



Drug Interaction Report

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Candesartan cilexetil - Sitagliptin [Strong]

The metabolism of Sitagliptin can be decreased when combined with Candesartan cilexetil.

CYP2C8 mediated metabolism is at least one of the avenues by which CYP2C8 substrates are biotransformed and eliminated from the body. When such a substrate is administered concurrently with a strong CYP2C8 inhibitor, the CYP2C8 mediated metabolism of the substrate will subsequently be reduced greatly - usually too great to be rectified with any dosage adjustments and likely resulting in significant and/or noticeable increases in the serum concentration. Such increased serum concentrations would consequently result in an increased risk, incidence, and/or severity of adverse effects associated with exposure to the given substrate as well.

Candesartan cilexetil - Dapagliflozin [Mild]

The risk or severity of adverse effects can be increased when Candesartan cilexetil is combined with Dapagliflozin.

Co-administration of agents that are both associated with a risk for developing hypotension, including cases of severe hypotension, may create an additive hypotensive effect to prolong and intensify hypotensive effects.

Dapagliflozin - Sitagliptin [Medium]

Dapagliflozin may increase the hypoglycemic activities of Sitagliptin.

Hypoglycemia is an adverse effect that is known and formally associated with both sodium-glucose cotransporter 2 (SGLT-2) inhibitors and other agents that cause blood glucose lowering effect such as sulfonylureas or insulin. Subsequently, if an SGLT-2 inhibitor is used concurrently with another agent that lowers blood glucose, an additive, combined actions of both kinds of medication can increase the risk, incidence, and/or severity of hypoglycemia for

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patients. In particular, in a 24-week randomized, double-blind, parallel group, placebo-controlled trial with a 24-week double-blind extension period enrolled with adult patients whose type 2 diabetes was inadequately controlled on sulfonylurea monotherapy, hypoglycemic events were more frequent in the dapagliflozin and glimepiride combination arm compared to the placebo arm (9.7-11.4% versus 6.8%, respectively). Additionally, in a 24-week, randomized, double-blind, placebo-controlled, parallel-group, international, multicentre trial enrolled with patients with uncontrolled type 2 diabetes receiving sulfonylurea monotherapy, hypoglycemic events were again seen more frequently in the glimepiride and dapagliflozin combination arm compared to placebo (7.1-7.9% versus 4.8%, respectively). Moreover, most - if not all - professional prescribing information for SGLT-2 inhibitors warn of the possibility of hypoglycemia when used concomitantly with other agents that lower blood glucose levels.

Candesartan cilexetil - Eplerenone [Medium]

The risk or severity of hyperkalemia can be increased when Eplerenone is combined with Candesartan cilexetil.

Eplerenone alone poses a significant risk of hyperkalemia, and this risk may be increased with the coadministration of angiotensin receptor blockers, which also are known to increase potassium levels. The FDA label for eplerenone warns that patients with renal dysfunction or those taking certain concomitant medications may be at greater risk for developing hyperkalemia.[FDA Label] Angiotensin receptor blockers may also cause hyperkalemia in patients.

Eplerenone - Sitagliptin [Mild]

Eplerenone may increase the excretion rate of Sitagliptin which could result in a lower serum level and potentially a reduction in efficacy.

The subject drug induces diuresis, which can theoretically increase the excretion rate of the affected drug, which is eliminated by the kidneys. Additionally, it could affect renal tubular reabsorption of certain drugs. Exposure to the affected drug can be markedly reduced, leading to subtherapeutic drug levels that are unlikely to elicit an adequate clinical response.

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Dapagliflozin - Eplerenone [Mild]

The risk or severity of adverse effects can be increased when Eplerenone is combined with Dapagliflozin.

Co-administration of agents that are both associated with a risk for developing hypotension, including cases of severe hypotension, may create an additive hypotensive effect to prolong and intensify hypotensive effects.

Acetylsalicylic acid - Metformin [Medium]

The risk or severity of hypoglycemia can be increased when Acetylsalicylic acid is combined with Metformin.

Large doses of salicylates have a hypoglycemic action and may increase the glucose-lowering effects of oral hypoglycemic agents, resulting in cases of hypoglycemia. The mechanism of this interaction is poorly understood, however, some studies suggest that acetylsalicylic acid may modulate glucose metabolism, leading to decreased blood glucose.

Acetylsalicylic acid - Doxazosin [Mild]

Acetylsalicylic acid may decrease the antihypertensive activities of Doxazosin.

The subject drug is known to produce hypertension, this effect can be achieved by different mechanisms. As a consequence, if this agent is used in combination with antihypertensive agents, there could be a decrease in the antihypertensive effects of the antihypertensive agents.

