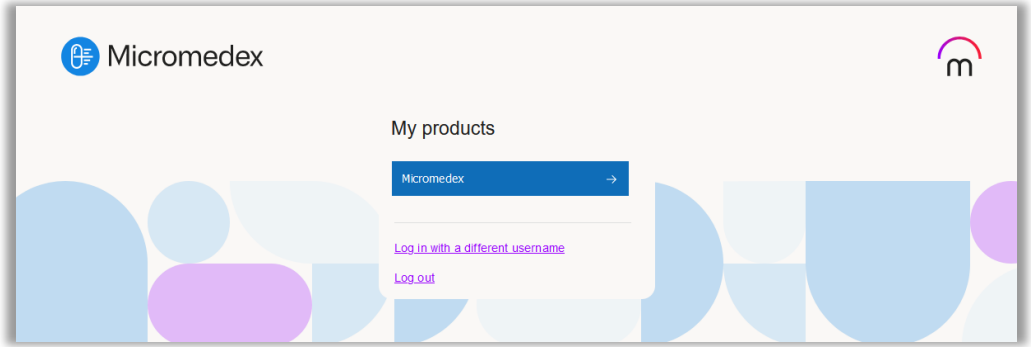
DRUGDEX®ご利用方法

株式会社テクノミック 営業部

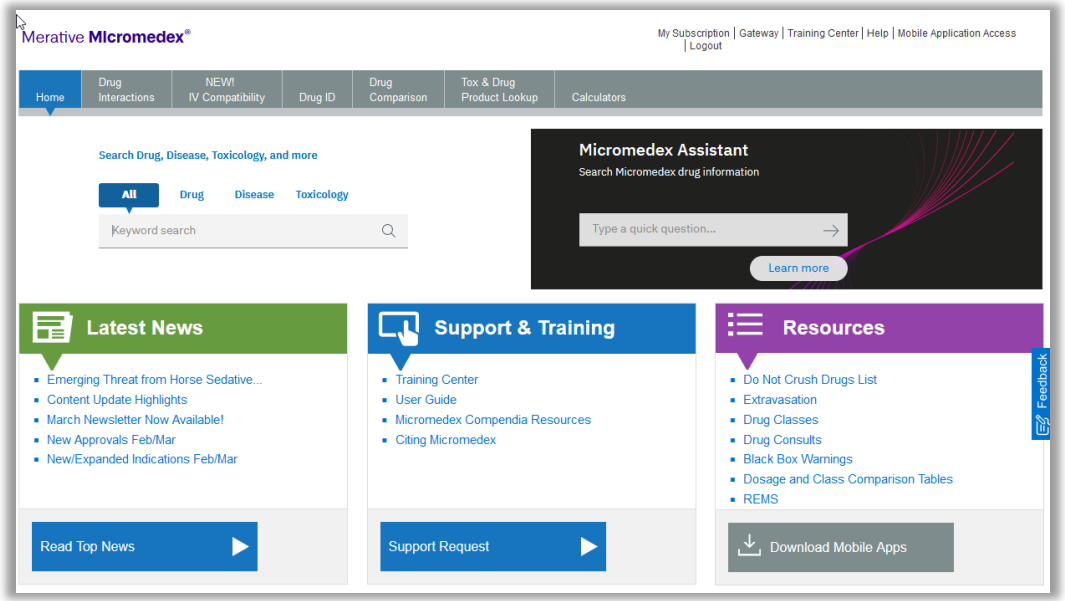
ログイン方法

①



貴学IPアドレス環境下からMerative Micromedexの URL（ https://www.micromedexsolutions.com/ ）にアクセスすると、Gateway画面が表示されるので [Micromedex]ボタンをクリックします

②

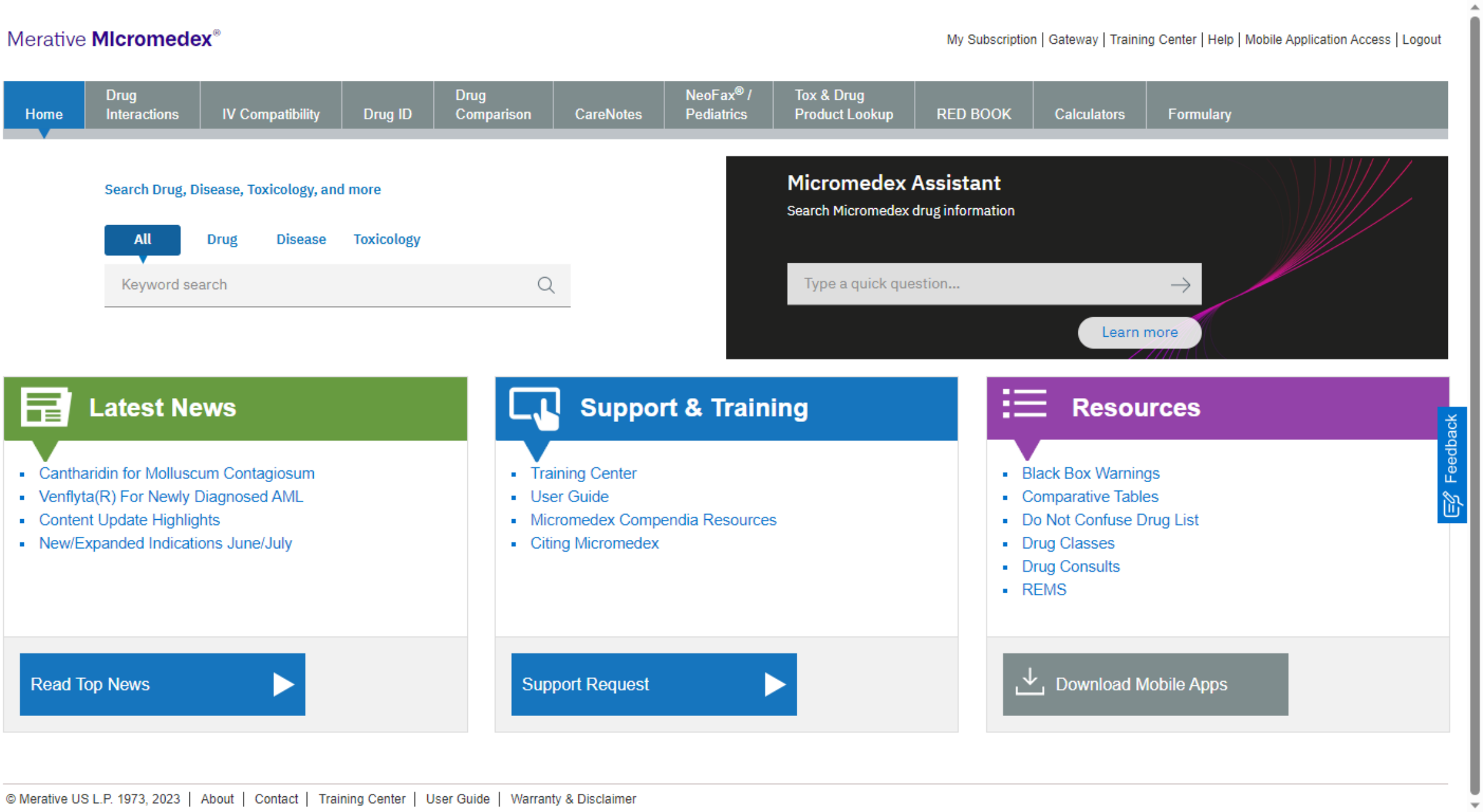


Home画面が表示されます（ログイン完了）

DRUGDEX® 利用方法

ホーム画面

Merative Micromedex® DRUGDEX®



ホーム画面

Merative Micromedex® DRUGDEX®

Merative Micromedex®

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Home | Drug Interactions | IV Compatibility | Drug ID | Drug Comparison | CareNotes | NeoFax® / Pediatrics | Tox & Drug Product Lookup | RED BOOK | Calculators | Formulary

① **英語の薬名**を入力
② 3文字以上入力すると候補が表示される
③ クリックして選択

Search

lixi

Micromedex Assistant
Search Micromedex drug information
Type a quick question...

Lixi
Lixiana
Lixiang
Lixicol
Lixiding
LIXIDOL
Lixim
Lixin

- Cantharic
- Venflyta(F
- Content U
- New/Expanded Indications June/July

Read Top News

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※商品名(英字表記)でも検索可

（添付文書）

**2022年10月改訂（第４版、再審査結果）
*2022年 5 月改訂（第３版）

貯法：室温保存
有効期間：4年（錠15mg、錠30mg）
3年（錠60mg）

13

日本標準商品分類番号
873339

経口FXa阻害剤
処方箋医薬品(注)
エドキサバントシル酸塩水和物錠

	承認番号	販売開始
錠15mg	22300AMX00547	2011年７月
錠30mg	22300AMX00548	2011年７月
錠60mg	22600AMX01308	2014年12月

リクシアナ®錠15mg
リクシアナ®錠30mg
リクシアナ®錠60mg

LIXIANA® TABLETS

注）注意－医師等の処方箋により使用すること

ホーム画面

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Keyword search

Home | Drug Interactions | IV Compatibility | Drug ID | Drug Comparison | CareNotes | NeoFax® / Pediatrics | Tox & Drug Product Lookup | RED BOOK | Calculators | Other Tools ▼

Print

Brand Name Results

Display: **All (10)** | Global (2) | Italia (8)

Jump To: A B C D E F G H I J K **L** M N O P Q R S T U V W X Y Z 0-9

Tox & Drug: Lixiana
Martindale: Lixiana
RED BOOK: Lixiana

Displaying 10 of 10 results found for "Lixiana" Not looking for a brand name drug? Click here to expand your search to free-text results.

Lixiana (Global)	EDOXABAN
Lixiana (Global)	EDOXABAN TOSILATE
LIXIANA 10 cpr riv 15 mg (IT) DAIICHI SANKYO ITALIA	EDOXABAN
LIXIANA 10 cpr riv 15 mg (IT) DAIICHI SANKYO ITALIA	EDOXABAN
LIXIANA 10 cpr riv 30 mg (IT) DAIICHI SANKYO ITALIA	EDOXABAN
LIXIANA 10 cpr riv 60 mg (IT) DAIICHI SANKYO ITALIA	EDOXABAN
LIXIANA 28 cpr riv 30 mg (IT) DAIICHI SANKYO ITALIA	EDOXABAN

該当の薬剤の一般名をクリックする

※ 一般名で検索した場合はこのページは
表示されず直接モノグラフへ移動

Feedback

Micromedex Assistant

DRUGDEX モノグラフ

セクション

Merative Micromedex® DRUGDEX®

Dosing/Administration	**用法・用量**
Adult Dosing	成人用量
Pediatric Dosing	小児用量
FDA Uses	FDA適応疾患での臨床報告
Non-FDA Uses	FDA適応外での臨床報告
Dose Adjustments	用量の調整
Administration	投与方法
Comparative Efficacy	同種同効品との比較
Place In Therapy	治療での位置づけ
Medication Safety	**安全性**
Contraindications	禁忌
Precautions	注意
Adverse Effects	副作用
Black Box Warning	警告
REMS	リスク評価/軽減対策
Drug Interactions (single)	薬物相互作用
IV Compatibility (single)	配合変化
Pregnancy & Lactation	妊婦・授乳婦への投与
Monitoring	モニタリング
Do Not Confuse	類似名称薬
Mechanism of Action	**作用機序**
Mechanism of Action	
Pharmacokinetics	**薬物動態**
Pharmacokinetics	
Patient Education	**患者指導**
Medication Counseling	薬物治療に関する指導
Patient Handouts	患者説明資料
Toxicology	**毒性**
Clinical Effects	人体への影響
Range of Toxicity	毒性範囲
Treatment	治療
About	**薬剤基本情報**
How Supplied	剤形
Drug Properties	薬物特性
Storage & Stability	保存性、貯蔵安定性
Trade Names	商品名
Regulatory Status	規制状況
References	引用文献

検索の手順

step1. 検索ボックスに薬剤名を入力する

step2. 薬剤のページ(モノグラフ)で、ご覧になりたいセクションを選ぶ

step3. 必要な情報のレベルによってタブを切り替える

簡潔な要約が必要 ⇒ Quick Answers

詳細な情報が必要 ⇒ In-Depth Answers

具体的な検索例

DRUGDEX®でできること　－添付文書にない情報を入手－

適応外使用の効果・推奨度・
エビデンスレベル

同種同効薬の
比較データ

副作用の詳細

Special Population に
おける投与(量)

妊婦・授乳婦

腎・肝障害患者

高齢者

小児

静注剤の配合適合性

薬物相互作用による
予後や治療介入への影響

過量服用時の
中毒症状・対処法

FDA適応外 [Non-FDA Uses]

[Quick Answers]：代表的な疾患名と独自評価

Semaglutide

Drug Classes: Antidiabetic | Antiobesity Agent | All

Routes: **Oral** | **Subcutaneous**

Regulatory Authority: FDA

Quick Answers | In-Depth Answers | All Results

- Dosing/Administration
  - Adult Dosing
  - Pediatric Dosing
  - FDA Uses
  - Non-FDA Uses
  - Dose Adjustments
  - Administration
  - Comparative Efficacy
  - Place In Therapy
- Medication Safety
  - Contraindications
  - Precautions
  - Adverse Effects
  - Black Box Warning
  - REMS

Dosing/Administration

Non-FDA Uses

Print

See 'In-Depth Answers' for detailed results.

- Nonalcoholic steatohepatitis

Semaglutide

Nonalcoholic steatohepatitis

FDA Approval:
- Adult, no
- Pediatric, no

Efficacy:
- Adult, Evidence favors efficacy

Strength of Recommendation:
- Adult, Class IIb

Strength of Evidence:
- Adult, Category B

Print | Close

Micromedex Assistant

FDA適応外 [Non-FDA Uses]

In-Depth Answers

SEMAGLUTIDE

Drug Classes: Antidiabetic | Antiobesity Agent | All

Routes: **Oral** | **Subcutaneous**

Regulatory Authority: FDA

Quick Answers | In-Depth Answers | All Results

Dosing/Administration
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- Place In Therapy

Medication Safety
- Contraindications
- Precautions
- Adverse Effects
- Black Box Warning
- REMS
- Drug Interactions (single)

Dosing/Administration
Non-FDA Uses

View Full Document
Print

See 'Quick Answers' for summary results.

Nonalcoholic steatohepatitis

1) Overview

FDA Approval: Adult, no; Pediatric, no

Efficacy: Adult, Evidence favors efficacy — 有効性

Recommendation: Adult, Class IIb — 推奨度

Strength of Evidence: Adult, Category B — エビデンスの強さ

独自評価

See Drug Consult reference: RECOMMENDATION AND EVIDENCE RATINGS

評価の定義へのリンク

2) Summary:
Evidence

Significantly more patients achieved resolution of nonalcoholic steatohepatitis (NASH) with no worsening of liver fibrosis with semaglutide compared with placebo in a randomized study of patients with NASH and stage F1, F2, or F3 fibrosis, with or without diabetes. However there was no significant improvement in fibrosis stage with treatment compared with placebo [1].

3) Adult:

Related Results
- Disease
- Toxicology
- Consumer Drug Information
- Drug Consults
- Index Nominum
- Martindale
- P&T QUIK REPORTS
- Product Lookup - Martindale
- Product Lookup - RED Book
- Product Lookup - Tox & Drug

Feedback

Micromedex Assistant

推奨度/エビデンスレベル/有効性評価の定義

Nonalcoholic steatohepatitis

1) Overview

FDA Approval: Adult, no; Pediatric, no

Efficacy: Adult, Evidence favors efficacy

Recommendation: Adult, Class IIb

Strength of Evidence: Adult, Category B

Print

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Recommendation, Evidence and Efficacy Ratings

Drug Consults Evidence-based, fully referenced articles that cover a wide range of topics on drug therapies and specific drug guidelines

RESPONSE

The Micromedex Efficacy, Strength of Evidence and Strength of Recommendation definitions are outlined below:

推奨度

Table 1. Strength Of Recommendation		
Class I	Recommended	The given test or treatment has been proven to be useful, and should be performed or administered.
Class IIa	Recommended, In Most Cases	The given test, or treatment is generally considered to be useful, and is indicated in most cases.
Class IIb	Recommended, In Some Cases	The given test, or treatment may be useful, and is indicated in some, but not most, cases.
Class III	Not Recommended	The given test, or treatment is not useful, and should be avoided.
Class Indeterminate	Evidence Inconclusive	

エビデンスレベル

Table 2. Strength Of Evidence	
Category A	Category A evidence is based on data derived from: Meta-analyses of randomized controlled trials with homogeneity with regard to the directions and degrees of results between individual studies. Multiple, well-done randomized clinical trials involving large numbers of patients.
Category B	Category B evidence is based on data derived from: Meta-analyses of randomized controlled trials with conflicting conclusions with regard to the directions and degrees of results between individual studies. Randomized controlled trials that involved small numbers of patients or had significant methodological flaws (e.g., bias, drop-out rate, flawed analysis, etc.). Nonrandomized studies (e.g., cohort studies, case-control studies, observational studies).
Category C	Category C evidence is based on data derived from: Expert opinion or consensus, case reports or case series.
No Evidence	

有効性

Table 3. Efficacy		
Class I	Effective	Evidence and/or expert opinion suggests that a given drug treatment for a specific indication is effective
Class IIa	Evidence Favors Efficacy	Evidence and/or expert opinion is conflicting as to whether a given drug treatment for a specific indication is effective, but the weight of evidence and/or expert opinion favors efficacy.
Class IIb	Evidence is Inconclusive	Evidence and/or expert opinion is conflicting as to whether a given drug treatment for a specific indication is effective, but the weight of evidence and/or expert opinion argues against efficacy.
Class III	Ineffective	Evidence and/or expert opinion suggests that a given drug treatment for a specific indication is ineffective.

FDA適応外 [Non-FDA Uses]

In-Depth Answers

SEMAGLUTIDE

Drug Classes: Antidiabetic | Antiobesity Agent | All

Routes: **Oral** | **Subcutaneous**

Regulatory Authority: FDA

Quick Answers | In-Depth Answers | All Results

Dosing/Administration
- Adult Dosing
- Pediatric Dosing
- FDA Uses
- Non-FDA Uses
- Dose Adjustments
- Administration
- Comparative Efficacy
- Place In Therapy

Medication Safety
- Contraindications
- Precautions
- Adverse Effects
- Black Box Warning
- REMS
- Drug Interactions (single)

2) Summary:
Evidence

Significantly more patients achieved resolution of nonalcoholic steatohepatitis (NASH) with no worsening of liver fibrosis with semaglutide compared with placebo in a randomized study of patients with NASH and stage F1, F2, or F3 fibrosis, with or without diabetes. However there was no significant improvement in fibrosis stage with treatment compared with placebo [1].

3) Adult:

a) Treatment with semaglutide resulted in significantly more patients achieving resolution of nonalcoholic steatohepatitis (NASH) with no worsening of liver fibrosis compared with placebo in a randomized 72-week trial (N=320). Included patients had biopsy-confirmed NASH and stage F1 (28%), F2 (22%), or F3 (49%) liver fibrosis, with (62%) or without type 2 diabetes, and had a BMI greater than 25 kg/m(2). Patients were randomized to receive semaglutide 0.1 mg/day (n=80) or matching placebo, 0.2 mg/day (n=78) or matching placebo, or 0.4 mg/day (n=82) or matching placebo (n=80 for all placebo groups) [1].

PRIMARY OUTCOME: The primary outcome of the resolution of NASH with no worsening of liver fibrosis among patients with F2 or F3 fibrosis only is presented in the table below. Similar results were seen when all randomized patients (stage F1, F2 and F3 fibrosis) were analyzed, and similar results were also reported in patients with diabetes compared to those without diabetes.

Treatment group	Resolution of NASH	Placebo result (n=58)	OR (95% CI)
Semaglutide 0.1 mg/day (n=57)	40%	17%	3.36 (1.29 to 8.86)
Semaglutide 0.2 mg/day (n=59)	36%		2.71 (1.06 to 7.56)
Semaglutide 0.4 mg/day (n=56)	59%		6.87 (2.6 to 17.63)

Related Results
- Disease
- Toxicology
- Consumer Drug Information
- Drug Consults
- Index Nominum
- Martindale
- P&T QUIK REPORTS
- Product Lookup - Martindale
- Product Lookup - RED Book
- Product Lookup - Tox & Drug

Feedback

Micromedex Assistant

DRUGDEX®でできること　－添付文書にない情報を入手－

適応外使用の効果・推奨度・
エビデンスレベル

同種同効薬の
比較データ

副作用の詳細

Special Population における投与(量)

妊婦・授乳婦

腎・肝障害患者

高齢者

小児

静注剤の配合適合性

薬物相互作用による
予後や治療介入への影響

過量服用時の
中毒症状・対処法

同種同効薬との比較 [Comparative Efficacy]

In-Depth Answers

※ Comparative Efficacy は [In-Depth Answers] にしか記載がない

SITAGLIPTIN [Your search: Sitagliptin]

Drug Classes: Antidiabetic | Dipeptidyl Peptidase IV Inhibitor | All

Routes: **Oral**

Quick Answers | In-Depth Answers | All Results

Dosing/Administration
- Adult Dosing
- Pediatric Dosing
- FDA Uses
- Non-FDA Uses
- Dose Adjustments
- Administration
- Comparative Efficacy
- Place In Therapy

Medication Safety
- Contraindications
- Precautions
- Adverse Effects
- Black Box Warning
- REMS
- Drug Interactions (single)
- IV Compatibility (single)

Dosing/Administration
Comparative Efficacy

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Acarbose
Albiglutide
Alogliptin
Alogliptin/Metformin Hydrochloride
Alogliptin/Pioglitazone
Alogliptin Benzoate
Canagliflozin
Canagliflozin/Metformin Hydrochloride
Chlorpropamide
Dapagliflozin
Dapagliflozin/Metformin Hydrochloride
Dapagliflozin Propanediol
Dulaglutide
Empagliflozin
Empagliflozin/Linagliptin
Empagliflozin/Metformin Hydrochloride
Ertugliflozin
Exenatide
Glimepiride
Glipizide
Glipizide/Metformin Hydrochloride
Glyburide
Glyburide/Metformin Hydrochloride
Insulin Aspart, Recombinant

Sitagliptinと同じ適応症をもつ薬剤

Related Results
- Disease
- Toxicology
- Consumer Drug Information
- Drug Consults
- Index Nominum
- Martindale
- Product Lookup - Martindale
- Product Lookup - RED Book
- Product Lookup - Tox & Drug

Ask Watson

同種同効薬との比較 [Comparative Efficacy]

In-Depth Answers

SITAGLIPTIN [Your search: Sitagliptin]

Drug Classes: Antidiabetic | Dipeptidyl Peptidase IV Inhibitor | All

Routes: **Oral**

有効性 / 安全性の比較に関する情報

Quick Answers | In-Depth Answers | All Results

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- Precautions
- Adverse Effects
- Black Box Warning
- REMS
- Drug Interactions (single)
- IV Compatibility (single)

Canagliflozin

Type 2 diabetes mellitus

a) In a randomized, 52-week study (N=1284), mean HbA1C reduction with canagliflozin 300 mg plus metformin (-0.88%) was superior to that with sitagliptin 100 mg plus metformin (-0.73%), while the reduction with canagliflozin 100 mg plus metformin (-0.73%) was noninferior to that of sitagliptin plus metformin. Additionally, patients in both canagliflozin groups experienced significantly greater weight loss (-3.3 to -3.7 kg vs -1.2 kg) and a larger reduction in systolic blood pressure (-3.5 to -4.7 mmHg vs -0.7 mmHg) [81].

b) Mean HbA1C reduction with canagliflozin 300 mg plus metformin plus sulfonylurea (-1.03%) was significantly larger than that with sitagliptin 100 mg plus metformin plus sulfonylurea (-0.66%) in a randomized, 52-week trial (N=755). Canagliflozin was also associated with significantly more weight loss and lower systolic blood pressure [82].

