

151384_071

 Specimen No: 880119
 Physician: N/A

 DOB: N/A
 Sex: N/A


 Sample Collection: N/A
 Sample Analysis: Mar. 31, 2021 14:14 EDT

| MEDICATION | DOSAGE FREQUENCY | REFERENCE RANGE | | CRITICAL VALUE | DDI* |
|-----------------------------------|-----------------------|-----------------|-------------|-------------------|------|
| | | LOWER LIMIT | UPPER LIMIT | | |
| IN THE MEDICAL RECORD: | | | | | |
| ALFUZOSIN Uroxatral | 10 mg QD | 3 ng/mL | 60 ng/mL | | |
| AMLODIPINE Norvasc | 5 mg QD | 3 ng/mL | 15 ng/mL | | ▲ |
| ATORVASTATIN Lipitor | 10 mg QD | 1 ng/mL | 9 ng/mL | | |
| OMEPRAZOLE Prilosec | 10 mg QD | Detected | | | |
| VALSARTAN Diovan | 160 mg QD | 800 ng/mL | 6000 ng/mL | | ▲ |
| NOT IN THE MEDICAL RECORD: | | | | | |
| NIFEDIPINE Procardia XL | Not in medical record | 25 ng/mL | 150 ng/mL | | |

Reference Range:

Detected concentration inside

 10.1 Within Range

 999 Out of Range

***Drug-Drug Interaction (DDI):** See details on the following pages.

Severe - The use of these medications together is contraindicated. Rare exceptions may exist.

Major - The use of these medications together may be contraindicated in a select group of patients. The patient should be monitored for possible manifestations of the interaction.

MEDICATIONS NOT IN ASSAY:

ASPIRIN (81 MG)



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Medical record transcription accuracy is the responsibility of the referring laboratory

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Analysis: Phenomics Health Inc.
Certified: SN001

This test was developed and its performance characteristics determined by Phenomics Health Inc. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes, though results should not be intended for use as a sole means for a clinical diagnosis or patient management decisions. It should not be regarded as investigational or for research.

Interaction Details

AMLODIPINE

Interacting Drug VALSARTAN

Alert level MAJOR

Documentation Level Established

Professional Notes

Most patients receiving the combination of two renin-angiotensin-aldosterone system (RAAS) inhibitors, such as angiotensin II receptor antagonists (ARBs) and aliskiren do not obtain any additional benefit compared to monotherapy. In general, avoid combined use of RAAS inhibitors particularly in patients with CrCl < 60 mL/min. Closely monitor blood pressure, renal function, and electrolytes if aliskiren is combined with another RAAS inhibitor. Aliskiren-containing products are contraindicated in combination with ARBs in patients with diabetes mellitus. In the ALTITUDE trial, patients with type 2 diabetes and renal impairment, a population at high risk for cardiovascular and renal events, were given aliskiren in addition to ACE inhibitors or ARBs. The trial was stopped early because aliskiren was associated with an increased risk of non-fatal stroke, renal complications, hyperkalemia, and hypotension. In the Veterans Affairs Nephropathy in Diabetes (VA NEPHRON-D) trial, no additional benefit over monotherapy was seen in patients receiving the combination of losartan and lisinopril compared to monotherapy; however, there was an increased incidence of hyperkalemia and acute renal injury.

Clinical Management

avoid combination unless benefit outweighs potential risk :: monitor renal function :: monitor blood pressure :: monitor serum electrolytes

References

Tekturna (aliskiren) package insert. East Hanover, NJ: Novartis Pharmaceuticals Corporation; 2017 Nov. :: Avapro (irbesartan) package insert. New York, NY: Bristol-Myers Squibb Company Sanofi-Synthelabo; 2018 Jul. :: Micardis (telmisartan) package insert. Ridgefield, CT: Boehringer Ingelheim; 2018 Feb. :: Diovan (valsartan) tablets package insert. East Hanover, NJ: Novartis Pharmaceuticals Corporation; 2017 Jan. :: Byvalson (nebivolol and valsartan) tablets package insert. Parsippany, NJ: Actavis Pharma, Inc.; 2016 Jun.

VALSARTAN

Interacting Drug AMLODIPINE

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