions
5. Overdosage
6. Pregnancy
7. Nursing Mothers
8. Pediatric Use

**Usage in Special Populations**

1. Use in Renal Impairment
2. Use in Liver Disease
3. Use in Gender
4. Use in Elderly Patients

**DRUG INTERACTIONS**

1. General Considerations
2. Coadministration with Other Drugs
3. Drug-Mediated Interactions

**Adverse Reactions**

1. General
2. Central Nervous System
3. Cardiovascular
4. Respiratory
5. Gastrointestinal
6. Renal
7. Hematologic
8. Other

**Usage in Special Subpopulations**

1. Pediatric Patients
2. Elderly Patients

**DOSAGE AND ADMINISTRATION**

1. Recommended Dosage
2. Administration
3. Special Populations

**Full Prescribing Information**

1. General Considerations
2. Administration and Dosage
3. Clinical Pharmacology
4. Drug Interactions
5. Overdosage
6. Pregnancy
7. Nursing Mothers
8. Pediatric Use

**WARNINGS AND PRECAUTIONS**

1. Warnings
2. Precautions
3. Adverse Reactions
4. Drug Interactions
5. Overdosage
6. Pregnancy
7. Nursing Mothers
8. Pediatric Use

**USAGE IN SPECIAL POPULATIONS**

1. Use in Renal Impairment
2. Use in Liver Disease
3. Use in Gender
4. Use in Elderly Patients

**FULL PRESCRIBING INFORMATION CONTENTS**

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8. FULL PRESCRIBING INFORMATION
In female rats given daily doses of 15, 75, and 300 mg/kg of fenofibrate from 15 days prior to mating through weaning, maternal toxicity was observed in 25% (the maximum tested dose) of rats, based on body weight area comparison (mg/m²). In male rats, daily doses of 150 and 300 mg/kg of fenofibrate were administered to 8-week-old male rats for 28 days, with an empty stomach, based on body weight area comparison (mg/m²). At the highest dose tested, fenofibrate did not cause any changes in body weight, food intake, or clinical signs of toxicity. However, the study did not assess the potential for macrolide antibiotic resistance or drug-food interactions in human populations. The study suggests that fenofibrate may have potential clinical benefits for the treatment of dyslipidemia, such as the reduction of triglycerides and LDL-cholesterol levels and the increase of HDL-cholesterol levels. However, further research is needed to determine the long-term safety and efficacy of fenofibrate for dyslipidemia treatment. In summary, the study shows that fenofibrate has the potential to be an effective and safe treatment for dyslipidemia in human populations. The study also highlights the importance of further research in this area to better understand the mechanisms of action and potential long-term effects of fenofibrate.