Adverse Effects

a) SGLT-2 Inhibitors vs Other Antidiabetic Therapy

LOWER LIMB AMPUTATION: In a retrospective cohort study (N=953,906) patients with type 2 diabetes newly started on sodium-glucose cotransporter-2 (SGLT-2) inhibitors (n=39,869) including canagliflozin (n=28,036) had a 2.12 times greater risk of lower limb amputation compared with patients taking a sulfonylurea, metformin, or thiazolidinedione (n=769,984), a significant difference. The risk of lower limb amputation in the SGLT-2 inhibitor group was also 1.5 times greater versus those newly started on dipeptidyl peptidase-4 inhibitors (n=105,023), and 1.47 times greater versus those newly started on glucagon-like peptide-1 agonists (n=39,120); these comparisons were not significantly different. Risk estimates were adjusted for confounders such as comorbid conditions, concurrent medications and baseline severity of diabetes. The study was limited by a low overall rate of amputations and relatively short duration of followup. Treatment duration, raw number of lower limb amputations and rate per 10,000 person-years by treatment group are presented below: [77].

Related Results
- Disease
- Toxicology
- Consumer Drug Information
- Drug Consults
- Index Nominum
- Martindale
- Product Lookup - Martindale
- Product Lookup - RED Book
- Product Lookup - Tox & Drug

Ask Watson

同種同効薬との比較 [Comparative Efficacy]

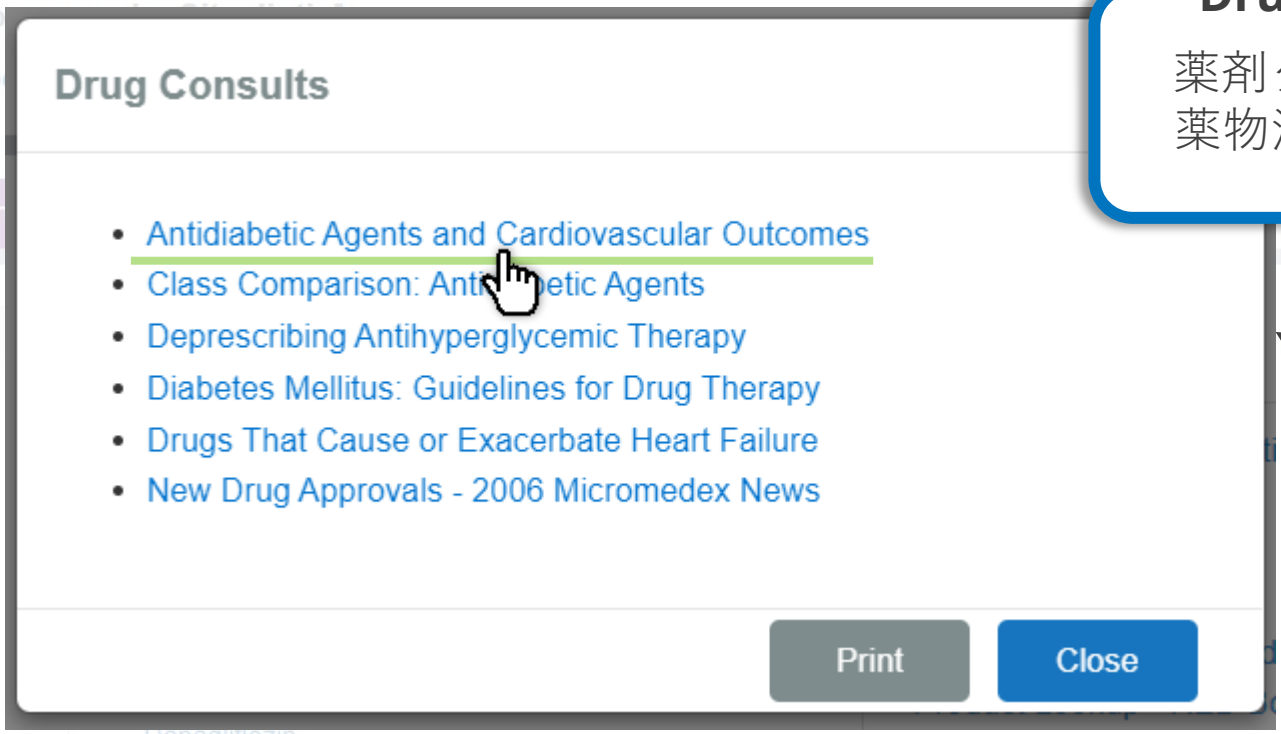
In-Depth Answers

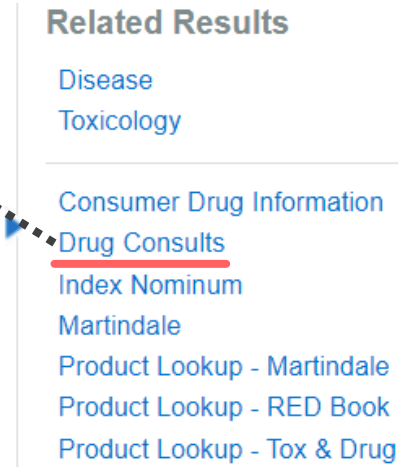
リファレンスから元文献を確認できる

Drug Consults　-医薬品関連資料-

Drug Consults

薬剤クラスの比較、ガイドライン、薬物治療等 に関する記載





① 画面右 [Related Results] にある [Drug Consults]をクリック
　→この薬剤関連の [Drug Consults] 記事一覧が表示される
② 記事名をクリック→該当の [Drug Consults] に移動する

Drug Consults –糖尿病薬と心血管イベントの関連-

Print

Antidiabetic Agents and Cardiovascular Outcomes

Drug Consults Evidence-based, fully referenced articles that cover a wide range of topics on drug therapies and specific drug guidelines

Top of Page

RESPONSE

In response to concerns of increased cardiovascular risk with noninsulin antidiabetic medications, the FDA issued a guidance statement in 2008 for all new type 2 diabetes medications to undergo cardiovascular outcomes studies. Patients with type 2 diabetes and established atherosclerotic cardiovascular disease should have a medication proven to reduce cardiovascular adverse events added to lifestyle interventions and metformin therapy. Results for medications approved since then are discussed below [1].

Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

DPP-4 inhibitors provide no cardiovascular benefit to patients with type 2 diabetes and established cardiovascular disease [1]. Three large, randomized studies determined that DPP-4 inhibitors added to background therapy were noninferior to placebo regarding the composite outcome of nonfatal myocardial infarction, nonfatal stroke, or cardiovascular death. Additionally, there was no significant difference between DPP-4 inhibitors and placebo for each component of the composite outcome. DPP-4 inhibitors studied were alogliptin (EXAMINE, N=5380), saxagliptin (SAVOR-TIMI 53, N=16,492), and sitagliptin (TECOS, N=14,671) [2][3][4].

Addition of DPP-4 Inhibitors vs Insulin

In patients with type 2 diabetes who failed dual therapy with metformin plus a sulfonylurea, the addition of insulin (n=1584) resulted in a 2.6-fold increase in the risk of the composite endpoint of nonfatal stroke, nonfatal myocardial infarction, or all-cause death compared with the addition of a DPP-4 inhibitor (n=3654). There was a 2-fold increased risk of cardiovascular events and a 3.7-fold increased risk of all-cause death with insulin. Obese patients with a body mass index (BMI) of 30 to 34.9 kg/m(2) had a 3.6-fold increased risk of the composite outcome while those with a BMI of 35 kg/m(2) or greater had a 2.4-fold increased risk with insulin. Time to the composite outcome was 2.4 years with DPP-4 inhibitors and 2.1 years with insulin. Patients with baseline cardiovascular conditions were excluded from the study, and patients were followed for up to 5 years [5]

Heart Failure Risk

A network meta-analysis of 50 randomized studies found that alogliptin (a 2-fold increase in risk) was the only DPP-4 inhibitor associated with a significantly increased risk of heart failure compared with placebo. When compared with alogliptin, vildagliptin and sitagliptin had significantly lower heart failure risk. Ranking with regards to lowest risk of heart failure to highest risk was estimated as follows: vildagliptin, saxagliptin, sitagliptin, linagliptin, and alogliptin. The following table provides detailed results [6]:

DPP-4 Inhibitor	Relative Risk of Heart Failure Compared with Placebo	95% CI
Alogliptin*	2.13	1.06 to 6.26
Linagliptin	2.76	0.95 to 8.31
Saxagliptin	0.84	0.33 to 1.61
Sitagliptin	0.86	0.43 to 1.57
Vildagliptin	0.71	0.25 to 1.68
* Statistically significant		

Of note, a significant network inconsistency was found, which may affect the validity of some results [6].

DRUGDEX®でできること　－添付文書にない情報を入手－

適応外使用の効果・推奨度・
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腎・肝障害患者


高齢者


小児

静注剤の配合適合性


薬物相互作用による
予後や治療介入への影響


過量服用時の
中毒症状・対処法

小児用量 [Pediatric Dosing]

In-Depth Answers

AMOXICILLIN

Drug Classes: Antibiotic | Anti-Infective Agent | All

Routes: **Oral**

Regulatory Authority: FDA

Quick Answers | In-Depth Answers | All Results

Dosing/Administration
- Adult Dosing
- Pediatric Dosing
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- Place In Therapy

Medication Safety
- Contraindications
- Precautions
- Adverse Effects
- Black Box Warning
- REMS
- Drug Interactions (single)

Dosing/Administration

Pediatric Dosing

See 'Quick Answers' for summary results.

Normal Dosage
Dosage in Renal Failure
Dosage in Hepatic Insufficiency
Dosage Adjustment During Dialysis

小児における
- 通常用量
- 腎機能低下例 の用量
- 肝機能低下例 の用量
- 透析患者 の用量

Document

Normal Dosage
Oral route
Acute otitis media
Bacterial endocarditis; Prophylaxis
Community acquired pneumonia

投与経路別に

Oral route
Acute hematogenous osteomyelitis
Acute otitis media, Uncomplicated
Anthrax, Cutaneous
Ear, nose, and throat infection
Helicobacter pylori gastrointestinal tract infection
Infection of skin and/or subcutaneous tissue
Infectious disease of genitourinary system
Inhalational anthrax, Postexposure; Prophylaxis
Lower respiratory tract infection
Lyme disease

適応症ごとに
推奨投与量を記載

Related Results
- Alternative Medicine
- Disease
- Toxicology
- Consumer Drug Information
- Drug Consults
- Index Nominum
- Martindale
- Product Lookup - Martindale
- Product Lookup - RED Book
- Product Lookup - Tox & Drug

Feedback

Micromedex Assistant

小児用量 [Pediatric Dosing]

In-Depth Answers

AMOXICILLIN

Drug Classes: Antibiotic | Anti-Infective Agent | All

Routes: **Oral**

Regulatory Authority

FDA

Quick Answers | In-Depth Answers | All Results

Dosing/Administration

- Adult Dosing
- Pediatric Dosing
- FDA Uses
- Non-FDA Uses
- Dose Adjustments
- Administration
- Comparative Efficacy
- Place In Therapy

Medication Safety

- Contraindications
- Precautions
- Adverse Effects
- Black Box Warning
- REMS
- Drug Interactions (single)

Ear, nose, and throat infection

a) FDA Dosage (3 Months or Younger) FDA承認用量（3か月以内）

1) Maximum dosage: 30 mg/kg/day orally divided every 12 hours [6].

2) Duration of therapy: Continue treatment for a minimum of 48 to 72 hours after resolution of symptoms or confirmation of bacterial eradication. Treat infections due to Streptococcus pyogenes for at least 10 days to prevent occurrence of acute rheumatic fever [6].

b) FDA Dosage (Older Than 3 Months, Less Than 40 kg) FDA承認用量（3か月以上・40kg未満）

1) Usual dosage (mild to moderate infection): 25 mg/kg/day orally divided every 12 hours or 20 mg/kg/day orally divided every 8 hours [6].

2) Usual dosage (severe infection): 45 mg/kg/day orally divided every 12 hours or 40 mg/kg/day orally divided every 8 hours [6].

3) Duration of therapy: Continue treatment for a minimum of 48 to 72 hours after resolution of symptoms or confirmation of bacterial eradication. Treat infections due to Streptococcus pyogenes for at least 10 days to prevent occurrence of acute rheumatic fever [6].

c) FDA Dosage (Older Than 3 Months, Greater Than 40 kg) FDA承認用量（3か月以上・40kg以上）

1) Usual dosage (mild to moderate infection): 500 mg orally every 12 hours or 250 mg orally every 8 hours [6].

2) Usual dosage (severe infection): 875 mg orally every 12 hours or 500 mg orally every 8 hours [6].

3) Duration of therapy: Continue treatment for a minimum of 48 to 72 hours after resolution of symptoms or confirmation of bacterial eradication. Treat infections due to Streptococcus pyogenes for at least 10 days to prevent occurrence of acute rheumatic fever [6].

d) Guideline Dosage ガイドライン投与量

1) 45 mg/kg orally daily in 2 divided doses for uncomplicated mild to moderate acute bacterial sinusitis in children 2 years and older who do not attend child care and who have not been treated with an antimicrobial agent within the last 4 weeks [56]

2) 80 to 90 mg/kg orally daily in 2 divided doses if there is a high prevalence of nonsusceptible S pneumoniae; maximum 2 grams per dose [56]

Related Results

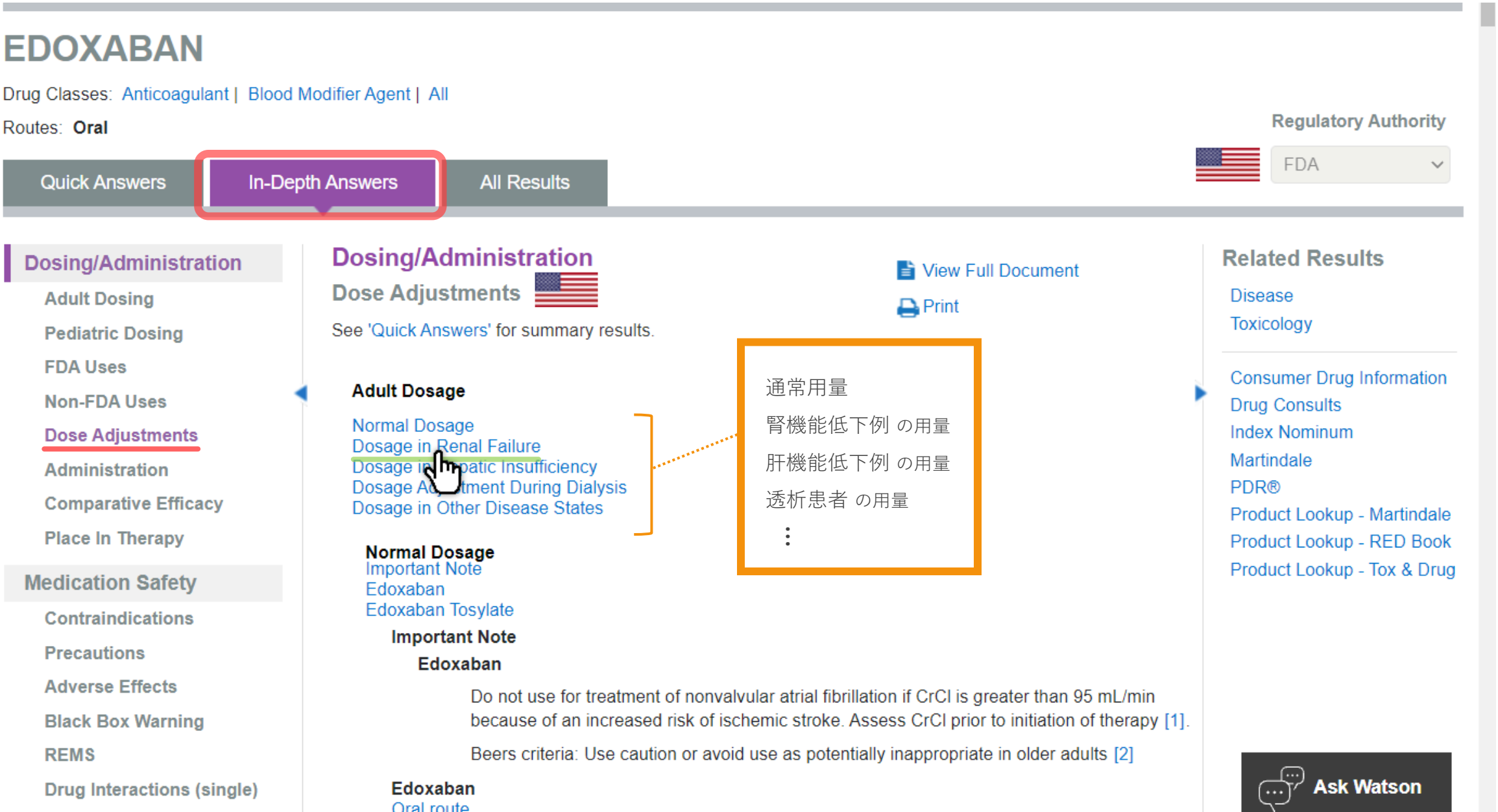
- Alternative Medicine
- Disease
- Toxicology
- Consumer Drug Information
- Drug Consults
- Index Nominum
- Martindale
- Product Lookup - Martindale
- Product Lookup - RED Book
- Product Lookup - Tox & Drug

Feedback

Micromedex Assistant

Special Populationにおける投与量調整 [Dose Adjustments]

In-Depth Answers



Special Populationにおける投与量調整 [Dose Adjustments]

In-Depth Answers

EDOXABAN

Quick Answers | In-Depth Answers | All Results

FDA

Dosage in Renal Failure

A) DVT and Pulmonary Embolism

1) CrCl 15 to 50 mL/min: 30 mg orally once daily [1]

2) CrCl less than 15 mL/min: Use not recommended [1]

B) Nonvalvular Atrial Fibrillation

1) CrCl greater than 95 mL/min: Do not use; increased risk of ischemic stroke [1]

Ischemic stroke risk was increased compared with warfarin in patients with nonvalvular atrial fibrillation and a CrCl of greater than 95 mL/min, as increased renal clearance reduced blood levels. Results for ischemic stroke outcome by renal function subgroup are shown below [1]:

	Event Rate (% per year)	
Renal Function, CrCl (mL/min)	Edoxaban 60 mg*	Warfarin
50 or less	1.2	1.1
Greater than 50 to less than 80	0.8**	1.2
Greater than 80 to less than 95	0.8	0.7
Greater than 95	0.9	0.4***
All patients with CrCl of 95 mL/min or less****	0.9	1.1
* Some patients received a dose reduction to 30 mg		
** Significant difference in favor of edoxaban		
*** Significant difference in favor of warfarin		
**** Indicated population		

2) CrCl 15 to 50 mL/min: 30 mg orally once daily [1]

3) CrCl less than 15 mL/min: Use not recommended [1]

4) Japanese patients, CrCl 15 to less than 30 mL/min: 15 mg orally once daily based on 12-week results for safety, plasma concentrations, and biomarker profiles compared with 30- and 60-mg doses in patients with no or mild renal impairment in a randomized study (N=93) [22]

Dosage in Hepatic Insufficiency

A) Mild impairment (Child-Pugh A): No adjustment required [1]

B) Moderate or severe impairment (Child-Pugh B and C): Use not recommended [1]

- CrClごとの推奨用量の記載
- 推奨しない場合はその根拠となる試験の結果を引用して提示

Ask Watson

妊婦・授乳婦への投与 [Pregnancy & Lactation]

Quick Answers

Amoxicillin

Drug Classes: Antibiotic | Anti-Infective Agent | All

Routes: **Oral**

Quick Answers | In-Depth Answers | All Results

独自のリスク分類
→クリックで定義を表示

- Dosing/Administration
  - Adult Dosing
  - Pediatric Dosing
  - FDA Uses
  - Non-FDA Uses
  - Dose Adjustments
  - Administration
  - Comparative Efficacy
  - Place In Therapy
- Medication Safety
  - Contraindications
  - Precautions
  - Adverse Effects
  - Black Box Warning
  - REMS
  - Drug Interactions (single)
  - IV Compatibility (single)
  - Pregnancy & Lactation
  - Monitoring

Medication Safety

Pregnancy & Lactation

See 'In-Depth Answers' for detailed results.

Pregnancy Category 妊娠

- Fetal risk cannot be ruled out. (MDX)

Breast Feeding 授乳への影響

- Micromedex: Infant risk cannot be ruled out.

Micromedex Lactation Ratings

Infant risk cannot be ruled out.

- Available evidence and/or expert consensus is inconclusive or is inadequate for determining infant risk when used during breastfeeding. Weigh the potential benefits of drug treatment against potential risks before prescribing this drug during breastfeeding.

Infant risk has been demonstrated.

- Evidence and/or expert consensus has demonstrated harmful infant effects when used during breastfeeding. An alternative to this drug should be prescribed or patients should be advised to discontinue breastfeeding.

Infant risk is minimal.

- The weight of an adequate body of evidence and/or expert

Print | Close

Micromedex Assistant

妊婦・授乳婦への投与 [Pregnancy & Lactation]

In-Depth Answers

AMOXICILLIN

Drug Classes: Antibiotic | Anti-Infective Agent | All

Routes: **Oral**

Quick Answers | In-Depth Answers | All Results

催奇形性 / 妊婦への影響

Medication Safety

Pregnancy & Lactation

View Full Document

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See 'Quick Answers' for summary results.

A) Teratogenicity/Effects in Pregnancy

1) Micromedex Pregnancy Rating: Fetal risk cannot be ruled out. リスク分類

a) Available evidence is inconclusive or inadequate for determining fetal risk when used in pregnant women.

See Drug Consult reference: PREGNANCY RISK CATEGORIES

2) Crosses Placenta: Yes 胎盤移行

3) Clinical Management 臨床管理

a) Administer amoxicillin during pregnancy only if clearly needed [74]..

4) Literature Reports 文研報告

a) Available data from published epidemiologic studies and pharmacovigilance case reports over several decades with amoxicillin use have not established drug-associated risks of major birth defects, miscarriage, or adverse maternal or fetal outcomes [77]. Oral ampicillin-class antibiotics are poorly absorbed during labor. It is unknown whether amoxicillin use during labor or delivery has immediate or delayed adverse effects on the fetus, prolongs the duration of labor, or increases the likelihood that forceps delivery or other obstetrical intervention or resuscitation of the neonate will be necessary [74].

b) Results from a population-based case (n=6935) control (n=10,239) teratologic study indicate that amoxicillin/clavulanic acid treatment during pregnancy is unlikely to increase the risk of congenital

Feedback

Micromedex Assistant

妊婦・授乳婦への投与 [Pregnancy & Lactation]

In-Depth Answers

AMOXICILLIN

Drug Classes: Antibiotic | Anti-Infective Agent | All

Routes: **Oral**

Quick Answers | In-Depth Answers | All Results

授乳への影響

Dosing/Administration
- Adult Dosing
- Pediatric Dosing
- FDA Uses
- Non-FDA Uses
- Dose Adjustments
- Administration
- Comparative Efficacy
- Place In Therapy

Medication Safety
- Contraindications
- Precautions
- Adverse Effects
- Black Box Warning
- REMS
- Drug Interactions (single)
- IV Compatibility (single)
- Pregnancy & Lactation
- Monitoring

B) Breastfeeding

1) Micromedex Lactation Rating: Infant risk cannot be ruled out. リスク分類

a) Available evidence and/or expert consensus is inconclusive or is inadequate for determining infant risk when used during breastfeeding. Weigh the potential benefits of drug treatment against potential risks before prescribing this drug during breastfeeding.

