

Mineralocorticoid Receptor Antagonists

NOTE: Hyperkalemia possible, especially if used concomitantly with other drugs that increase K (including K-containing salt substitutes) and in patients with heart failure, DM, or renal impairment.

EPLERENONE (Inspra) HTN: Start 50 mg PO daily; max 50 mg two times per day.

HTN and taking concomitant moderate CYP3A4 inhibitor (e.g., erythromycin, fluconazole, saquinavir, verapamil): Start 25 mg PO daily; max 25 mg PO two times daily. Heart failure (with LVEF 40% or less) post MI: Start 25 mg PO daily; titrate to target dose 50 mg daily within 4 weeks, if tolerated. Heart failure (with LVEF 40% or less) post MI and taking concomitant moderate CYP3A4 inhibitor: Do not exceed 25 mg PO daily. Contraindicated in all patients with K⁺ greater than 5.5 mEq/L; CrCl ≤30 mL/min; strong CYP3A4 inhibitors (e.g., clarithromycin, itraconazole, ketoconazole, nefazodone, nelfinavir, ritonavir, troleanomycin). Contraindicated in patients treated for HTN with Type 2 DM with microalbuminuria; serum creatinine greater than 2 mg/dL in males or greater than 1.8 mg/dL in females; CrCl < 50 mL/min; or concomitant therapy with K⁺ supplements, K⁺-sparing diuretics. Measure K⁺ before initiating, within 1st week, at 1 month after starting treatment or dose adjustment, then prn. Hyperkalemia more common with renal impairment, diabetes, proteinuria, or concomitant ACE inhibitor, ARB, NSAID, or moderate CYP3A inhibitor. Measure serum K⁺ and CrCl within 3-7 days of initiation of ACE inhibitor, ARB, NSAID, or moderate CYP3A inhibitor. [Generic/Trade: Tabs, unscored 25, 50 mg.] ▶L ♂ ♀B ▶? \$\$\$\$

SPIRONOLACTONE (Aldactone, CaroSpir) HTN: 50 to 100 mg PO daily or divided two times per day (usual dose 25 to 50 mg daily according to ASH-ISH guidelines). Edema: 25 to 200 mg/day. Hypokalemia: 25 to 100 mg PO daily. Primary hyperaldosteronism, maintenance: 100 to 400 mg PO daily. Heart failure, NYHA III or IV: 25 to 50 mg PO daily. [Generic/Trade: Tabs, unscored 25 mg, scored 50, 100 mg. Trade only: Suspension (CaroSpir) 5 mg/mL.] ▶LK ♂ ♀C ▶+ \$ ■

Nitrates

NOTE: Avoid if systolic BP below 90 mmHg, severe bradycardia, tachycardia, or right ventricular infarction. Avoid if patient takes PDE-5 inhibitor (e.g. avanafil, sildenafil, tadalafil, vardenafil) or guanylate cyclase stimulators (e.g. riociguat).

ISOSORBIDE DINITRATE (Isordil, Dilatrate-SR) Angina prophylaxis: 5 to 40 mg PO three times per day (7 am, noon, 5 pm), sustained-release: 40 to 80 mg PO two times per day (8 am, 2 pm). [Generic/Trade: Tabs, scored 5 mg. Trade only: Tabs, scored (Isordil) 40 mg. Caps, extended-release (Dilatrate-SR) 40 mg. Generic only: Tabs, scored 10, 20, 30 mg. Tabs, scored, sustained-release 40 mg.] ▶L ♀C ▶? \$\$\$\$

ISOSORBIDE MONONITRATE Angina: 20 mg PO two times per day (8 am and 3 pm). Extended-release: Start 30 to 60 mg PO daily, max 240 mg/day. Do not use for acute angina. [Generic only: Tabs, 10, 20 mg. Tabs, extended-release, scored 30, 60; unscored 120 mg.] ▶L ♀C ▶? \$