Acetylsalicylic acid - Finasteride [Mild]

The risk or severity of hypertension can be increased when Acetylsalicylic acid is combined with Finasteride.

Concurrent use of drugs known to increase blood pressure is expected to result in an increased risk for supine hypertension. Closely monitor the patient for elevated blood pressure (including in supine and head-elevated positions) and for any evidence of toxicity.

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Acetylsalicylic acid - Candesartan cilexetil [Medium]

The risk or severity of renal failure, hyperkalemia, and hypertension can be increased when Candesartan cilexetil is combined with Acetylsalicylic acid.

Non-steroidal anti-inflammatory agents (NSAIDs) produce vasoconstriction, particularly when the renin-angiotensin system is inhibited. This can raise blood pressure and cause renal dysfunction or acute kidney injury. This renal dysfunction can result in increased potassium retention and ultimately hyperkalemia.

Candesartan cilexetil - Rosuvastatin [Mild]

The metabolism of Rosuvastatin can be decreased when combined with Candesartan cilexetil.

Both of these agents are reported to be metabolized by CYP2C9. Concomitant administration of multiple CYP2C9 substrates can result in competition for the CYP2C9 binding sites and consequently reduced metabolism and increased plasma levels of one or both of the affected drugs. Elevated plasma levels may result in a higher incidence and/or severity of adverse effects.

Benzyl alcohol - Candesartan cilexetil [Strong]

The metabolism of Benzyl alcohol can be decreased when combined with Candesartan cilexetil.

CYP2C8 mediated metabolism is at least one of the avenues by which CYP2C8 substrates are biotransformed and eliminated from the body. When such a substrate is administered concurrently with a strong CYP2C8 inhibitor, the CYP2C8 mediated metabolism of the substrate will subsequently be reduced greatly - usually too great to be rectified with any dosage adjustments and likely resulting in significant and/or noticeable increases in the serum concentration. Such increased serum concentrations would consequently result in an increased risk, incidence, and/or severity of adverse effects associated with exposure to the given substrate as well.

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Candesartan cilexetil - Doxazosin [Mild]

Doxazosin may increase the hypotensive activities of Candesartan cilexetil.

Although many patients diagnosed with hypertension are likely prescribed and use multiple antihypertensive agents at once to maintain healthy blood pressures, the fact that the combination use of antihypertensive agents can result in additive, synergistic blood pressure lowering naturally increases the risk of causing potentially severe hypotension in patients.

Doxazosin - Rosuvastatin [Medium]

The metabolism of Rosuvastatin can be decreased when combined with Doxazosin.

The subject drug is a CYP3A4 substrate and the affected drug is also a CYP3A4 substrate. Competition for metabolism may occur, as both drugs are substrates of the same metabolizing enzyme. This may result in decreased metabolism and increased serum concentration of either drug, resulting in adverse effects and toxicity.

Benzyl alcohol - Doxazosin [Mild]

The metabolism of Benzyl alcohol can be decreased when combined with Doxazosin.

Both of these drugs are metabolized by CYP2D6. Concomitant administration of these agents may produce a decrease in the metabolic rate of one or both drugs as they compete for metabolism by CYP2D6 enzymes. This may result in elevated serum concentrations of one or both medications and may, therefore, increase the incidence or severity of associated adverse effects.

Doxazosin - Finasteride [Mild]

Finasteride may decrease the antihypertensive activities of Doxazosin.

The subject drug is known to produce hypertension, this effect can be achieved by different mechanisms. As a consequence, if this agent is used in combination with antihypertensive agents, there could be a decrease in the antihypertensive effects of the antihypertensive agents.

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Candesartan cilexetil - Finasteride [Mild]

Finasteride may decrease the antihypertensive activities of Candesartan cilexetil.

The subject drug is known to produce hypertension, this effect can be achieved by different mechanisms. As a consequence, if this agent is used in combination with antihypertensive agents, there could be a decrease in the antihypertensive effects of the antihypertensive agents.

Magnesium oxide - Rosuvastatin [Medium]

Magnesium oxide can cause a decrease in the absorption of Rosuvastatin resulting in a reduced serum concentration and potentially a decrease in efficacy.

The co-administration of rosuvastatin with antacids containing aluminum and/or magnesium hydroxides has been shown to decrease exposure to rosuvastatin by approximately 50%. This pharmacokinetic interaction may be the result of impaired rosuvastatin absorption due to increases in gastric pH or, alternatively, due to direct binding of rosuvastatin by aluminum and/or magnesium hydroxide. It is currently unclear whether this interaction applies to other statins or antacid preparations.