2) Clinical Management 臨床管理

a) Although amoxicillin is considered compatible with breastfeeding by both the American Academy of Pediatrics [181] and the World Health Organization Working Group [182], the developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for amoxicillin and any potential adverse effects on the breastfed child form amoxicillin or from the underlying maternal condition [77].

3) Literature Reports 文研報告

a) Data published from a clinical lactation study reports amoxicillin is present in human milk; however, there are no data on the effects of amoxicillin on milk production [77]. Sensitization of infants may result from amoxicillin use in nursing mothers [74].

4) Drug Levels in Breastmilk 母乳中の薬物レベル

a) Parent Drug

1) Percent Adult Dose in Breastmilk

a) 0.7% [206]

2) Concentration in Breastmilk at Therapeutic Dose

a) 1.3 mg/L (3.6 mcmol/L) [177]

3) Milk to Maternal Plasma Ratio

a) 0.013 to 0.05 [207][208]

4) Time to Peak Concentration in Milk

a) 4 to 5 hours [177]

Related Results
- Alternative Medicine
- Disease
- Toxicology
- Consumer Drug Information
- Drug Consults
- Index Nominum
- Martindale
- Product Lookup - Martindal
- Product Lookup - RED Book
- Product Lookup - Tox & Drug

Feedback

Micromedex Assistant

妊婦・授乳婦への投与 [Pregnancy & Lactation]

In-Depth Answers

AMOXICILLIN

Drug Classes: Antibiotic | Anti-Infective Agent | All

Routes: **Oral**

Quick Answers | In-Depth Answers | All Results

$$\text{RID}\,(\%) = \frac{\text{乳児薬物摂取量 ▲▲ [mg/kg/日]}}{\text{母親薬物摂取量 [mg/kg/日]}} \times 100$$

- Dosing/Administration
  - Adult Dosing
  - Pediatric Dosing
  - FDA Uses
  - Non-FDA Uses
  - Dose Adjustments
  - Administration
  - Comparative Efficacy
  - Place In Therapy
- Medication Safety
  - Contraindications
  - Precautions
  - Adverse Effects
  - Black Box Warning
  - REMS
  - Drug Interactions (single)
  - IV Compatibility (single)
  - Pregnancy & Lactation
  - Monitoring

4) Drug Levels in Breastmilk 母乳中の薬物レベル

a) Parent Drug

1) Percent Adult Dose in Breastmilk

a) 0.7% [206]

2) Concentration in Breastmilk at Therapeutic Dose 治療用量での母乳中の濃度

a) 1.3 mg/L (3.6 mcmol/L) [177]

M/P比 **3)** Milk to Maternal Plasma Ratio

a) 0.013 to 0.05 [207][208]

4) Time to Peak Concentration in Milk

a) 4 to 5 hours [177]

乳児薬物摂取量

＝ 母乳中濃度 × 哺乳量

1.3 (mg/l) × ●● (ml/kg)

＝ ▲▲ (mg/kg/日)

a) 1.3 mg/L (3.6 mcmol/L) [177]

3) Milk to Maternal Plasma Ratio

a) 0.013 to 0.05 [207][208]

4) Time to Peak Concentration in Milk

a) 4 to 5 hours [177]

Feedback

Micromedex Assistant

妊婦・授乳婦への投与 [Adverse Effects]

In-Depth Answers

CYCLOPHOSPHAMIDE

Drug Classes: Alkylating Agent | Antineoplastic Agent | All

Routes: **Intravenous** | **Oral**

Quick Answers | In-Depth Answers | All Results

[Adverse Effects] 内の [**Reproductive Effects**] も参照

- Dosing/Administration
  - Adult Dosing
  - Pediatric Dosing
  - FDA Uses
  - Non-FDA Uses
  - Dose Adjustments
  - Administration
  - Comparative Efficacy
  - Place In Therapy
- Medication Safety
  - Contraindications
  - Precautions
  - Adverse Effects
  - Black Box Warning
  - REMS
  - Drug Interactions (single)
  - IV Compatibility (single)
  - Pregnancy & Lactation
  - Monitoring
  - Do Not Confuse
- Mechanism of Action

Medication Safety

Adverse Effects

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See 'Quick Answers' for summary results.

Cardiovascular Effects
Dermatologic Effects
Endocrine/Metabolic Effects
Gastrointestinal Effects
Hematologic Effects
Hepatic Effects
Immunologic Effects
Musculoskeletal Effects
Neurologic Effects
Ophthalmic Effects
Renal Effects
Reproductive Effects
Respiratory Effects
Other

Cardiovascular Effects
Atrial fibrillation
Cardiac tamponade
Cardiogenic shock
Cardiomyopathy
Cardiotoxicity
Congestive heart failure
Heart failure

・臓器区分ごと、アルファベット順
・該当する副作用がある場合だけ表示
※そのため必ずしも [Reproductive Effects] があるとは限らない

Related Results

Alternative Medicine
Disease
Toxicology

Consumer Drug Information
Drug Consults
Index Nominum
Martindale
PDR®
Product Lookup - Martindale
Product Lookup - RED Book
Product Lookup - Tox & Drug

Ask Watson

妊婦・授乳婦への投与 [Adverse Effects]

In-Depth Answers

Reproductive Effects

Amenorrhea	無月経
Azoospermia	無精子症
Disorder of endocrine testis	精巣障害
Dysplasia of cervix	子宮頚部異形成
Hypogonadism	性腺機能低下症
Infertility	不妊
Oligozoospermia	精子減少症
Ovarian dysfunction	卵巣機能障害
Ovarian failure	卵巣機能不全
Sexual dysfunction	性機能障害
Sterility	生殖不能

[Adverse Effects] 内の [**Reproductive Effects**] も参照

Amenorrhea

1) Some women treated with cyclophosphamide developed amenorrhea associated with increased gonadotropin section and decreased estrogen levels. Regular menstruation resumed within a few months of discontinuation of cyclophosphamide treatment for most affected patients. Females

Infertility

1) Cyclophosphamide hinders oogenesis and spermatogenesis, creating fertility impairments that may lead to sterility in both male and female patients. Sterility may be irreversible in some cases. Risk is dependent on the dose and duration of therapy as well as the state of reproductive function during treatment [1].

2) Various investigators consider the epithelium of the seminiferous tubules to be less sensitive to antineoplastics in prepubertal patients than adolescents and adults. However large, cumulative cyclophosphamide doses received prior to puberty may cause azoospermia in adulthood [298]. Cyclophosphamide can cause long-term azoospermia, especially with doses above 10 g/m(2) [299]. Azoospermia or oligospermia occurred in approximately 10% to 30% of patients receiving cyclophosphamide. Sterility has occurred following long-term use, which may be permanent. The effect of cyclophosphamide on prepubertal gonads is not fully understood [298][299][300].

Adverse Effects

Ask Watson

DRUGDEX®でできること　－添付文書にない情報を入手－

適応外使用の効果・推奨度・
エビデンスレベル

同種同効薬の
比較データ

副作用の詳細

Special Population における投与(量)

妊婦・授乳婦

腎・肝障害患者

高齢者

小児

静注剤の配合適合性

薬物相互作用による
予後や治療介入への影響

過量服用時の
中毒症状・対処法

副作用 [Adverse Effects]

Quick Answers

Rabeprazole Sodium

Drug Classes: Gastric Acid Secretion Inhibitor | Gastrointestinal Agent | All

Routes: **Oral**

Quick Answers | In-Depth Answers | All Results

- Dosing/Administration
  - Adult Dosing
  - Pediatric Dosing
  - FDA Uses
  - Non-FDA Uses
  - Dose Adjustments
  - Administration
  - Comparative Efficacy
  - Place In Therapy
- Medication Safety
  - Contraindications
  - Precautions
  - Adverse Effects
  - Black Box Warning
  - REMS
  - Drug Interactions (single)

Medication Safety

Adverse Effects

Print

See 'In-Depth Answers' for detailed results.

頻度の高い副作用

Common

- **Gastrointestinal:** Abdominal pain (3.6% to 5%), Diarrhea (up to 5%), Nausea (4.5%), Vomiting (3.6%)
- **Neurologic:** Headache (up to 9.9%)

重大な副作用

Serious

- **Dermatologic:** Cutaneous lupus erythematosus, Erythema multiforme, Stevens-Johnson syndrome, Toxic epidermal necrolysis
- **Gastrointestinal:** Clostridium difficile diarrhea, Fundic gland polyposis of stomach
- **Immunologic:** Anaphylaxis, Systemic lupus erythematosus
- **Musculoskeletal:** Fracture of bone, Rhabdomyolysis
- **Renal:** Tubulointerstitial nephritis, acute

Related Results

- Disease
- Toxicology
- Consumer Drug Information
- Drug Consults
- Index Nominum
- Martindale
- PDR®
- Product Lookup - Martindale
- Product Lookup - RED Book
- Product Lookup - Tox & Drug

Ask Watson

副作用 [Adverse Effects]

In-Depth Answers

RABEPRAZOLE

Drug Classes: Gastric Acid Secretion Inhibitor | Gastrointestinal Agent | All

Routes: **Oral**

Quick Answers | In-Depth Answers | All Results

Dosing/Administration
- Adult Dosing
- Pediatric Dosing
- FDA Uses
- Non-FDA Uses
- Dose Adjustments
- Administration
- Comparative Efficacy
- Place In Therapy

Medication Safety
- Contraindications
- Precautions
- Adverse Effects
- Black Box Warning
- REMS
- Drug Interactions (single)
- IV Compatibility (single)

Medication Safety

Adverse Effects

View Full Document

Print

See 'Quick Answers' for summary results.

Cardiovascular Effects
Dermatologic Effects
Endocrine/Metabolic Effects
Gastrointestinal Effects
Hematologic Effects
Hepatic Effects
Immunologic Effects
Musculoskeletal Effects
Neurologic Effects
Renal Effects
Respiratory Effects
Other

臓器別に表示

Cardiovascular Effects

Rabeprazole Sodium

Peripheral edema

a) Peripheral edema was reported in clinical trials of rabeprazole but either occurred in less than 2% of the patients, or did not occur more often than with placebo [5] [29].

b) Reversible peripheral edema occurred in 5 female patients (range, 26 to 58 years of age) after use of omeprazole, lansoprazole, or pantoprazole for 7 to 15 days. Doses ranged from 20 to 40 mg/day orally. Other symptoms included weight gain and decreases in urine output. Swelling of

Related Results

Disease
Toxicology

Consumer Drug Information
Drug Consults
Index Nominum
Martindale
PDR®
Product Lookup - Martindale
Product Lookup - RED Book
Product Lookup - Tox & Drug

Ask Watson

副作用 ：Rabeprazoleによる尿細管間質性腎炎

In-Depth Answers

RABEPRAZOLE

Quick Answers | In-Depth Answers | All Results

- Dosing/Administration
  - Adult Dosing
  - Pediatric Dosing
  - FDA Uses
  - Non-FDA Uses
  - Dose Adjustments
  - Administration
  - Comparative Efficacy
  - Place In Therapy
- Medication Safety
  - Contraindications
  - Precautions
  - Adverse Effects
  - Black Box Warning
  - REMS
  - Drug Interactions (single)
  - IV Compatibility (single)

Renal Effects

Rabeprazole Sodium

Acute injury of kidney
Chronic kidney disease
Tubulointerstitial nephritis, acute

副作用別

Tubulointerstitial nephritis, acute

a) General Information

1) Has been reported in patients taking proton pump inhibitors (PPI) and may occur at any point during PPI therapy [36][37]

2) May occur at any time during treatment [36][37].

3) Patients may present with varying signs and symptoms from symptomatic hypersensitivity reactions to non-specific symptoms of decreased renal function (eg, malaise, nausea, anorexia). In reported case series, some patients were diagnosed on biopsy and in the absence of extra-renal manifestations (eg, fever, rash or arthralgia) [36][37].

b) Prevention and Management

1) Discontinue treatment and evaluate patients with suspected acute tubulointerstitial nephritis [36][37].

c) Adult Clinical Trials

1) Unspecified indication (oral route): Has been reported; incidence unknown [11][12]

2) A 2007 review of adverse drug reports to the World Health Organization Collaborating Centre for International Drug Monitoring showed that interstitial nephritis had been reported 10 times for rabeprazole, and 159 times for all proton pump inhibitors combined, with a reporting odds ratio for rabeprazole of 8.8 (95% CI, 4.7 to 16.3)[58].

Related Results

- Disease
- Toxicology

- Consumer Drug Information
- Drug Consults
- Index Nominum
- Martindale
- PDR®
- Product Lookup - Martindale
- Product Lookup - RED Book
- Product Lookup - Tox & Drug

Ask Watson

副作用 ：Rabeprazoleによる尿細管間質性腎炎

In-Depth Answers

RABEPRAZOLE

Quick Answers | In-Depth Answers | All Results

- Dosing/Administration
  - Adult Dosing
  - Pediatric Dosing
  - FDA Uses
  - Non-FDA Uses
  - Dose Adjustments
  - Administration
  - Comparative Efficacy
  - Place In Therapy
- Medication Safety
  - Contraindications
  - Precautions
  - Adverse Effects
  - Black Box Warning
  - REMS
  - Drug Interactions (single)
  - IV Compatibility (single)

d) Adult Case Reports 症例報告

1) Acute interstitial nephritis, diagnosed by renal biopsy, occurred in a 62-year-old woman 12 weeks after initiation of rabeprazole therapy for dyspepsia due to suspected gastroesophageal reflux disease. Symptoms upon presentation to the hospital were nausea, urinary frequency, and nocturia, which had been ongoing for 3 weeks, and her blood pressure was 162/82 mmHg. Her other medications had been stable for the past year. At baseline, 3 months prior, her serum creatinine (SCr) was 90 mcmol/L; upon hospital admission it was 140 mcmol/L and increased to 210 mcmol/L within a week. Abnormal lab values included an erythrocyte sedimentation rate of 39 mm/hr and hemoglobin concentration of 127 g/L. C-reactive protein levels were normal. Urinalysis was positive for glucose (2+) but no hematuria or proteinuria was noted. The patient was treated with a prednisone 50 mg daily with a taper, in addition to discontinuation of rabeprazole. Six months later her SCr levels were 110 mcmol/L, slightly higher than her baseline [59].

2) A 57-year-old man who had been taking rabeprazole 20 mg daily for 2 months for reflux esophagitis was diagnosed with acute interstitial nephritis upon renal biopsy. Upon presentation to the hospital, the patient had a 3-week history of fever, chills, polyuria, and headache. Abnormal lab results showed elevated serum creatinine (SCr) of 307 mcmol/L (3.47 mg/dL) and an erythrocyte sedimentation rate of 67 mm/hour. Rabeprazole was withdrawn and the patient's renal function improved steadily with an 18-month postdischarge SCr level of 150 mcmol/L (1.7 mg/dL) (baseline prior to event 112 mcmol/L or 1.27 mg/dL) [58].

e) Postmarketing

1) Interstitial nephritis has been reported with postmarketing use [5][29]

See Drug Consult reference: Proton Pump Inhibitor-Induced Acute Renal Injury

Related Results

- Disease
- Toxicology
- Consumer Drug Information
- Drug Consults
- Index Nominum
- Martindale
- PDR®
- Product Lookup - Martindale
- Product Lookup - RED Book
- Product Lookup - Tox & Drug

具体的な用量・服用期間・
症状・転記などを確認できる

Ask Watson

DRUGDEX®でできること　－添付文書にない情報を入手－

適応外使用の効果・推奨度・
エビデンスレベル

同種同効薬の
比較データ

副作用の詳細

Special Population における投与(量)

妊婦・授乳婦

腎・肝障害患者

高齢者

小児

静注剤の配合適合性

薬物相互作用による
予後や治療介入への影響

過量服用時の
中毒症状・対処法

中毒用量 [Toxicology] - [Range of Toxicity]

Quick Answers

※ Toxicology は [Quick Answers] にしか記載がない

Carbamazepine

Drug Classes: Anticonvulsant | Antimanic | All

Routes: **Oral**

Regulatory Authority

FDA

Quick Answers | In-Depth Answers | All Results

- Dosing/Administration
  - Adult Dosing
  - Pediatric Dosing
  - FDA Uses
  - Non-FDA Uses
  - Dose Adjustments
  - Administration
- Patient Education
  - Medication Counseling
  - Patient Handouts
- Toxicology
  - Clinical Effects 人体への影響
  - Range of Toxicity 毒性範囲
  - Treatment 処置(治療)
- About

Toxicology

Range of Toxicity

中毒に陥る最小致死量、具体的な症状、症例報告等を確認できる

CARBAMAZEPINE

- TOXICITY: Patients may develop mild signs of toxicity at therapeutic doses and serum drug concentrations should be monitored when symptoms are consistent with toxicity. Lowest reported fatal ingestions in an adult was 3.2 g, and in a toddler was 1.6 g. Adults have survived ingestions of 40 g with intensive supportive care. Peak serum levels less than 30 mcg/mL are generally associated with mild to moderate toxicity, while peak levels above 40 mcg/mL may be associated with coma, seizures, and hypotension. Children may have more severe effects at lower serum levels. A 7-year-old boy became comatose after ingesting 2000 mg (100 mg/kg). THERAPEUTIC DOSE: Adult: 400 to 1600 mg/day depending on indication. Pediatric: Up to 6 years of age: 10 to 35 mg/kg day. Age 6 to 12 years: 200 to 1000 mg/day depending on indication. Therapeutic concentrations are in the range of 4 to 12 mg/L.

Related Results

- Alternative Medicine
- Disease
- Toxicology

- Consumer Drug Information
- Drug Consults
- Index Nominum
- Martindale
- PDR®
- Product Lookup - Martindale
- Product Lookup - RED Book
- Product Lookup - Tox & Drug

Ask Watson

DRUGDEX®でできること　－添付文書にない情報を入手－

適応外使用の効果・推奨度・
エビデンスレベル

同種同効薬の
比較データ

副作用の詳細

Special Population における投与(量)

妊婦・授乳婦

腎・肝障害患者

高齢者

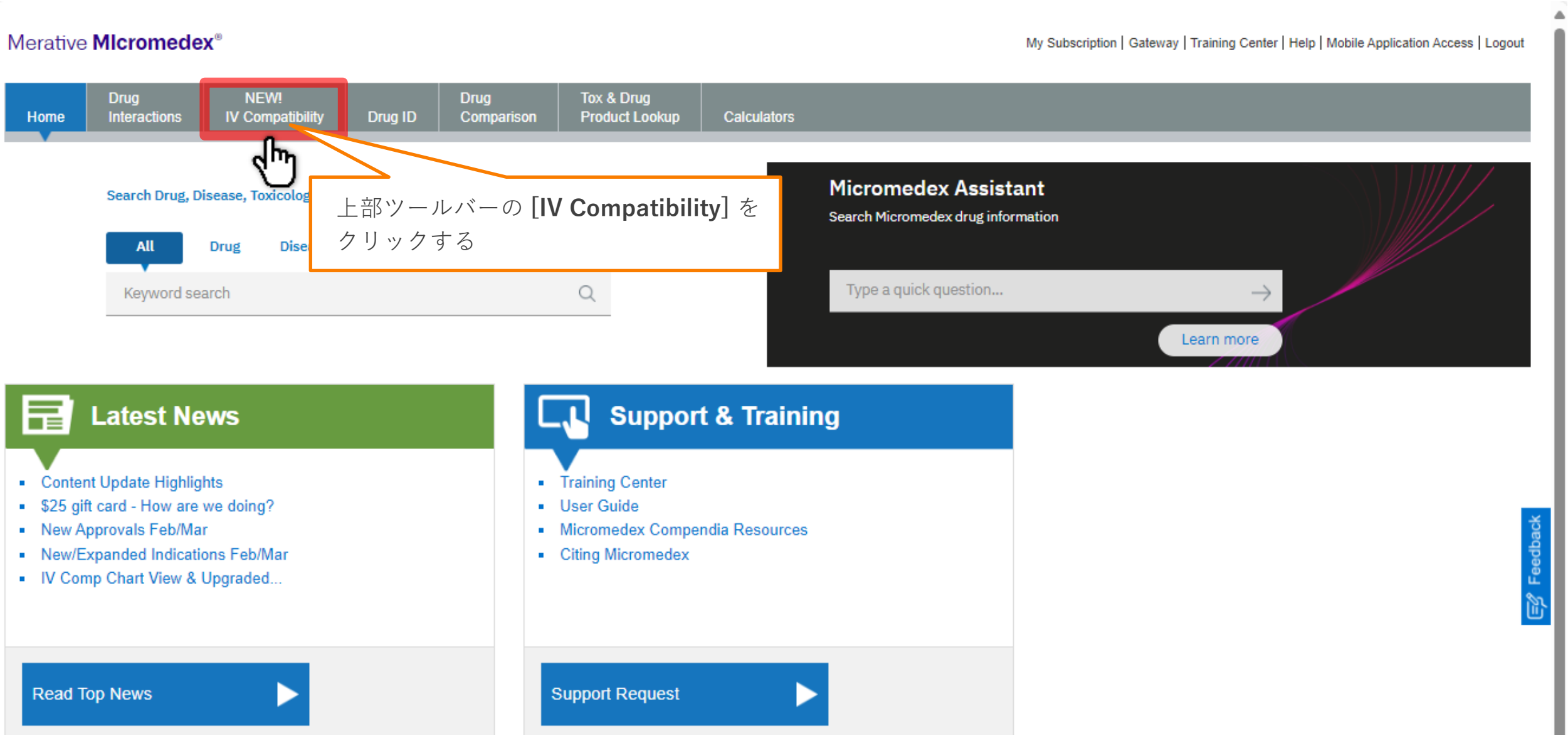
小児

静注剤の配合適合性

薬物相互作用による
予後や治療介入への影響

過量服用時の
中毒症状・対処法

ホーム画面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NEW! IV Compatibility
Drug ID
Drug Comparison
Tox & Drug Product Lookup
Calculators
上部ツールバーの [IV Compatibility] をクリックする
Search Drug, Disease, Toxicolog
All
Drug
Dise
Keyword search
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Type a quick question...
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Content Update Highlights
$25 gift card - How are we doing?
New Approvals Feb/Mar
New/Expanded Indications Feb/Mar
IV Comp Chart View & Upgraded...
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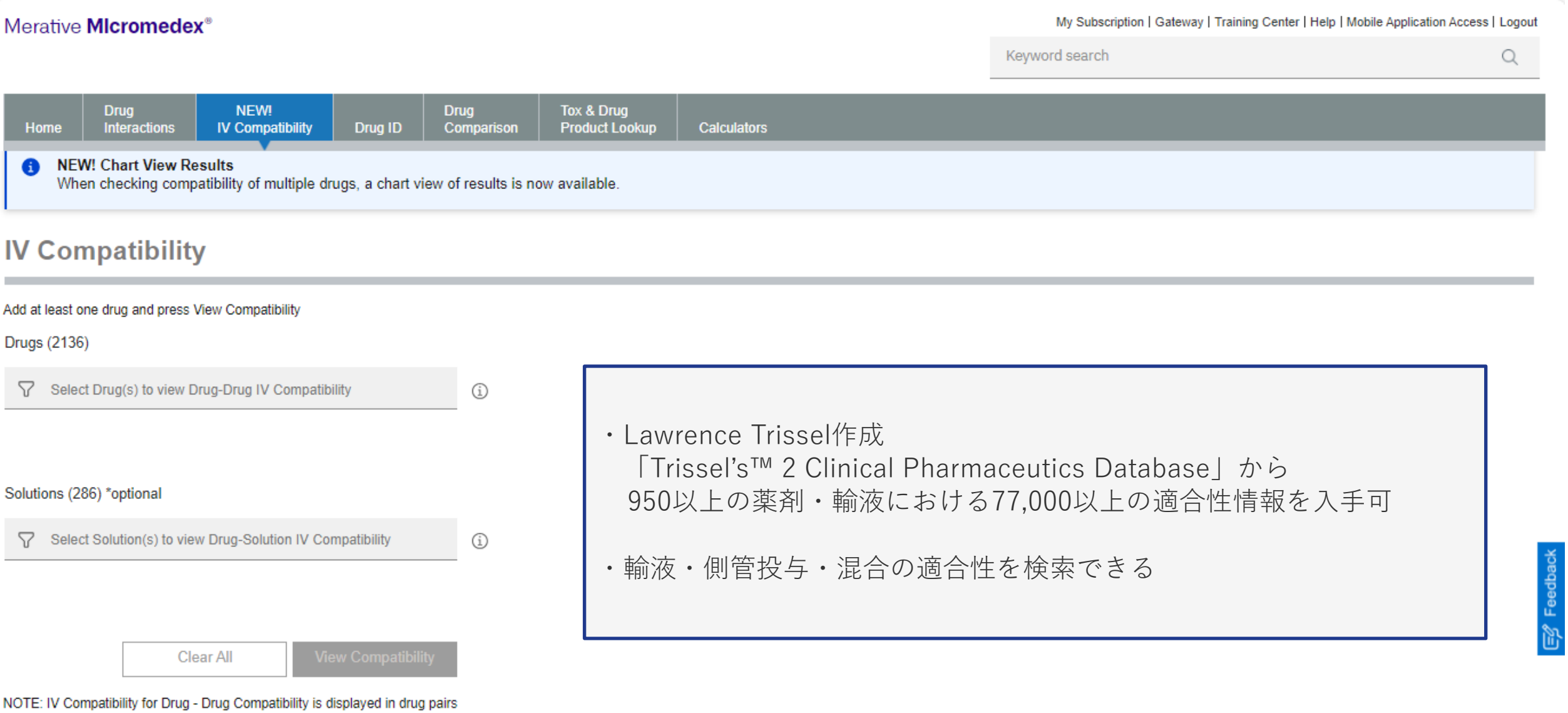
Support & Training
Training Center
User Guide
Micromedex Compendia Resources
Citing Micromedex
Support Request
Feedback

