

DRUG CARDS | DAILY



DRUG INTERACTIONS | CONSIDERATIONS

CYP2C8 substrate
CYP3A4 inducer (minor)
Antidiabetic agent
Cardiotoxic effects

DRUG INTERACTIONS | DRUGS OF NOTE

AVOID: contraceptives antivirals meperidine ranolazine rosiglitazone	MONITOR: alogliptan carvedilol ciprofloxacin tramadol ziprasidone	CAUTION: amiodarone alprazolam fentanyl pregabalin verapamil
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BLACK BOX WARNING

CONGESTIVE HEART FAILURE:

Thiazolidinediones such as pioglitazone can cause and exacerbate congestive heart failure (CHF) in some patients. Monitor patients after initiating pioglitazone as well as after dose increases. Monitor for excessive rapid weight gain, dyspnea and edema. D/c immediate should s/sx of HF develop. Contraindicated in patients with NYHA Class III-IV CHF. Not recommended in patients with symptomatic CHF.

MONITORING PARAMETERS

LFTs at baseline and then periodically thereafter should hepatic issues appear. Watch for signs and symptoms of hypoglycemia if the pt is on other antidiabetic meds or insulin.

PATIENT COUNSELING

Used alongside diet and exercise to improve the control of blood sugar in adults and children above the age of 15.

Do not use if severe or uncontrolled heart failure or in the cases of diabetic ketoacidosis.

Watch for unusually rapid increases in weight, edema, or the development of shortness of breath.

Can be taken with or without food/meals and if a dose is missed do not double up on doses due to risk of hypoglycemia.

Female patients should be cautious of unintended pregnancy due to its effects on ovulation.

REFERENCES

- 1). <https://online.epocrates.com/drugs/2049/pioglitazone>
- 2). <https://www.drugs.com/pro/pioglitazone-tablets.html>
- 3). <https://www.webmd.com/drugs/2/drug-17406/pioglitazone-oral/details>

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GENERIC	pioglitazone (PYE o GLIT a zone)	BRAND	Actos	CLASSIFICATION	Thiazolidiones
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FORM & STRENGTH	TAB: 15 mg, 30 mg, 45 mg
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INDICATIONS & DOSING | ADULTS

1). DIABETES MELLITUS (DM) TYPE 2

- Tx range is b/t 15-45 mg PO qd
- Initiate @ 15-30 mg PO qd
- Max of 45 mg/day

OFF LABEL | NON-ALCOHOLIC STEATOHEPATITS, DM TYPE 2 PTS

- In biopsy-proven non-alcoholic steatohepatitis
- Tx range is b/t 15-45 mg PO qd
- Initiate @ 15-30 mg PO qd
- Max of 45 mg/day

INDICATIONS & DOSING | PEDIATRICS

1). DIABETES MELLITUS (DM) TYPE 2

- In children >15 years of age
- Given with metformin
- Tx range is b/t 15-45 mg PO qd
- Initiate @ 15-30 mg PO qd
- Max of 45 mg/day

BLOOD SUGARS | AT A GLANCE

Fasting (before eating)	80-130 mg/dL
1-2 hours after a meal	Lower than 180 mg/dL

Recommendations according to the American Diabetes Association.

MOA & PHARMACOKINETICS

MECHANISM OF ACTION: Insulin dependent PPAR-gamma agonist. Decreases peripheral and liver insulin resistance which decreases glucose output and increases insulin-dependent glucose disposal.	ABSORPTION: Within two hours when taken orally. Important to note that food delays absorption 3-4 hours but the extent is not altered.	DISTRIBUTION: >99% protein bound. The metabolites M-III and M-IV are >98% protein bound.	METABOLISM: Hepatically metabolized via hydroxylation and oxidation. CYP2C8 and CYP3A4. Active metabolites are M-III and M-IV	ELIMINATION: 15-30% in urine. T1/2 b/t 3-7 hours with the metabolites b/t 16-24h
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SPECIAL POPULATIONS & CONSIDERATIONS

No adjustments needed in renal impairment. In hepatically impaired safe use not clearly defined. Use with caution. Contraindicated in pediatric patients, type 1 diabetes, diabetic ketoacidosis, pts w/ active bladder cancer, or in CHF pts that are either symptomatic or NYHA Class I or II. Caution in pts with edema, CHF risk, and premenopausal pts in which ovulation does not occur. In pregnancy and lactation there is no human data available but possible risk exists and risk/benefits should be weighed..

SIDE EFFECTS | COMMON

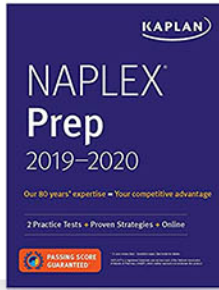
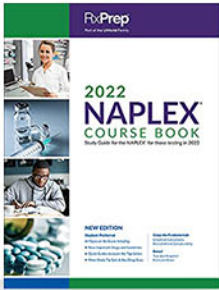
Upper respiratory infections (URI), headache, muscle aches and pains, weight gain, edema, fluid retention, flatulence, anemia, and the induction of ovulation.

SIDE EFFECTS | SERIOUS

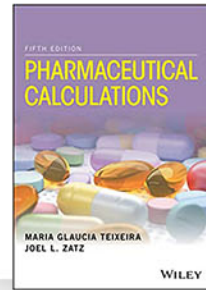
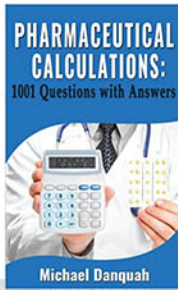
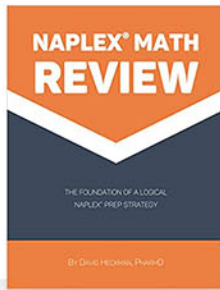
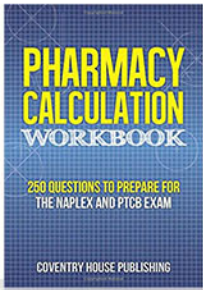
Chronic heart failure (CHF), hepatotoxicity, diabetic macular edema, increased risk of bladder cancer, and fractures in female patients.

PREPARE FOR SUCCESS!

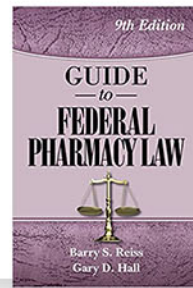
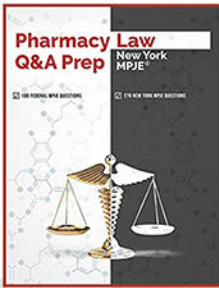
Comprehensive (NAPLEX)



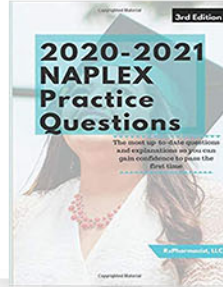
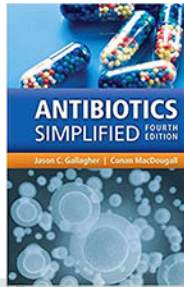
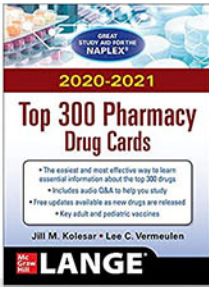
Calculations (NAPLEX)



Pharmacy Law (MPJE)



Supplemental



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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



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