

# DRUG CARDS | DAILY



NAME(S): **Generic**: amlodipine (am LOE di peen) | **Brand**: Norvasc, Katerzia

THERAPEUTIC CATEGORY: Antianginal Agent | Antihypertensive | Calcium Channel Blocker | Dihydropyridine

DOSAGE FORM & STRENGTH: **Tablets**: 2.5 mg, 5 mg, 10 mg | **Suspension**: 1 mg/mL

## INDICATION(S) & DOSING(S): **ADULTS**

1. **Hypertension**: General dosing b/t 5-10 mg po qd | When initiating start 5 mg po qd OR 2.5 mg po qd in elderly pts or when using it as a secondary agent. Dose adjustments q1-2wks
2. **Coronary Artery Disease (CAD) such as chronic stable angina, vasospastic angina, or angiographically documented CAD**: General dosing b/t 5-10 mg po qd | When initiating start 5 mg po qd.

## INDICATION(S) & DOSING(S): **PEDIATRICS**

1. **Hypertension**: **[1-5 yo]** initiate 0.1-0.6 mg/kg/dose po qd with a max of 5 mg/day. **[6-17 yo]** initiate 2.5-5mg po qd with a max of 10 mg/day.
- **OFF LABEL | Reynaud phenomenon: Limited data. [≥6yo to adolescents]** initiate 2.5 mg po qd and titrate based on clinical response. Max of 10 mg/day.

## MECHANISM OF ACTION & PHARMACOLOGY

- **MOA**: Calcium ions are inhibited from entering slow channel (voltage sensitive) areas of both the vascular smooth muscle and myocardium during depolarization. The inhibition increases oxygen delivery to the myocardium. The direct action on vascular smooth muscle causes peripheral arterial vasodilation reducing blood pressure and peripheral vascular resistance.
- Amlodipine is well **absorbed**. | 10% **excreted** in the urine as unchanged drug with 60% as metabolites. ↓Clearance in patients w/ ↓hepatic function or moderate-severe heart failure. | **Onset of Action**: The antihypertensive effects is seen in 24-48 hours w/ slight ↑ in heart rate w/in 10 hours. | The **time to peak** in the plasma is b/t 6-12 hours. | **Duration of action** for the antihypertensive effects is for at least 24 hours and some data has suggested effects lasting for up to even 72 hours after 6-7 weeks of d/c therapy. | **Half-life elimination** is biphasic b/t 30-50 hours and ↑ w/ hepatic dysfunction. | 93% **protein bound**.

## SPECIAL POPULATIONS & CONSIDERATIONS

- **Elderly**: ↑AUC by 40-60% | **Patients w/ Moderate-Severe Heart Failure**: ↑AUC by 40-60% | **Renally Impaired**: No dose adjustments. | **Hepatically Impaired**: In HTN initiation dose is 2.5 mg and in CAD pts it remains 5 mg. In both cases dose titrations should be slow if severe impairment. | **Caution**: in elderly, severe CAD, severe aortic stenosis, and in hepatic impairment. | **Pregnancy/Lactation**: Crosses placenta. Caution advised. No known risk of teratogenicity based on animal studies, however embryo death has been documented. CCBs may be used to treat HTN in pregnant women but other agents are preferred.

## SIDE EFFECTS

- **General**: Dizziness, lightheadedness, fatigue, palpitations, swelling ankles or feet, and flushing.



## DRUG INTERACTIONS

- Amlodipine is a **CYP3A4** substrate so it is affected by CYP3A4 inhibitors.
- **Caution** when used with other antihypertensive agents.
- **Contraindicated/Avoid w/**: Isocarboxazid, alprazolam, codeine, hydrocodone, nifedipine, simvastatin, and verapamil, and others.
- **Monitor/Modify tx w/**: Amiodarone, albuterol (po and inh), aripiprazole, aspirin, atomoxetine, budesonide, butalbital, clonidine, and others.

## MONITORING PARAMETERS

- Baseline blood pressure and periodically thereafter along with patient's heart rate.

## PATIENT COUNSELING INFORMATION

- Amlodipine is used to treat **high blood pressure** along with treating various types of **chest pains** known as angina.
- If experiencing dizziness and lightheadedness, **get up slowly** when getting up from sitting or lying down.
- If a dose is missed and it has been **less than 12 hours**, take it as soon as possible. If it has been **greater than 12 hours** then skip the missed dose.

## REFERENCE(S)

1. <https://online.epocrates.com/drugs/1052/amlodipine>
2. <https://www.drugs.com/ppa/amlodipine.html>
3. <https://www.webmd.com/drugs/2/drug-5891/amlodipine-oral/details>

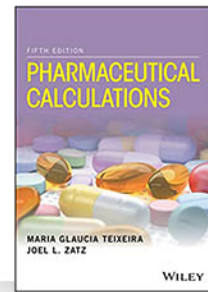


# PREPARE FOR SUCCESS!

## Comprehensive (NAPLEX)



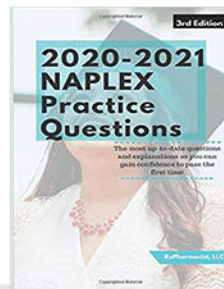
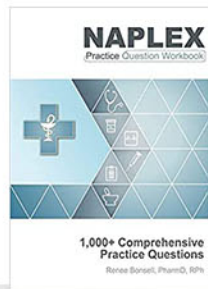
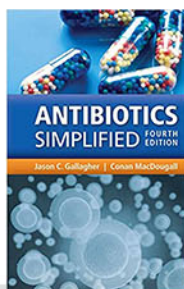
## Calculations (NAPLEX)



## Pharmacy Law (MPJE)



## Supplemental



# DRUG CARDS DAILY

Monday at 7 am EST  
(6 am CST, 4 am PST)

## HEY NEW GRAD!

So you landed that perfect job offer or got the perfect match for your PGY1 and now the **ONLY** thing standing in your way is passing the NAPLEX and MPJE.

Here are some NAPLEX & MPJE prep recommendations to help you do everything you can to **pass the first time!**

## HEY STUDENT!

When I was P1 one of the best pieces of advice I got from those before me was to use a NAPLEX Prep book while learning each topic.

This helps focus your learning and the repetition helps to retain info and indirectly prepare you for the NAPLEX

### DISCLAIMERS

This page contains affiliate links. Buying something through a link will provide a small monetary commission to Drug Cards Daily at no cost to you! This is done to keep Drug Cards Daily going and to provide as much free content to people like you! Thank you so very much for your support! Also, images are property of their respective parties and can be removed by contacting Drug Cards Daily.



@drugcardsdaily