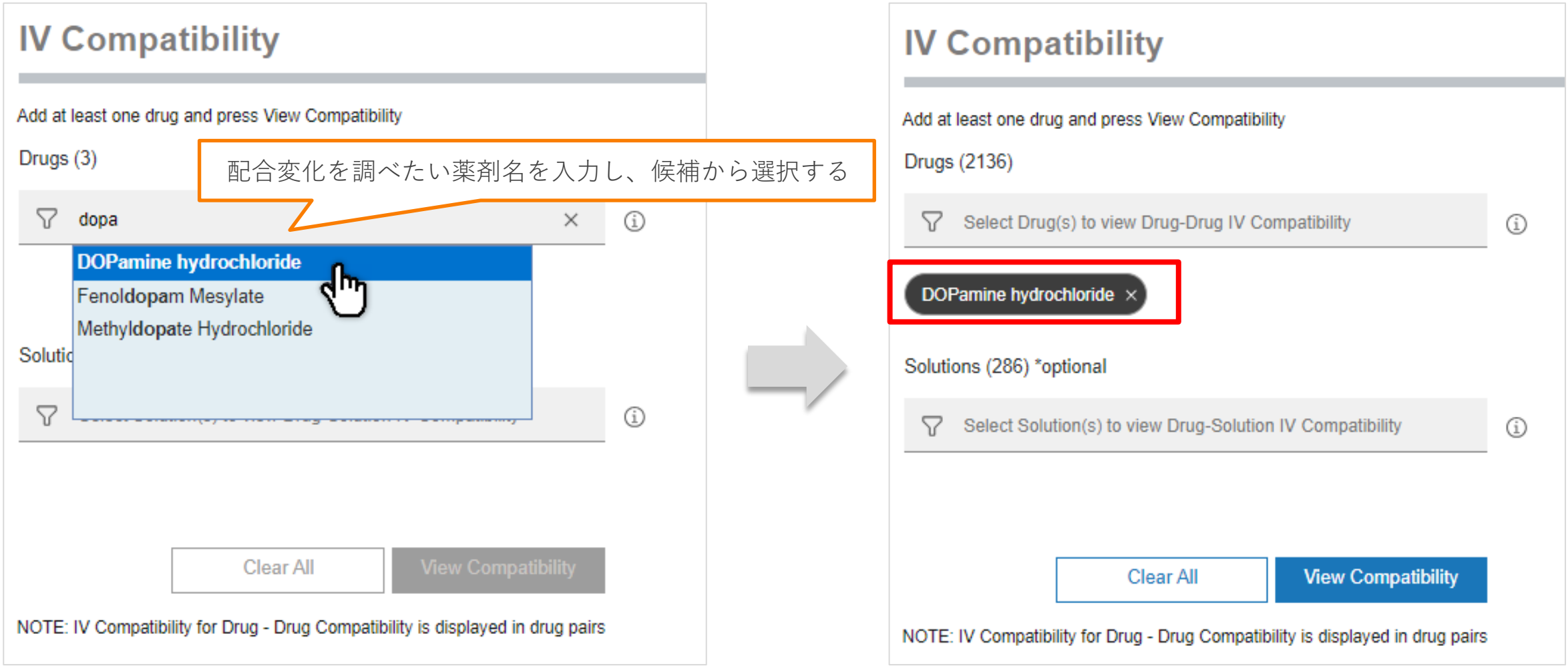
IV Compativility



・Lawrence Trissel作成
「Trissel's™ 2 Clinical Pharmaceutics Database」から
950以上の薬剤・輸液における77,000以上の適合性情報を入手可

・輸液・側管投与・混合の適合性を検索できる

検索方法

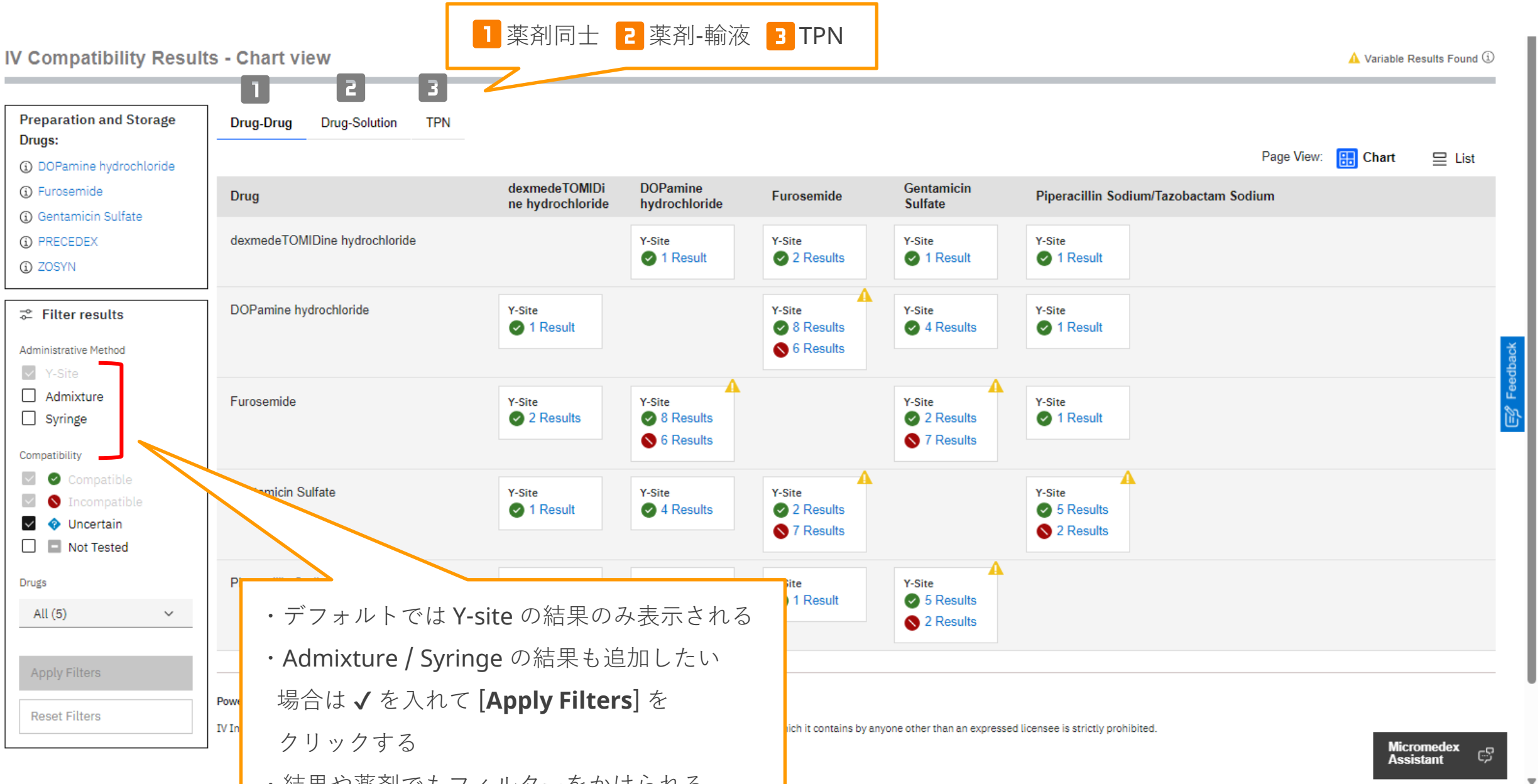

IV Compatibility
Add at least one drug and press View Compatibility
Drugs (3)
配合変化を調べたい薬剤名を入力し、候補から選択する
dopa
DOPamine hydrochloride
Fenoldopam Mesylate
Methyldopate Hydrochloride
Clear All
View Compatibility
NOTE: IV Compatibility for Drug - Drug Compatibility is displayed in drug pairs
IV Compatibility
Add at least one drug and press View Compatibility
Drugs (2136)
Select Drug(s) to view Drug-Drug IV Compatibility
DOPamine hydrochloride
Solutions (286) *optional
Select Solution(s) to view Drug-Solution IV Compatibility
Clear All
View Compatibility
NOTE: IV Compatibility for Drug - Drug Compatibility is displayed in drug pairs

検索方法


IV Compatibility
Add at least one drug and press View Compatibility
Drugs (2136)
Select Drug(s) to view Drug-Drug IV Compatibility
DOPamine hydrochloride
Furosemide
Gentamicin Sulfate
PRECEDEX
ZOSYN
Solutions (286) *optional
Select Solution(s) to view Drug-Solution IV Compatibility
Clear All
View Compatibility
NOTE: IV Compatibility for Drug - Drug Compatibility is displayed in drug pairs
複数（それぞれ）の配合変化を調べることも可能
すべて選択出来たら [View Compatibility] をクリックする

検索結果　チャート形式で表示

1 薬剤同士　2 薬剤-輸液　3 TPN



- デフォルトでは Y-site の結果のみ表示される
- Admixture / Syringe の結果も追加したい場合は ✓ を入れて [**Apply Filters**] をクリックする
- 結果や薬剤でもフィルターをかけられる

（参考）フィルターの内容

Administrative Method

☐ Y-Site： 側管投与時の配合変化（Y 字管を使って別の注射剤を同時投与した際の配合変化）

☐ Admixture： 注射剤の点滴バッグ内での配合変化

☐ Syringe： 注射剤のシリンジ内での配合変化

Compatibility

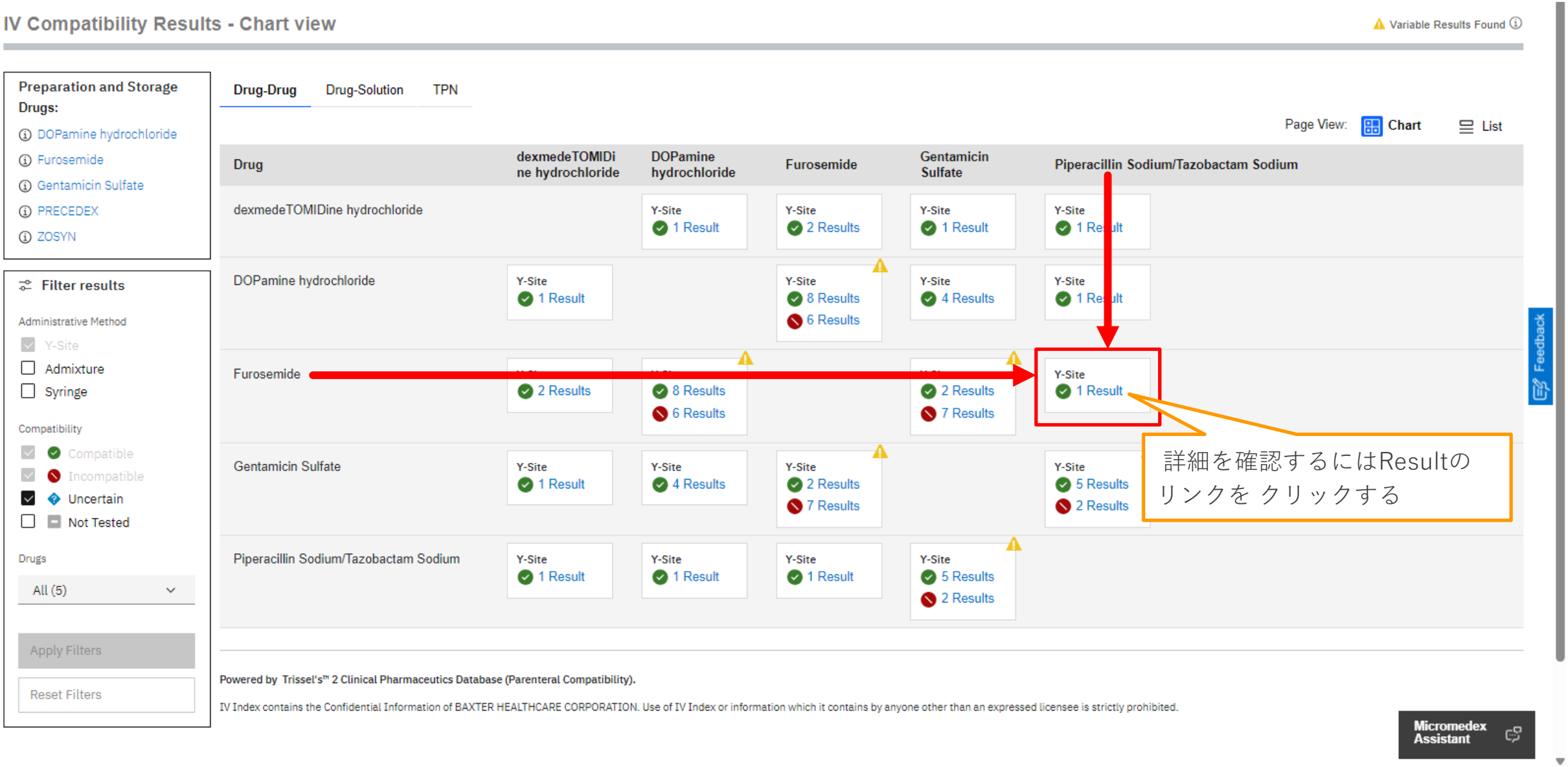
☐ Compatible：適合

☐ Incompatible：非適合

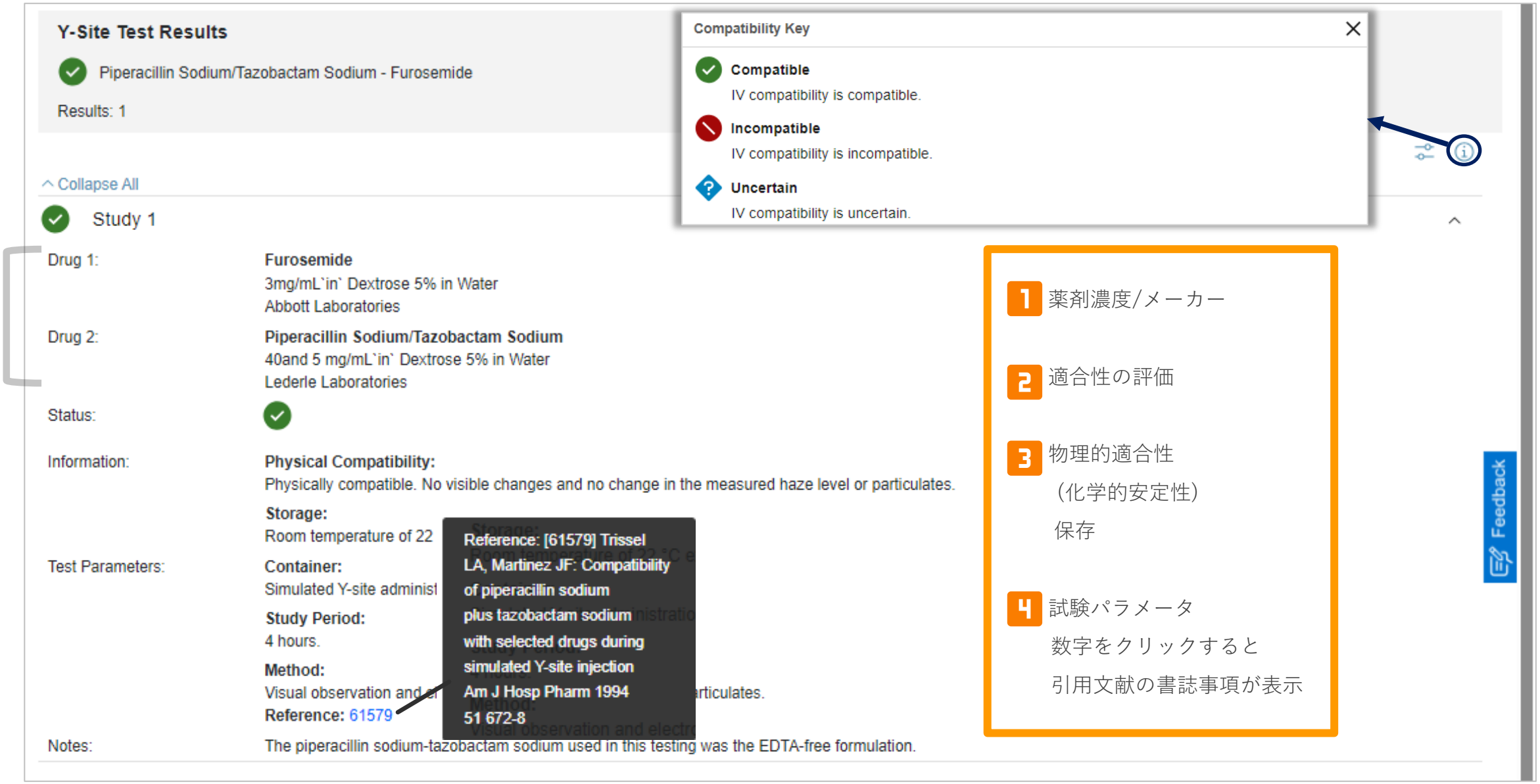
☐ Uncertain：不明

☐ Not Tested：未試験

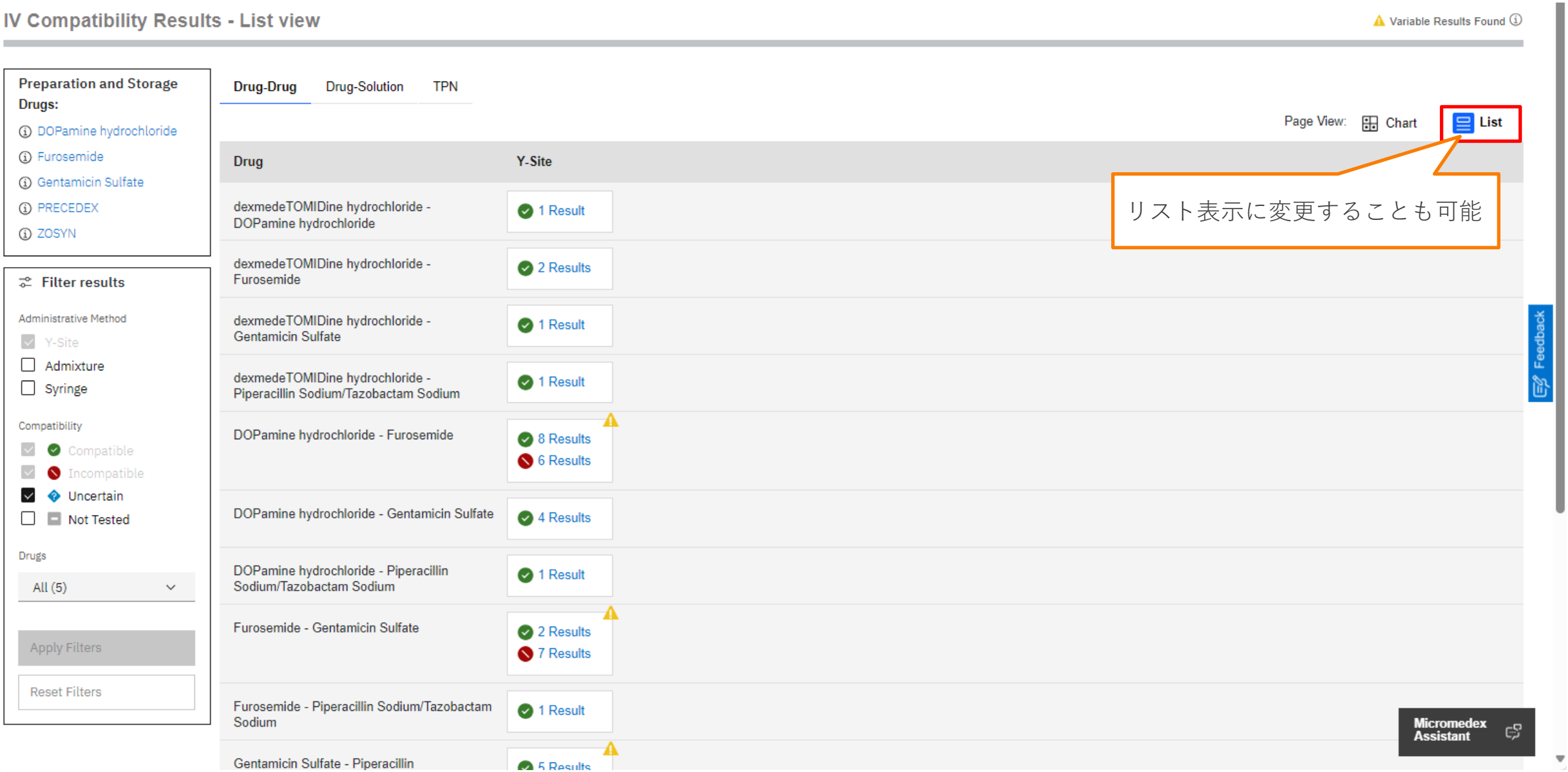
検索結果


IV Compatibility Results - Chart view
Variable Results Found
Preparation and Storage Drugs:
DOPamine hydrochloride
Furosemide
Gentamicin Sulfate
PRECEDEX
ZOSYN
Filter results
Administrative Method
Y-Site
Admixture
Syringe
Compatibility
Compatible
Incompatible
Uncertain
Not Tested
Drugs
All (5)
Apply Filters
Reset Filters
Drug-Drug
Drug-Solution
TPN
Page View:
Chart
List
Drug
dexmedeTOMIDine hydrochloride
DOPamine hydrochloride
Furosemide
Gentamicin Sulfate
Piperacillin Sodium/Tazobactam Sodium
dexmedeTOMIDine hydrochloride
DOPamine hydrochloride
Furosemide
Gentamicin Sulfate
Piperacillin Sodium/Tazobactam Sodium
Y-Site
1 Result
2 Results
8 Results
6 Results
4 Results
7 Results
5 Results
詳細を確認するにはResultの
リンクを クリックする
Feedback
Powered by Trissel's™ 2 Clinical Pharmaceutics Database (Parenteral Compatibility).
IV Index contains the Confidential Information of BAXTER HEALTHCARE CORPORATION. Use of IV Index or information which it contains by anyone other than an expressed licensee is strictly prohibited.
Micromedex Assistant

検索結果　詳細


Y-Site Test Results
Piperacillin Sodium/Tazobactam Sodium - Furosemide
Results: 1
Compatibility Key
Compatible
IV compatibility is compatible.
Incompatible
IV compatibility is incompatible.
Uncertain
IV compatibility is uncertain.
Collapse All
Study 1
1
Drug 1:
Furosemide
3mg/mL`in` Dextrose 5% in Water
Abbott Laboratories
Drug 2:
Piperacillin Sodium/Tazobactam Sodium
40and 5 mg/mL`in` Dextrose 5% in Water
Lederle Laboratories
2
Status:
3
Information:
Physical Compatibility:
Physically compatible. No visible changes and no change in the measured haze level or particulates.
Storage:
Room temperature of 22
4
Test Parameters:
Container:
Simulated Y-site administ
Study Period:
4 hours.
Method:
Visual observation and el
articulates.
Reference: 61579
Reference: [61579] Trissel LA, Martinez JF: Compatibility of piperacillin sodium plus tazobactam sodium with selected drugs during simulated Y-site injection Am J Hosp Pharm 1994 51 672-8
Notes:
The piperacillin sodium-tazobactam sodium used in this testing was the EDTA-free formulation.
Feedback
1 薬剤濃度/メーカー
2 適合性の評価
3 物理的適合性
(化学的安定性)
保存
4 試験パラメータ
数字をクリックすると
引用文献の書誌事項が表示

検索結果　表示方法の変更



DRUGDEX®でできること　－添付文書にない情報を入手－

適応外使用の効果・推奨度・
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同種同効薬の
比較データ

副作用の詳細

Special Population における投与(量)

妊婦・授乳婦

腎・肝障害患者

高齢者

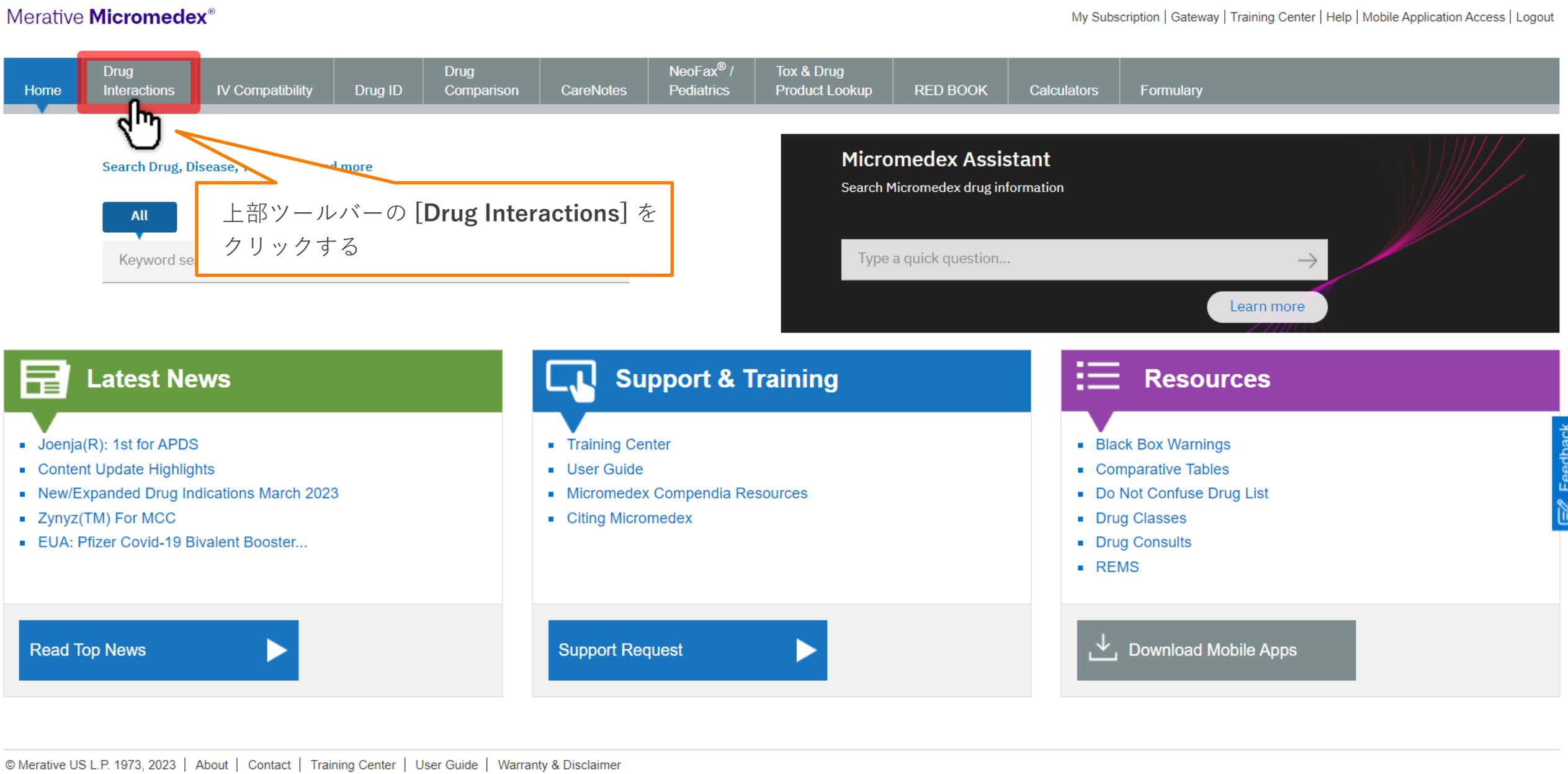
小児

静注剤の配合適合性

薬物相互作用による
予後や治療介入への影響

過量服用時の
中毒症状・対処法

ホーム画面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Formulary
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more
All
Keyword se
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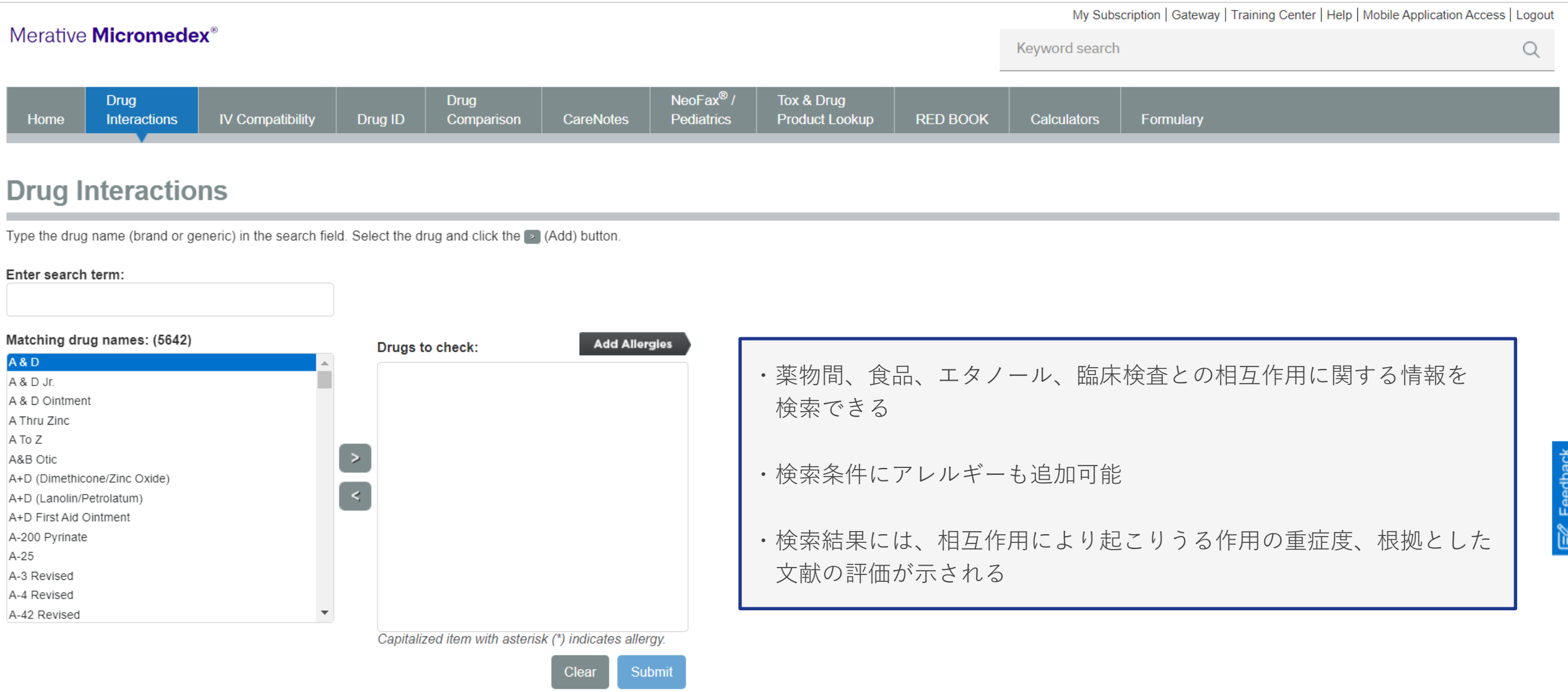
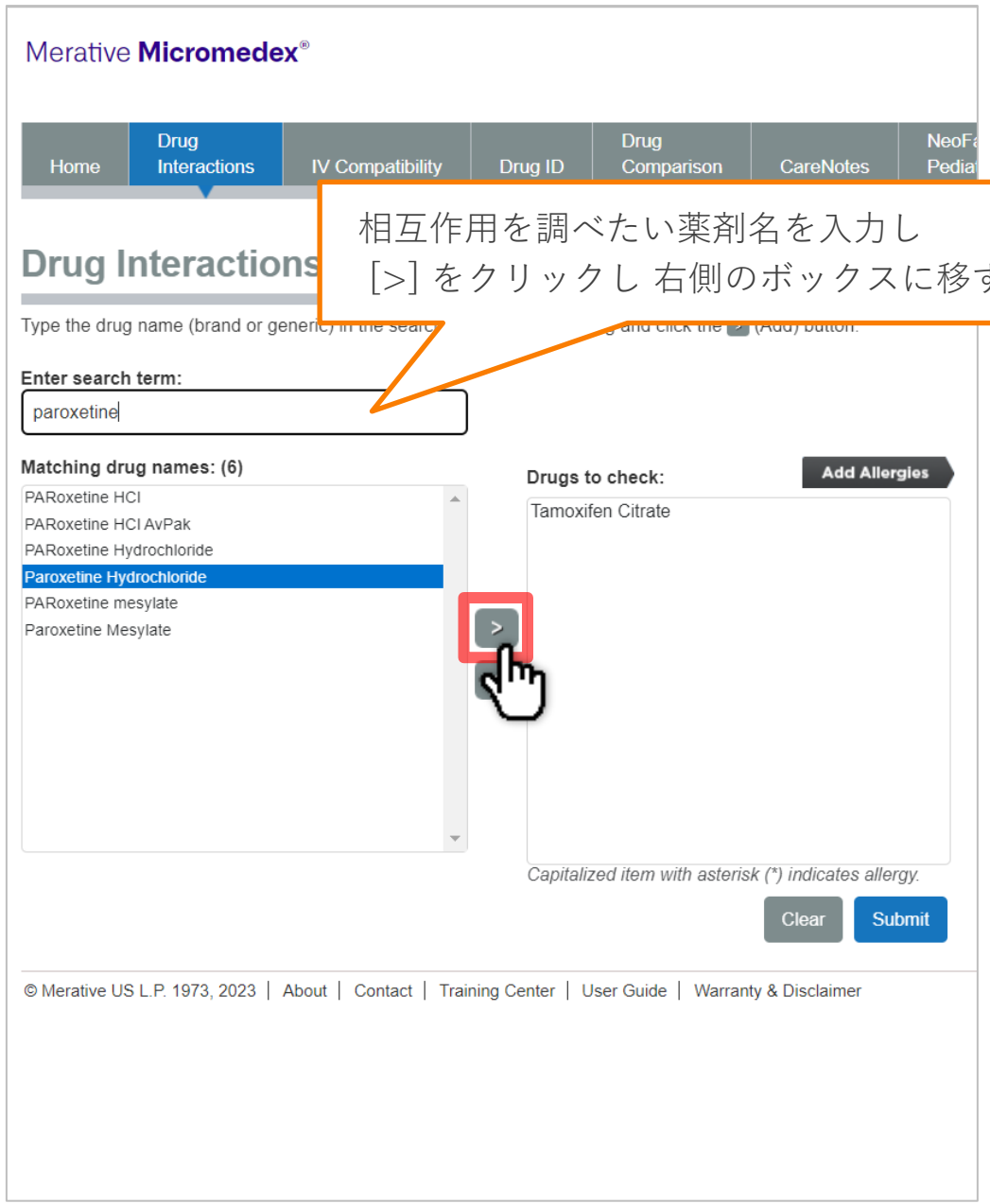
Drug Interactions



- 薬物間、食品、エタノール、臨床検査との相互作用に関する情報を検索できる
- 検索条件にアレルギーも追加可能
- 検索結果には、相互作用により起こりうる作用の重症度、根拠とした文献の評価が示される

検索方法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Home
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IV Compatibility
Drug ID
Drug Comparison
CareNotes
Drug Interactions
Type the drug name (brand or generic) in the search field. Select the drug and click the > (Add) button.
Enter search term:
paroxetine
Matching drug names: (6)
PARoxetine HCl
PARoxetine HCl AvPak
PARoxetine Hydrochloride
Paroxetine Hydrochloride
PARoxetine mesylate
Paroxetine Mesylate
Drugs to check:
Add Allergies
Tamoxifen Citrate
Capitalized item with asterisk (*) indicates allergy.
Clear
Submit
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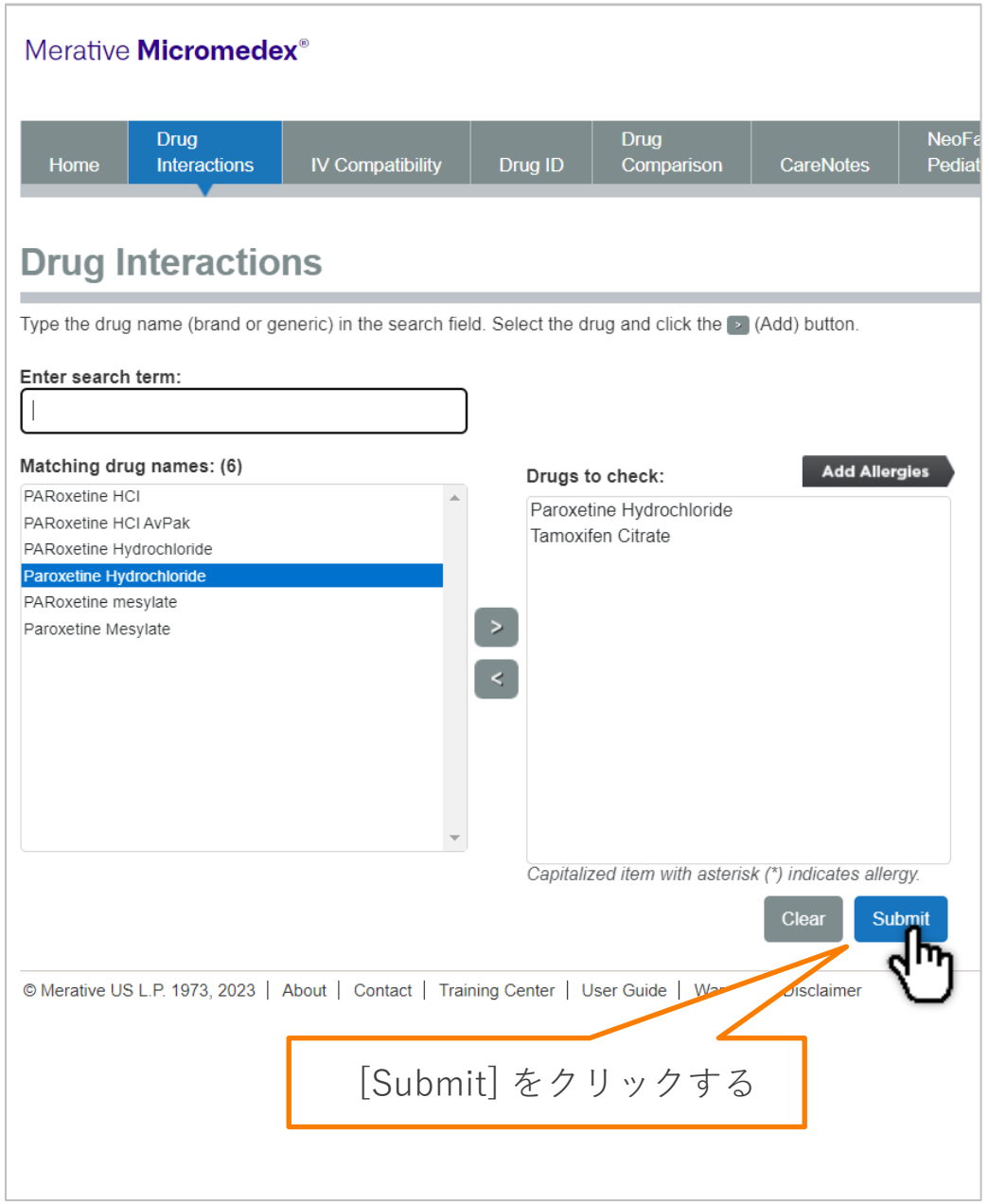
相互作用を調べたい薬剤名を入力し
[>] をクリックし 右側のボックスに移す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Drug ID
Drug Comparison
CareNotes
Drug Interactions
Type the drug name (brand or generic) in the search field. Select the drug and click the > (Add) button.
Enter search term:
Matching drug names: (6)
PARoxetine HCl
PARoxetine HCl AvPak
PARoxetine Hydrochloride
Paroxetine Hydrochloride
PARoxetine mesylate
Paroxetine Mesylate
Drugs to check:
Add Allergies
Paroxetine Hydrochloride
Tamoxifen Citrate
Capitalized item with asterisk (*) indicates allergy.
Clear
Submit
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[Submit] をクリックする

検索結果　相互作用により起こりうる作用の重症度 / 根拠とした文献の評価 が示される

※相互作用の有無ではない

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Drug Interaction Results

Modify Interactions

Print

Refine by: Drugs: All　Severity: All　Documentation: All　Type: All

Jump To: DRUG-DRUG (1) | Ingredient Duplication (0) | ALLERGY (0) | FOOD (0) | ETHANOL (1) | LAB (0) | TOBACCO (0) | PREGNANCY (2) | LACTATION (2)

Drug-Drug Interactions (1)

Drugs:	Severity:	Documentation:	Summary:
PAROXETINE HYDROCHLORIDE -- TAMOXIFEN CITRATE	S Major	Good	Concurrent use of PAROXETINE and TAMOXIFEN may result in decreased plasma concentration of the active metabolite of tamoxifen.

詳細を確認するには薬名のリンクをクリックする

それぞれクリックすると評価の定義を確認できる

Ingred

Drug-ALLERGY Interactions (None found)

Drug-FOOD Interactions (None found)

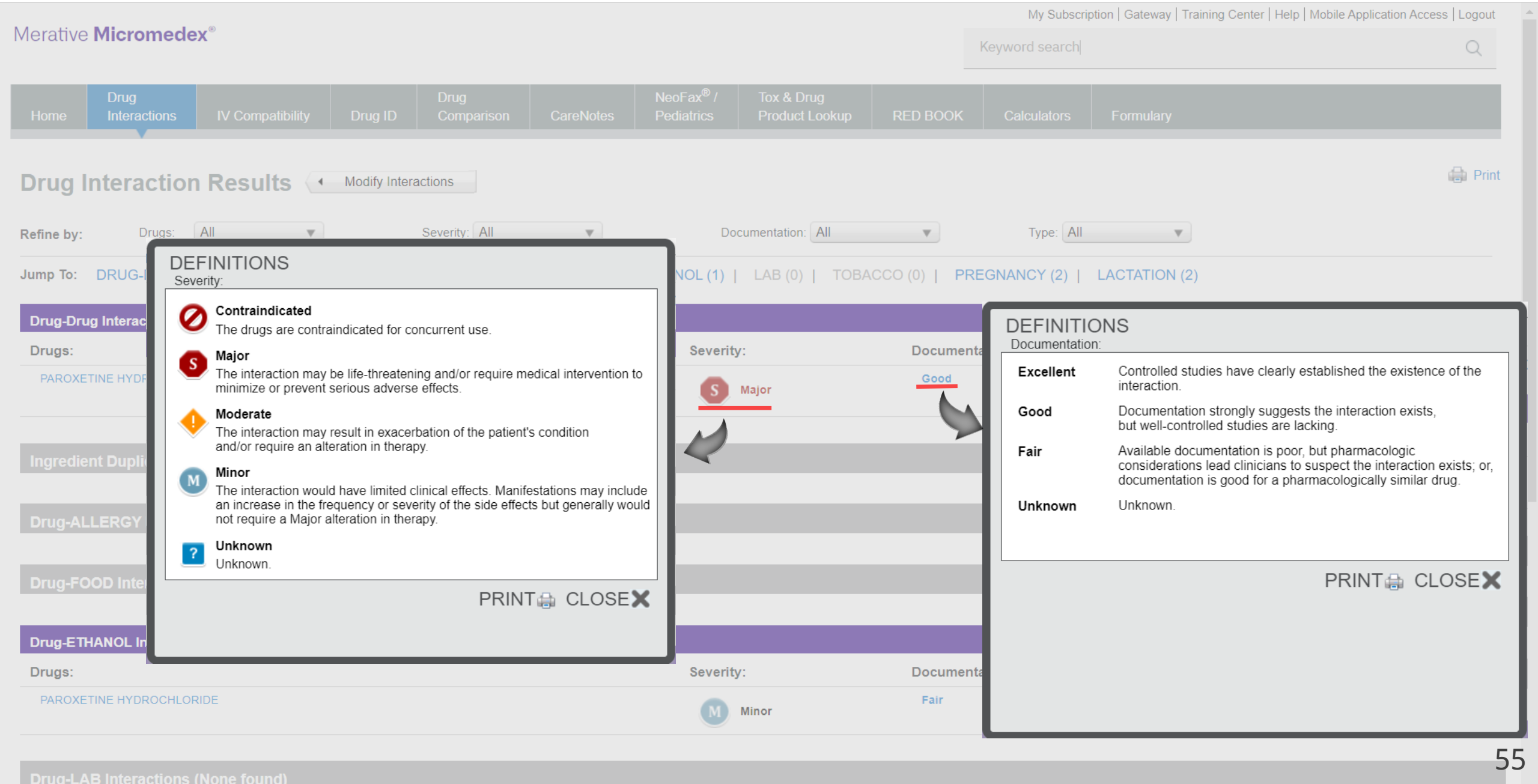
Drug-ETHANOL Interactions (1)

Drugs:	Severity:	Documentation:	Summary:
PAROXETINE HYDROCHLORIDE	M Minor	Fair	Concurrent use of ETHANOL and PAROXETINE may result in an increased risk of impairment of mental and motor skills.

Drug-LAB Interactions (None found)

Feedback

検索結果　評価の定義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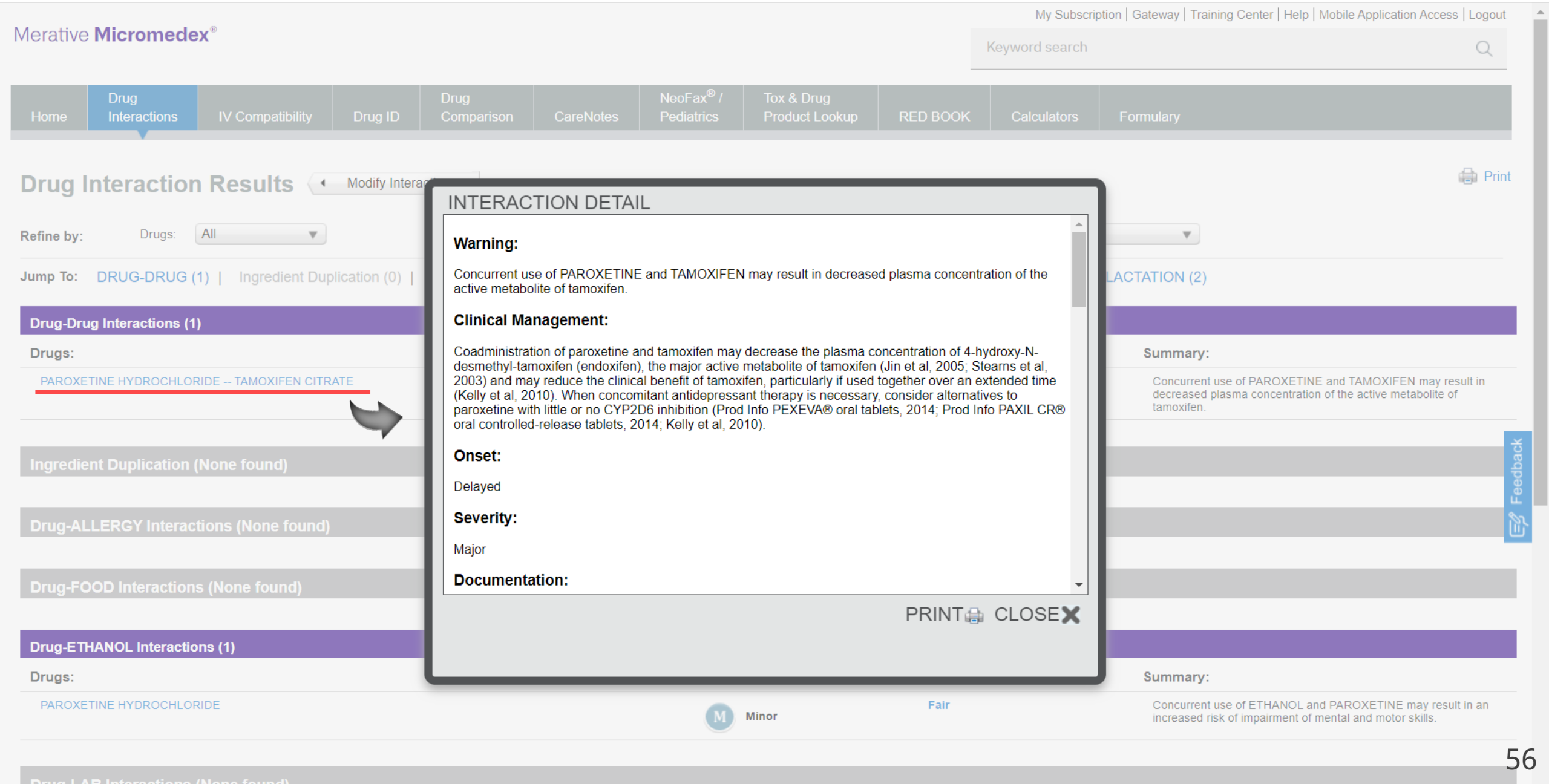
Drug Interaction Results
Modify Interactions
Print
Refine by:
Drugs: All
Severity: All
Documentation: All
Type: All
Jump To:
NOL (1) | LAB (0) | TOBACCO (0) | PREGNANCY (2) | LACTATION (2)
Drug-Drug Interac
Drugs:
PAROXETINE HYDR
Severity:
Major
Documenta
Good
Ingredient Dupli
Drug-ALLERGY
Drug-FOOD Inte
Drug-ETHANOL In
Drugs:
PAROXETINE HYDROCHLORIDE
Severity:
Minor
Documenta
Fair
Drug-LAB Interactions (None found)
DEFINITIONS
Severity:
Contraindicated
The drugs are contraindicated for concurrent use.
Major
The interaction may be life-threatening and/or require medical intervention to minimize or prevent serious adverse effects.
Moderate
The interaction may result in exacerbation of the patient's condition and/or require an alteration in therapy.
Minor
The interaction would have limited clinical effects. Manifestations may include an increase in the frequency or severity of the side effects but generally would not require a Major alteration in therapy.
Unknown
Unknown.
PRINT
CLOSE
DEFINITIONS
Documentation:
Excellent
Controlled studies have clearly established the existence of the interaction.
Good
Documentation strongly suggests the interaction exists, but well-controlled studies are lacking.
Fair
Available documentation is poor, but pharmacologic considerations lead clinicians to suspect the interaction exists; or, documentation is good for a pharmacologically similar drug.
Unknown
Unknown.
PRINT
CLOSE

検索結果　詳細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Formulary
Drug Interaction Results
Modify Interac
Print
Refine by:
Drugs:
All
Jump To:
DRUG-DRUG (1) |
Ingredient Duplication (0) |
LACTATION (2)
Drug-Drug Interactions (1)
Drugs:
Summary:
PAROXETINE HYDROCHLORIDE -- TAMOXIFEN CITRATE
Concurrent use of PAROXETINE and TAMOXIFEN may result in decreased plasma concentration of the active metabolite of tamoxifen.
Ingredient Duplication (None found)
Drug-ALLERGY Interactions (None found)
Drug-FOOD Interactions (None found)
Drug-ETHANOL Interactions (1)
Drugs:
Summary:
PAROXETINE HYDROCHLORIDE
M
Minor
Fair
Concurrent use of ETHANOL and PAROXETINE may result in an increased risk of impairment of mental and motor skills.
Drug-LAB Interactions (None found)
INTERACTION DETAIL
Warning:
Concurrent use of PAROXETINE and TAMOXIFEN may result in decreased plasma concentration of the active metabolite of tamoxifen.
Clinical Management:
Coadministration of paroxetine and tamoxifen may decrease the plasma concentration of 4-hydroxy-N-desmethyl-tamoxifen (endoxifen), the major active metabolite of tamoxifen (Jin et al, 2005; Stearns et al, 2003) and may reduce the clinical benefit of tamoxifen, particularly if used together over an extended time (Kelly et al, 2010). When concomitant antidepressant therapy is necessary, consider alternatives to paroxetine with little or no CYP2D6 inhibition (Prod Info PEXEVA® oral tablets, 2014; Prod Info PAXIL CR® oral controlled-release tablets, 2014; Kelly et al, 2010).
Onset:
Delayed
Severity:
Major
Documentation:
PRINT
CLOSE
Feedback

DRUGDEX® 検索方法（応用編）

Micromedex　検索方法

【基本的な検索の手順】

step1. 検索ボックスに「**英語の薬名 / 疾患名**」を入力し検索

step2. 薬剤のページにたどり着いたら、ご覧になりたいセクション(項目)をクリック

step3. 必要な情報のレベルによってタブを切り替え

簡潔な情報が必要 → Quick Answers

詳細な情報が必要 → In-Depth Answers

【検索方法 詳細】

① 商品名(英字表記)で検索　基本

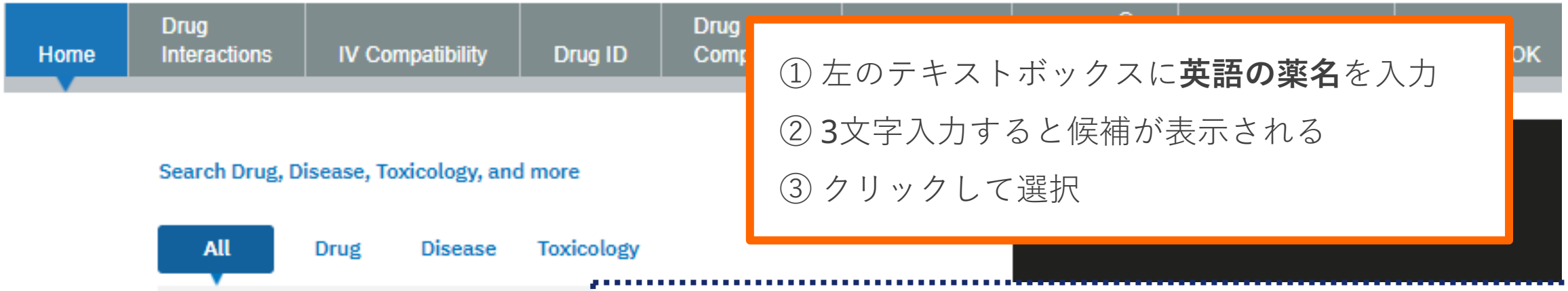
② ある疾患に対する治療薬を検索

③ ある副作用をもつ薬剤を症状で検索

④ 適応外使用の疾患名で検索

応用

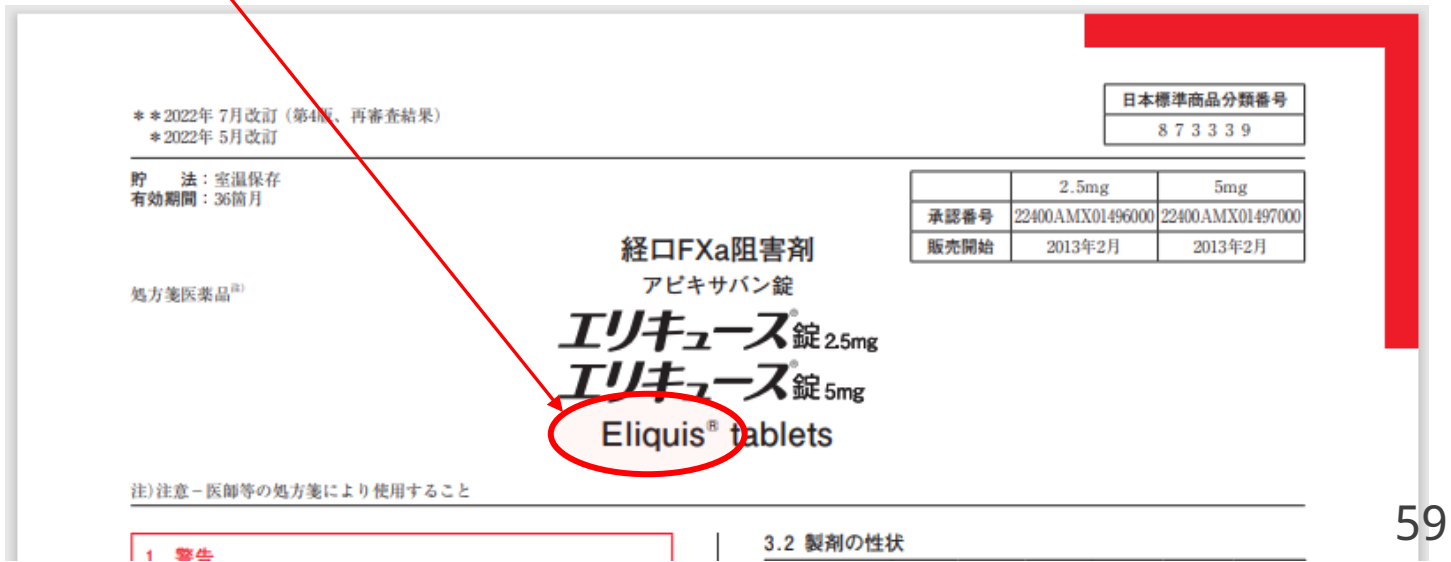
検索方法 ①　- 商品名(英字表記)で検索 -



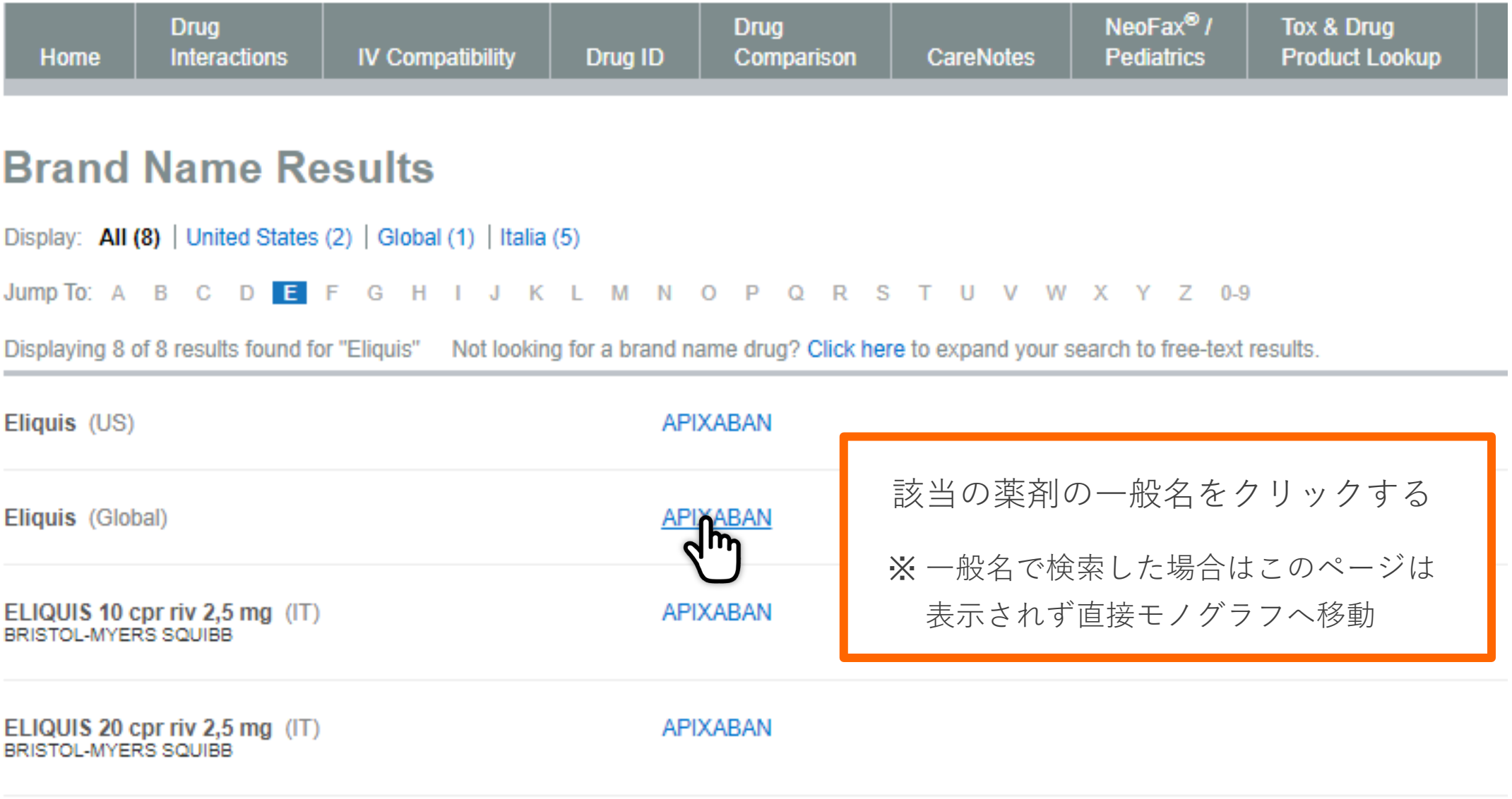
① 左のテキストボックスに**英語の薬名**を入力
② 3文字入力すると候補が表示される
③ クリックして選択

※商品名(英字表記)で検索可

（添付文書）



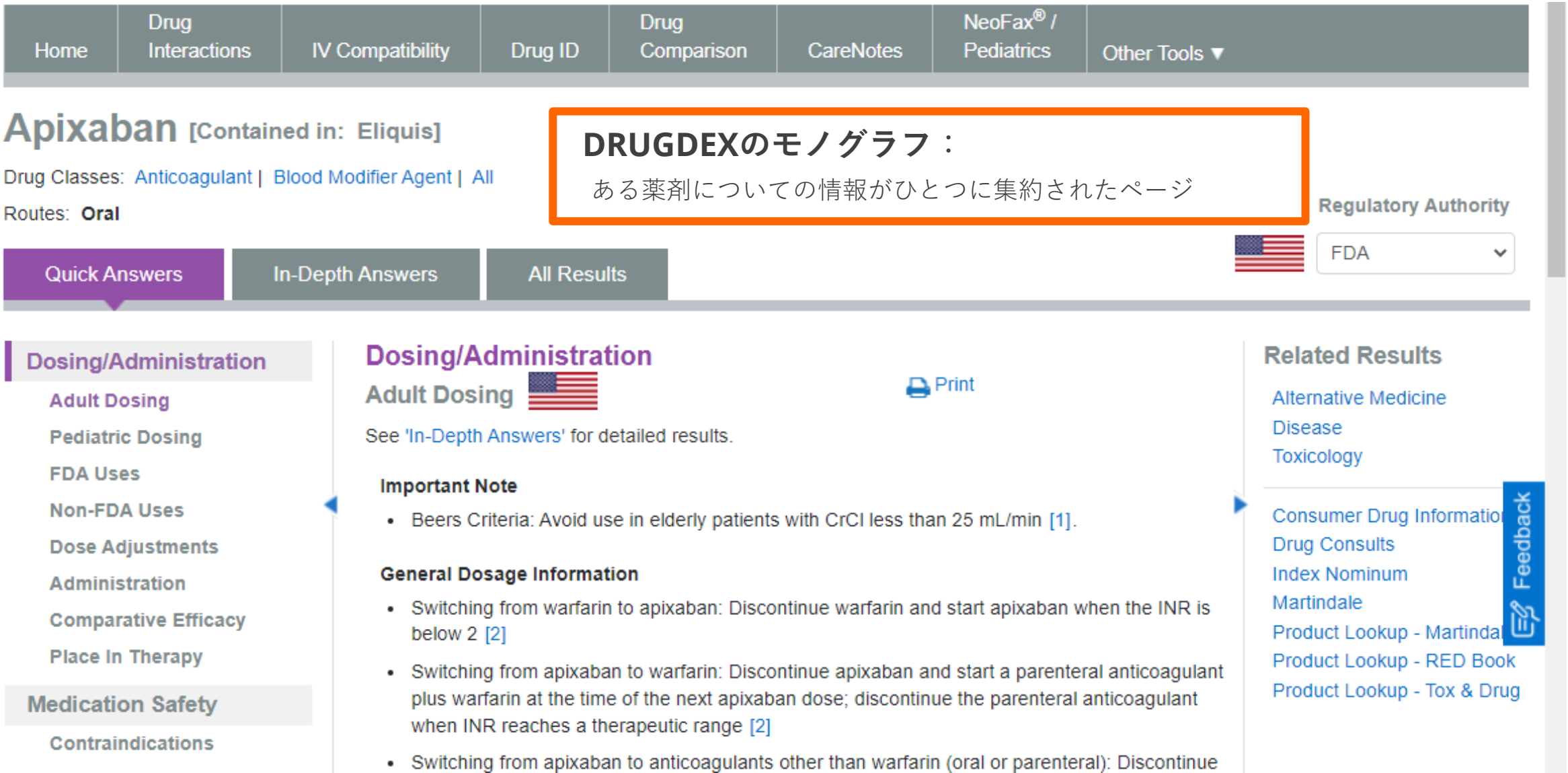
検索方法 ①　- 商品名(英字表記)で検索 -



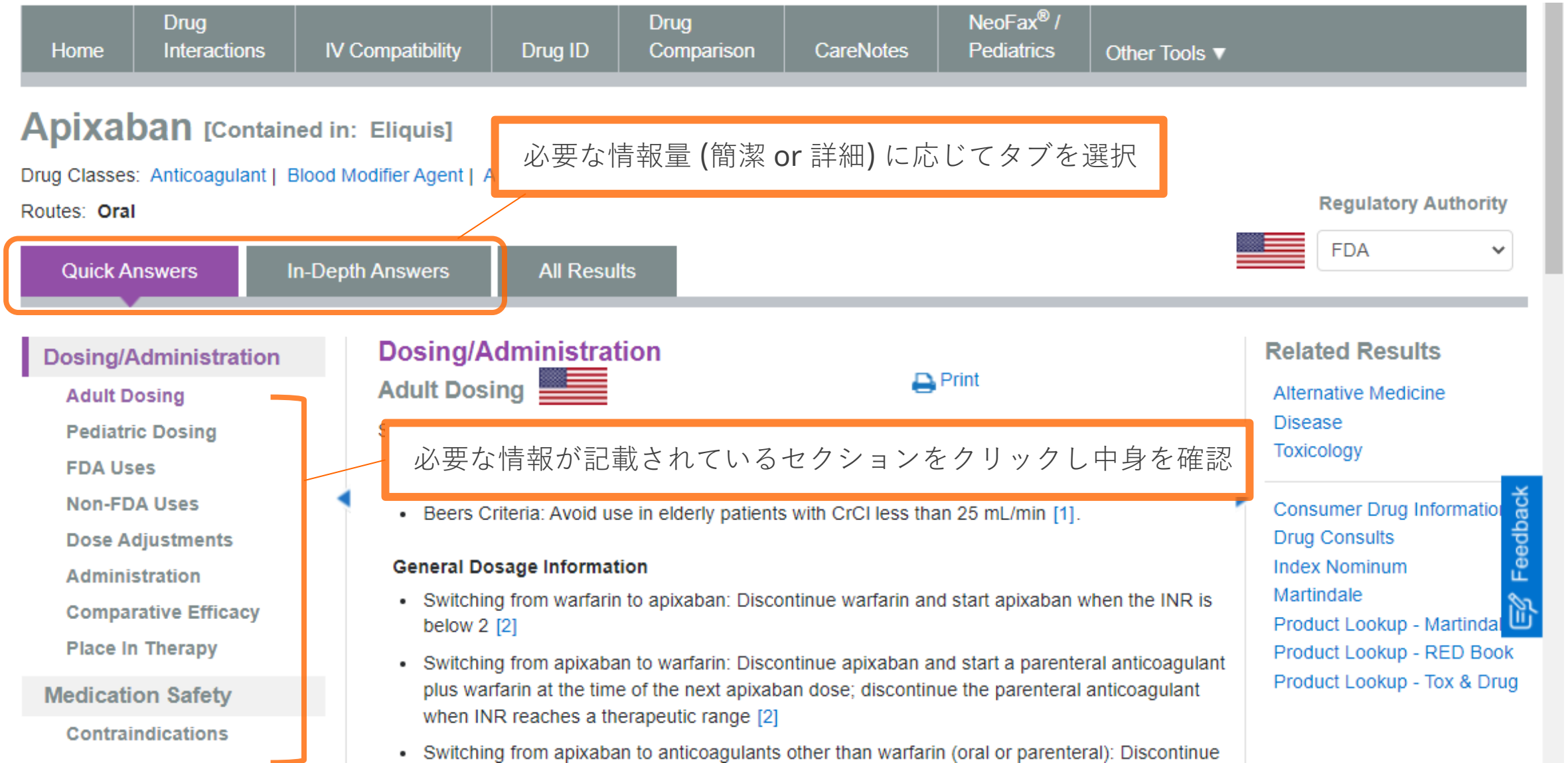
該当の薬剤の一般名をクリックする

※ 一般名で検索した場合はこのページは
表示されず直接モノグラフへ移動

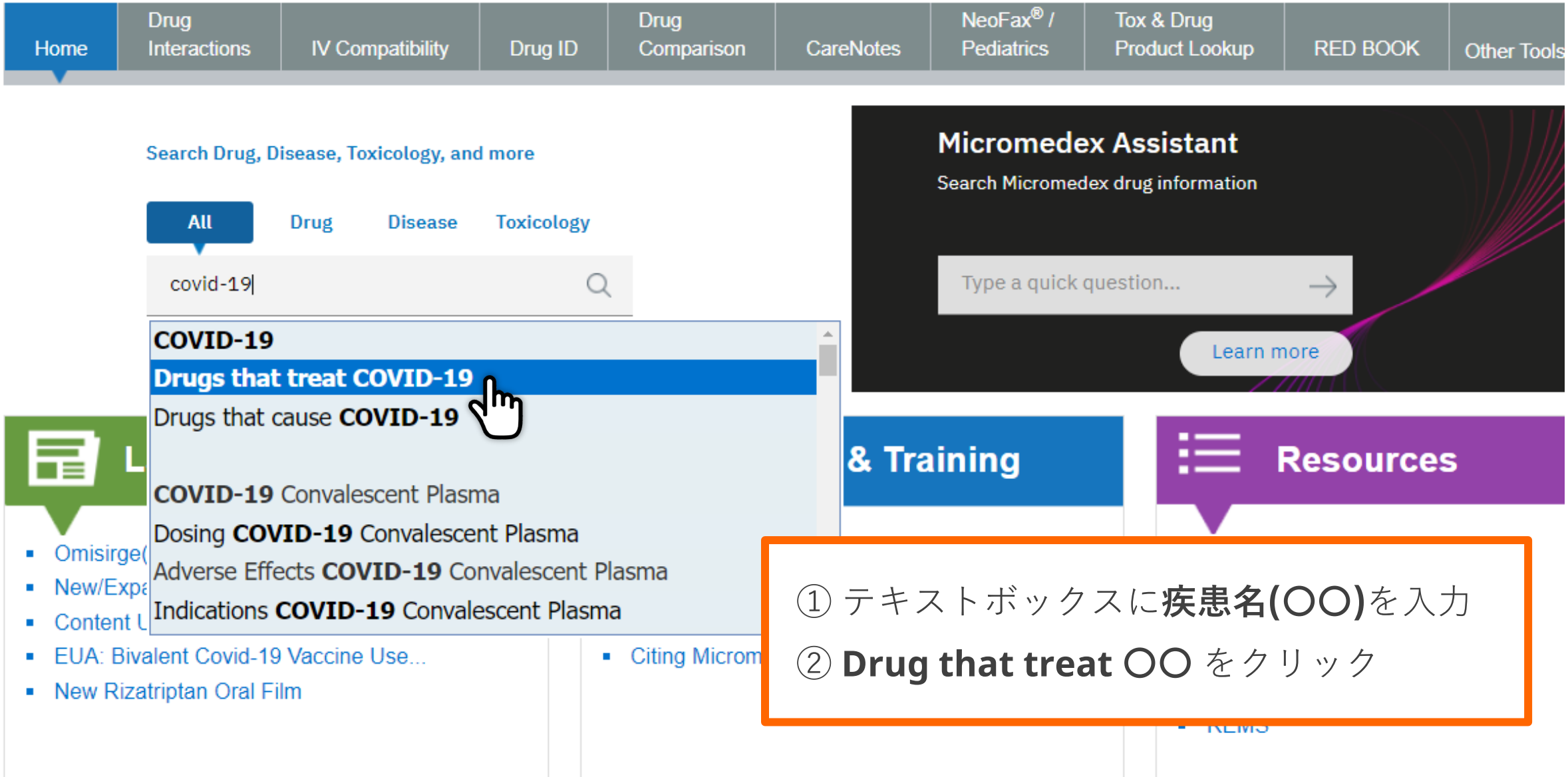
検索方法 ①　- 商品名(英字表記)で検索 -



検索方法 ①　- 商品名(英字表記)で検索 -



検索方法 ②　- ある疾患に対する治療薬を検索 -



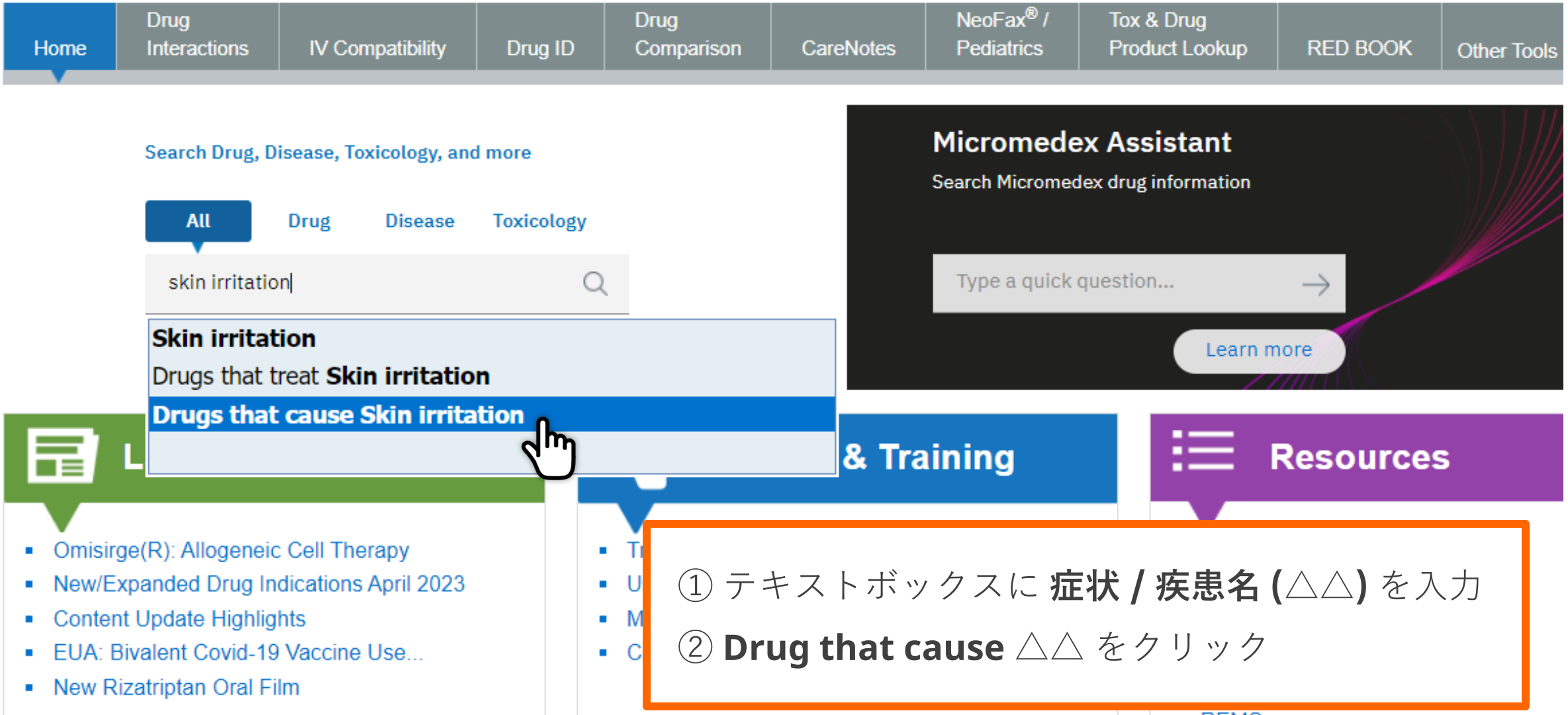
① テキストボックスに**疾患名(〇〇)**を入力

② **Drug that treat 〇〇** をクリック

検索方法 ②　- ある疾患に対する治療薬を検索 -

検索方法 ②　- ある疾患に対する治療薬を検索 -

検索方法 ③　- ある副作用をもつ薬剤を症状で検索 -



① テキストボックスに **症状 / 疾患名 (△△)** を入力

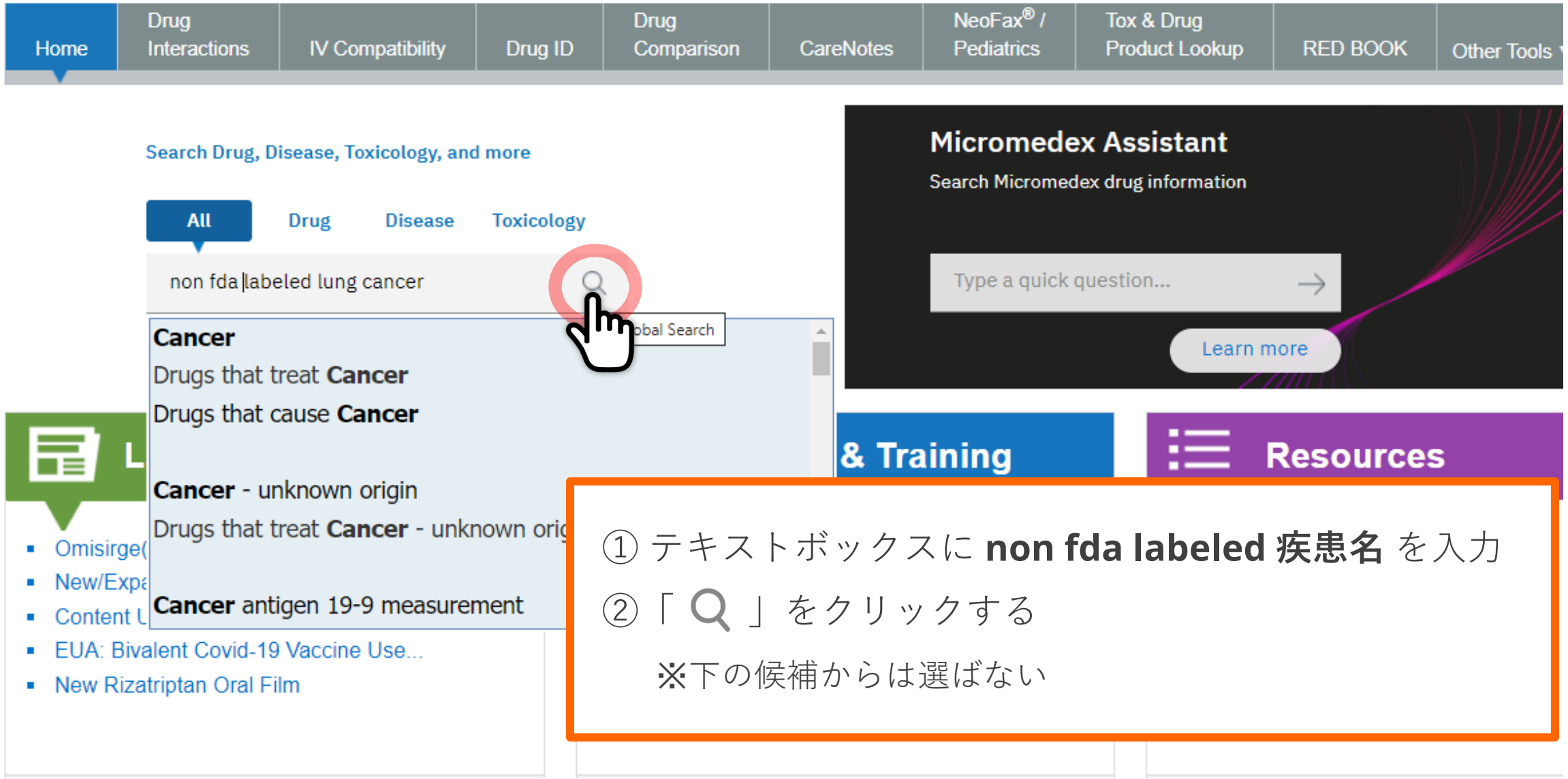
② **Drug that cause** △△ をクリック

検索方法 ③　- ある副作用をもつ薬剤を症状で検索 -

副作用に「skin irritation」を含む薬剤が一覧で表示される

→ 薬剤ごとに詳細をみるには薬剤名をクリック

検索方法 ④　- 適応外使用の疾患名で検索 -

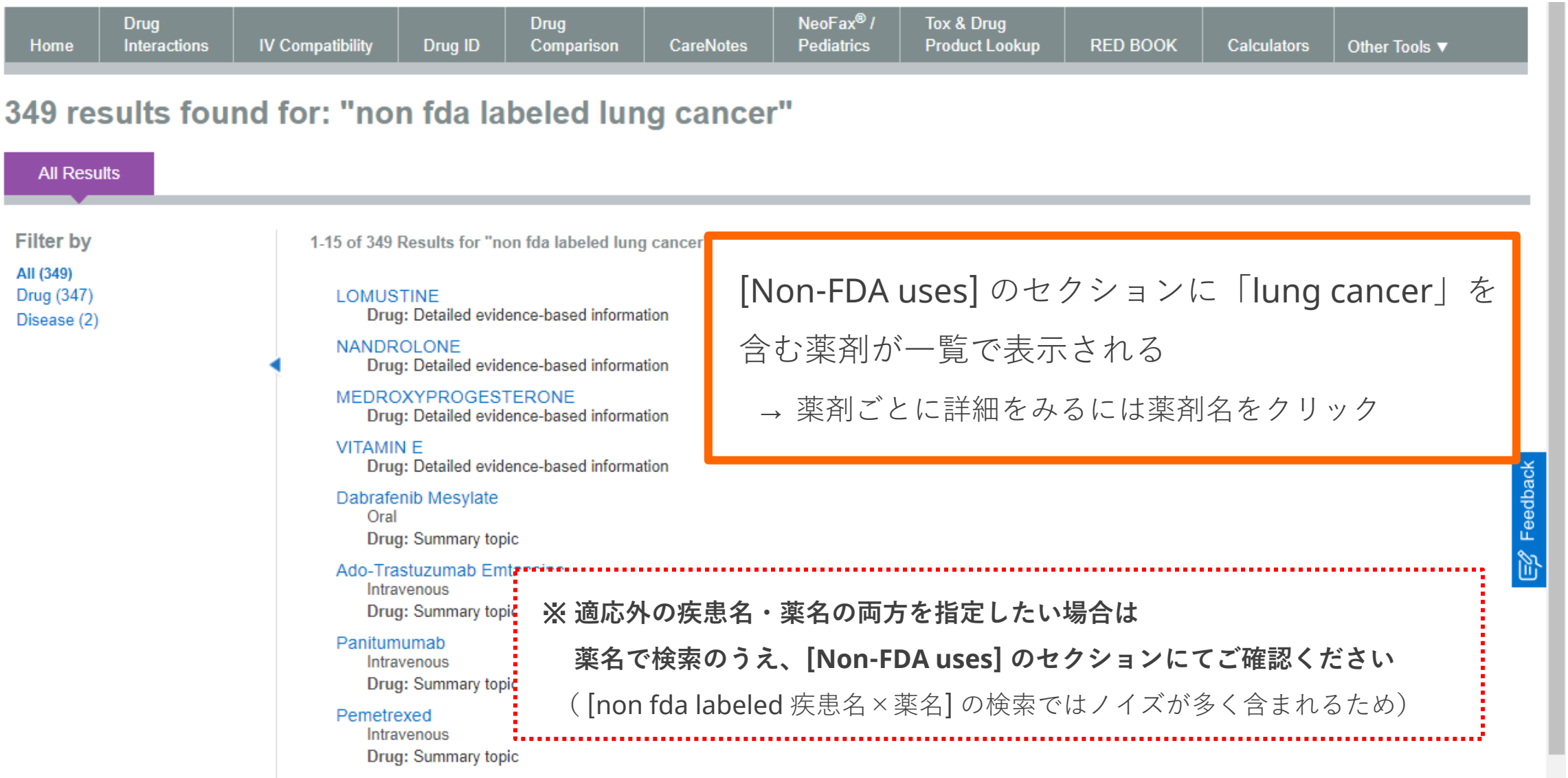


① テキストボックスに **non fda labeled 疾患名** を入力

②「 🔍 」をクリックする

※下の候補からは選ばない

検索方法 ④　- 適応外使用の疾患名で検索 -



[Non-FDA uses] のセクションに「lung cancer」を含む薬剤が一覧で表示される

→ 薬剤ごとに詳細をみるには薬剤名をクリック

※ 適応外の疾患名・薬名の両方を指定したい場合は

薬名で検索のうえ、[Non-FDA uses] のセクションにてご確認ください

（[non fda labeled 疾患名×薬名] の検索ではノイズが多く含まれるため）

Micromedex　検索方法

【基本的な検索の手順】

step1. 検索ボックスに「**英語の薬名 / 疾患名**」を入力し検索

step2. 薬剤のページにたどり着いたら、ご覧になりたいセクション(項目)をクリック

step3. 必要な情報のレベルによってタブを切り替え

簡潔な情報が必要 → Quick Answers

詳細な情報が必要 → In-Depth Answers

【検索方法 詳細】

① 商品名(英字表記)で検索　基本

② ある疾患に対する治療薬を検索

③ ある副作用をもつ薬剤を症状で検索

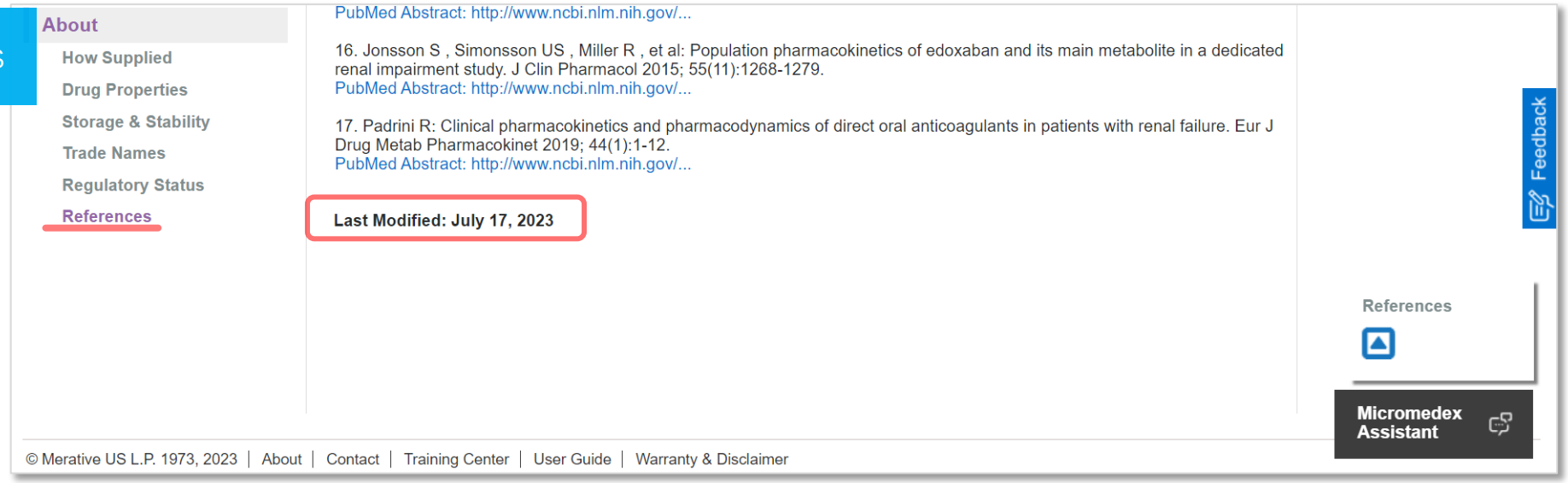
④ 適応外使用の疾患名で検索

応用

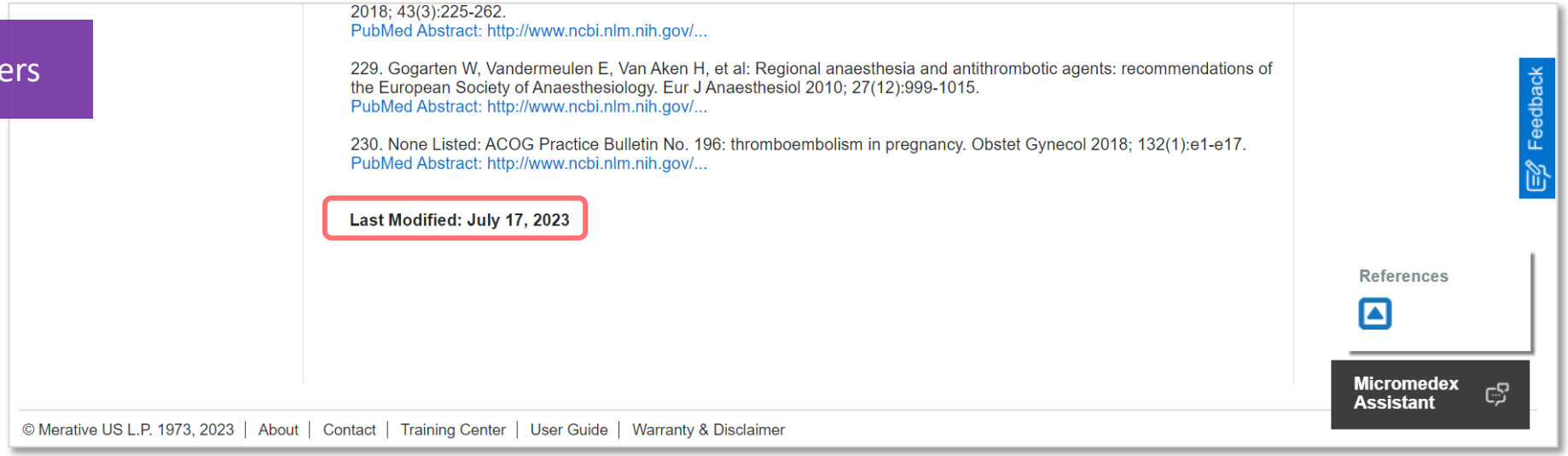
DRUGDEX® アップデート

最終更新日　タブごとに References 最下部に表示

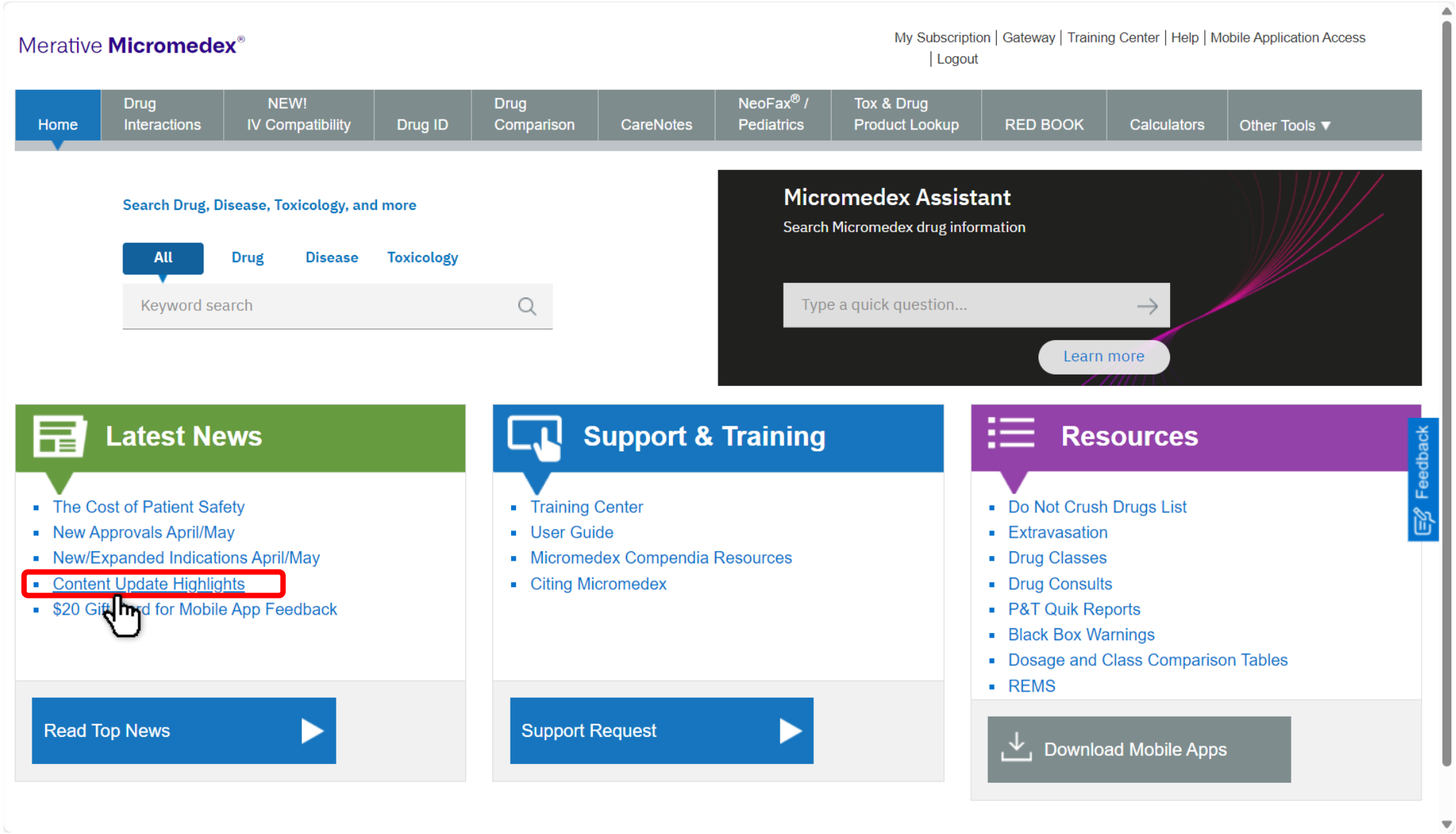
Quick Answers



In-Depth Answers



アップデート情報（最新）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アップデート情報（最新）

◆ 直近の「厳選されたコンテンツアップデート」が表示

◆ 2週間ごとに更新

アップデート情報（最新）

Last Update: 4/25/2024

Latest News

CLOSE X

SGLT2阻害剤・GLP-1受容体作動薬：2型糖尿病(併用療法)

SGLT2 inhibitors, GLP-1 receptor agonists: Type 2 diabetes mellitus (combination therapy)

Drugs include: dapagliflozin, canagliflozin, empagliflozin, liraglutide, dulaglutide, albiglutide, exenatide, lixisenatide

Example: canagliflozin

Ahmad A & Sabbour H: Effectiveness and safety of the combination of sodium-glucose transport protein 2 inhibitors and gluca in patients with type 2 diabetes mellitus: a systematic review and meta-analysis of observational studies. Cardiovasc Diabetol

https://www.micromedexsolutions.com/micromedex2/librarian/PFActionId/pf.signInNLink/FwdActionId/hcs.external.RetrieveDc EVALS/DocId/3022/topicId/fdaUsesSection

Comparative Efficacy: SGLT2 inhibitors - DPP-4 inhibitors (sitagliptin, linagliptin)

Example: canagliflozin - sitagliptin

Sung HL, Hung CY, Tung YC, et al: Comparison between sodium-glucose cotransporter 2 inhibitors and dipeptidyl peptidase cancer in patients with diabetes mellitus: a real-world evidence study. Diabetes Metab Res Rev 2024; 40(3):e3784.

https://www.micromedexsolutions.com/micromedex2/librarian/PFActionId/pf.signInNLink/FwdActionId/hcs.external.RetrieveDc EVALS/DocId/3022/topicId/comparativeEfficacyAndEvaluationWithOtherTherapiesSection

GLP-1 receptor agonists (semaglutide, tirzepatide, liraglutide): Adverse Effects; Psychiatric Effects; anxiety, depress

Example: semaglutide

Tobaiqy M & Elkout H: Psychiatric adverse events associated with semaglutide, liraglutide and tirzepatide: a pharmacovigilan reports submitted to the EudraVigilance database. Int J Clin Pharm 2024; 46(2):488-495.

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Cardiovascular Diabetology BMC

Journal Article

Cardiovasc Diabetol. 2024; 23: 99. PMCID: PMC10949729

Published online 2024 Mar 18. doi: 10.1186/s12933-024-02192-4 PMID: 38500154

Effectiveness and safety of the combination of sodium–glucose transport protein 2 inhibitors and glucagon-like peptide-1 receptor agonists in patients with type 2 diabetes mellitus: a systematic review and meta-analysis of observational studies

Aftab Ahmad[1,2] and Hani Sabbour[3,4,5]

Author information ▸ Article notes ▸ Copyright and License information PMC Disclaimer

Associated Data

- Supplementary Materials
- Data Availability Statement

Abstract

Go to: ▸

アップデート情報（直近）

Latest News

CLOSE X

***Tranexamic acid: Hemoptysis トラネキサム酸：喀血**

Alkazemi A, Kovacevic M, Dube K, et al: Effectiveness of nebulized tranexa
medical center. J Aerosol Med Pulm Drug Deliv 2023; 36(6):309-315.

Messika J, Prat D, & Sztrymf B: Tranexamic acid inhalations in nonmassive

Wand O, Guber E, Guber A, et al: Inhaled tranexamic acid for hemoptysis tr

Non-FDA Uses FDA適応外

https://www.micromedexsolutions.com/micromedex2/librarian/PFActionId/pf
EVALS/DocId/0848/topicId/nonFdaUsesSection

Adult Dosing 成人用量

https://www.micromedexsolutions.com/micromedex2/librarian/PFActionId/ev

***Alteplase: Frostbite, Severe**

Wibbenmeyer L, Lacey AM, Endorf FW, et al: American Burn Association cli
Epub:Epub.

Hickey S, Whitson A, Jones L, et al: Guidelines for thrombolytic therapy for f

Twomey JA, Peltier GL, & Zera RT: An open-label study to evaluate the safe
Trauma 2005; 59(6):1350-1355.

Non-FDA Uses

https://www.micromedexsolutions.com/micromedex2/librarian/PFActionId/pf

Latest News

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SGLT2阻害剤・GLP-1受容体作動薬：2型糖尿病(併用療法)

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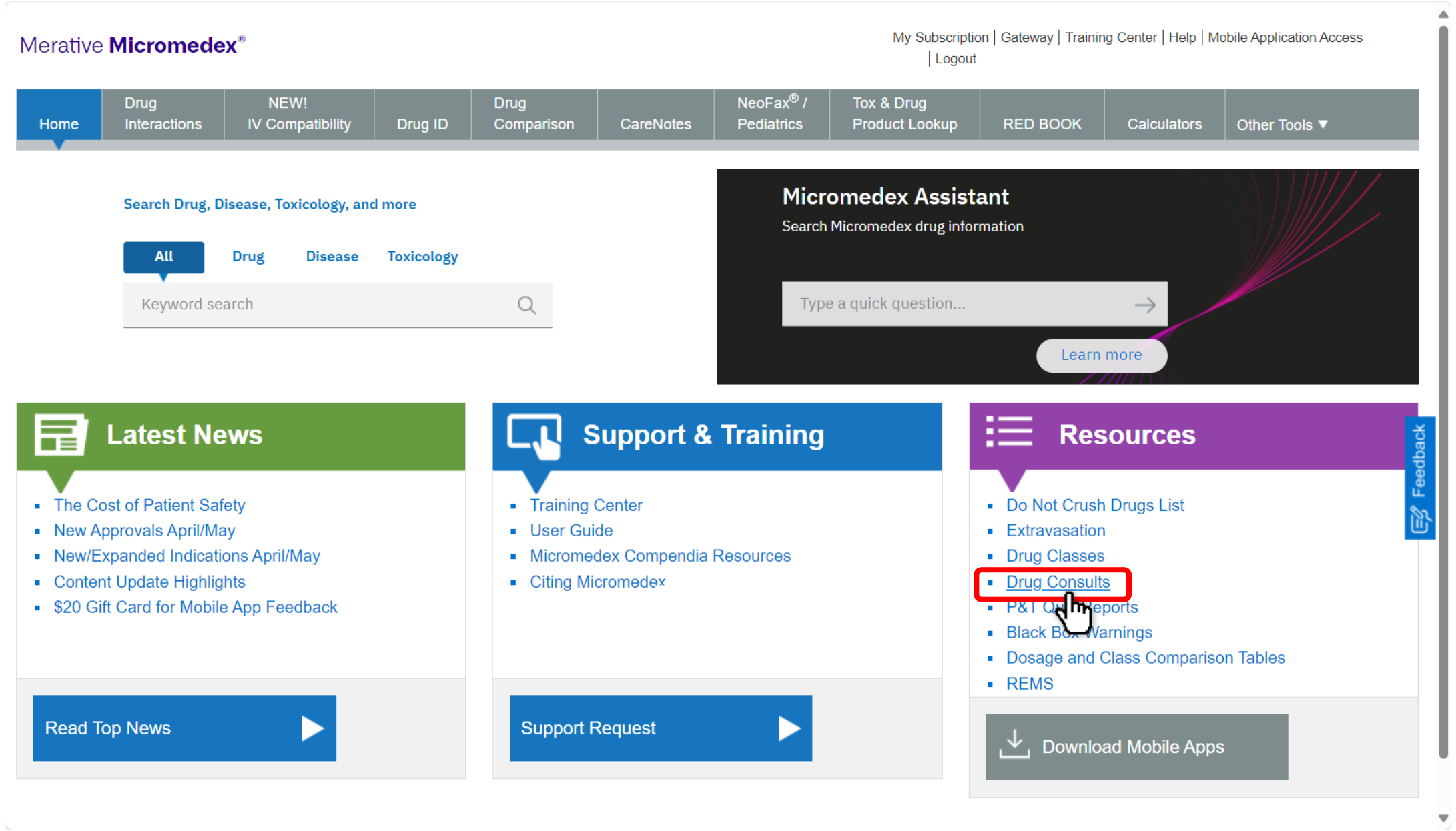
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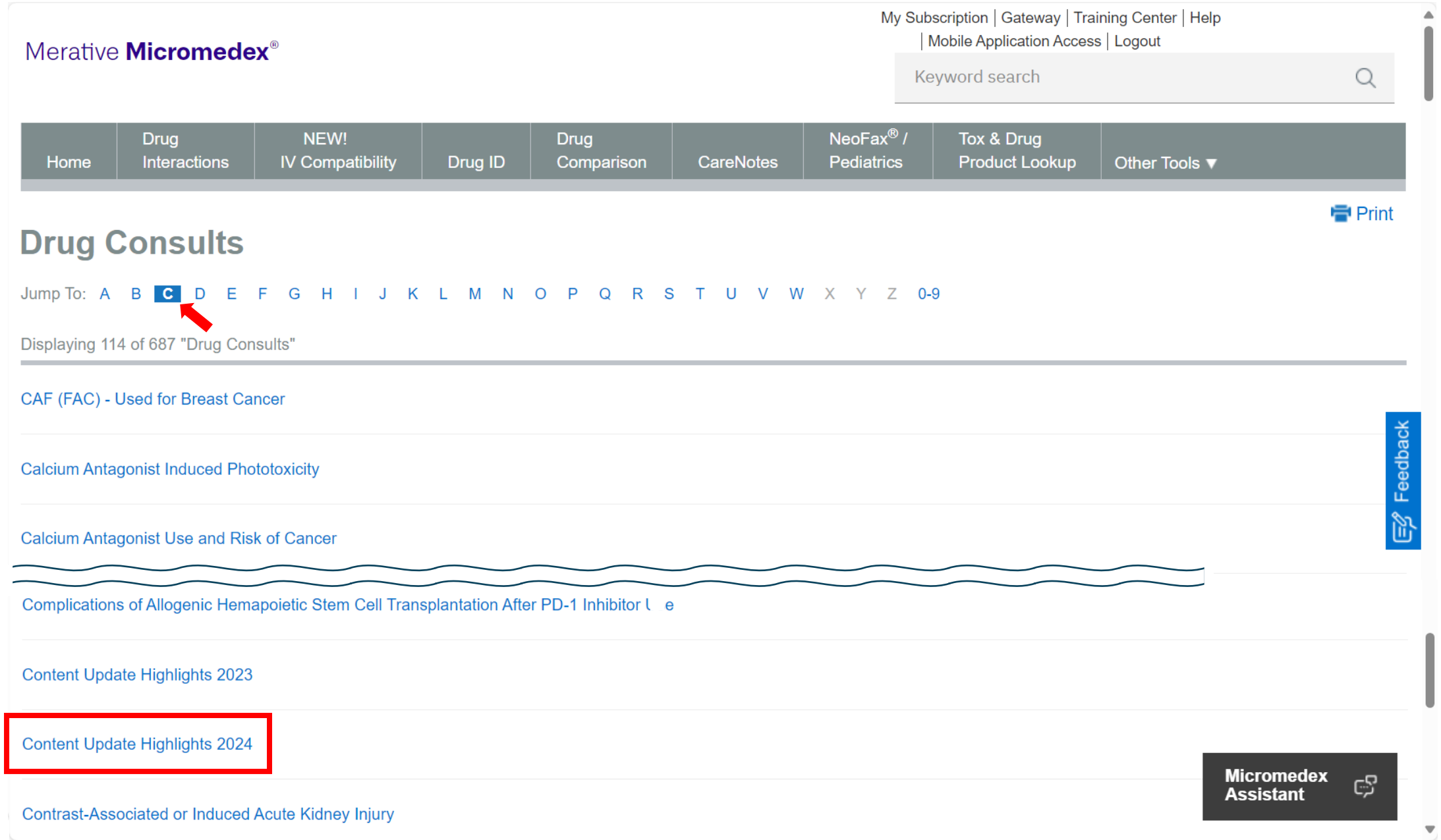
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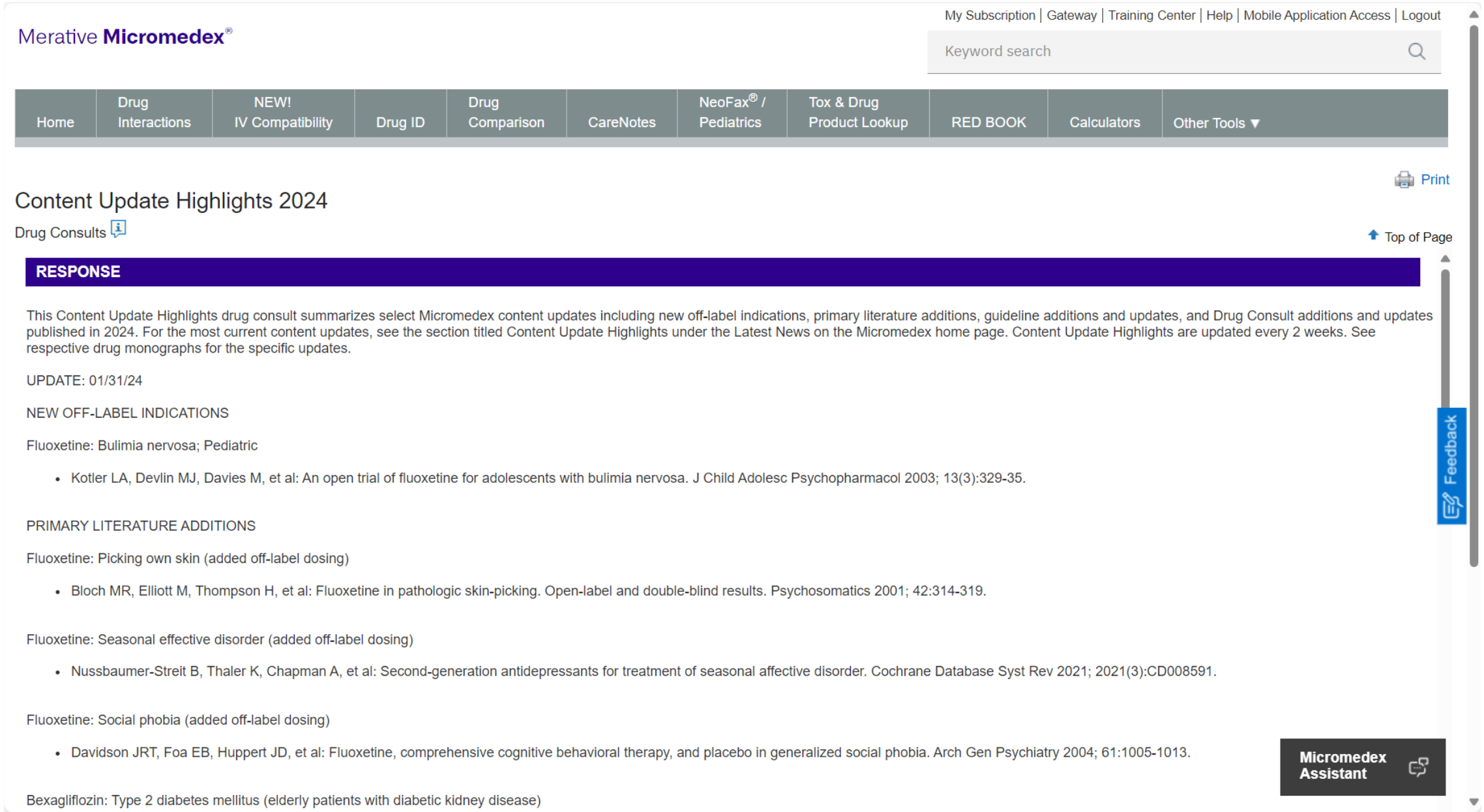

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Content Update Highlights 2024

Drug Consults

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RESPONSE

This Content Update Highlights drug consult summarizes select Micromedex content updates including new off-label indications, primary literature additions, guideline additions and updates, and Drug Consult additions and updates published in 2024. For the most current content updates, see the section titled Content Update Highlights under the Latest News on the Micromedex home page. Content Update Highlights are updated every 2 weeks. See respective drug monographs for the specific updates.

UPDATE: 01/31/24

NEW OFF-LABEL INDICATIONS

Fluoxetine: Bulimia nervosa; Pediatric

- Kotler LA, Devlin MJ, Davies M, et al: An open trial of fluoxetine for adolescents with bulimia nervosa. J Child Adolesc Psychopharmacol 2003; 13(3):329-35.

PRIMARY LITERATURE ADDITIONS

Fluoxetine: Picking own skin (added off-label dosing)

- Bloch MR, Elliott M, Thompson H, et al: Fluoxetine in pathologic skin-picking. Open-label and double-blind results. Psychosomatics 2001; 42:314-319.

Fluoxetine: Seasonal effective disorder (added off-label dosing)

- Nussbaumer-Streit B, Thaler K, Chapman A, et al: Second-generation antidepressants for treatment of seasonal affective disorder. Cochrane Database Syst Rev 2021; 2021(3):CD008591.

Fluoxetine: Social phobia (added off-label dosing)

- Davidson JRT, Foa EB, Huppert JD, et al: Fluoxetine, comprehensive cognitive behavioral therapy, and placebo in generalized social phobia. Arch Gen Psychiatry 2004; 61:1005-1013.

Bexagliflozin: Type 2 diabetes mellitus (elderly patients with diabetic kidney disease)

Feedback

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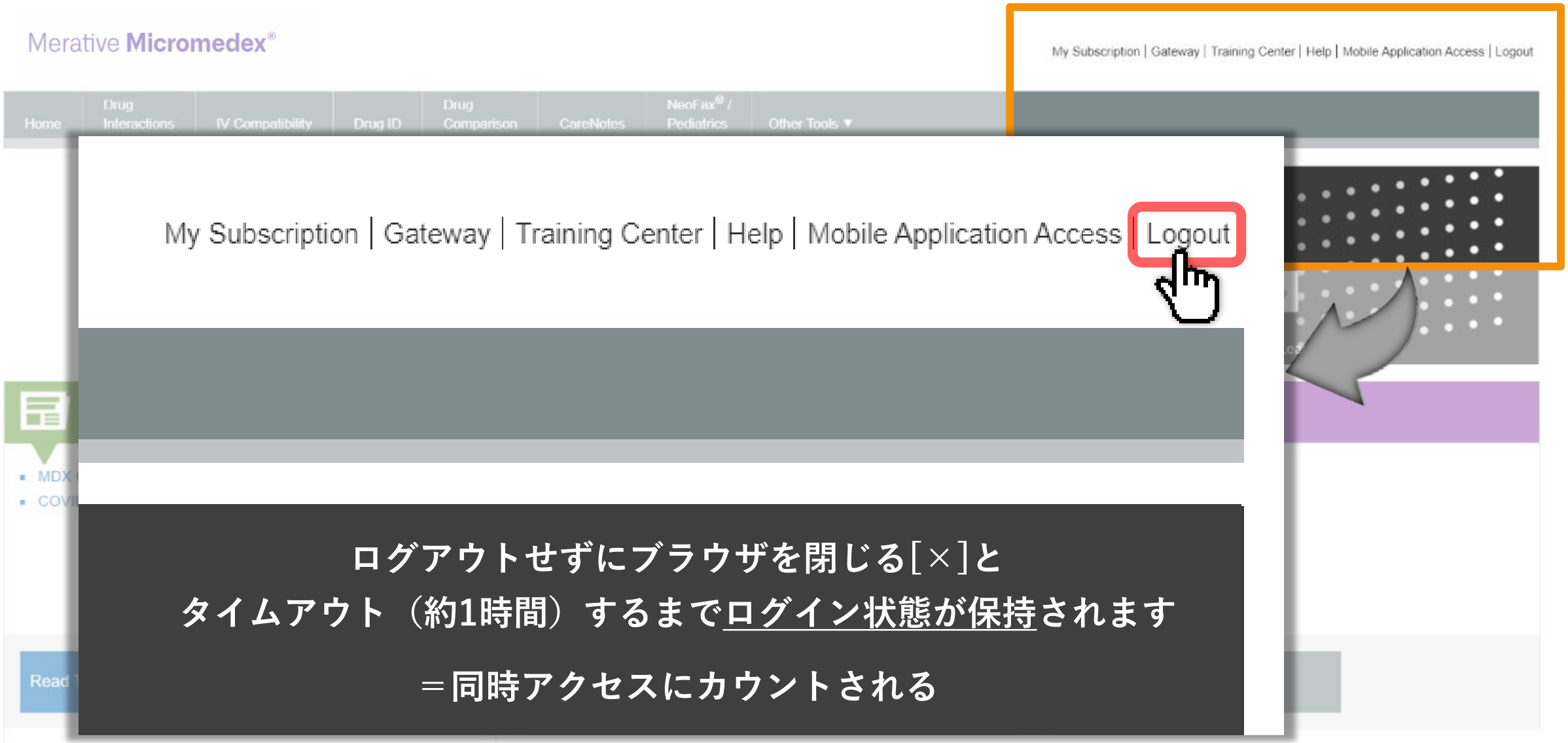

お問い合わせ先

株式会社テクノミック 営業部

03(3538)2531 (9:15-17:30)

sales@technomics.co.jp