

May 14, 1933
BIRTH DATE

81
AGE

Female
GENDER

July 22, 2014
REPORT DATE

Diagnoses

5 Items

January 05
2010

JOINT PAIN PELVIS

Active

January 05
2010

PELVIC FRACTURE UNSP CLOSED

Active

January 05
2010

DIABETES UNCOMPL TYPE II

Active

January 05
2010

HYPERLIPIDEMIA OT/UNSPEC

Active

January 05
2010

HYPERTENSION UNSPEC

Active

Immunizations

1 Item

September 21
2013

Pneumococcal polysaccharide PPV23
Injectable

Vitals

BMI 24.56 BMI

BP Diastolic 75 mm[Hg]

BP Systolic 130 mm[Hg]

Height 61.5 in

Pulse 72 BPM

Temp 99.5 F

Weight 132 lbs

Vitals Assessment

BMI

Normal

Weight is good!

Pulse	Normal	Normal range: Adult aged 18+ years - 60 to 100. Adult athlete - 40 to 60
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BP	High normal	
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Medications

9 Items

CURRENT LISTED MEDICATIONS:

Be advised that the extracted drug list may not reflect current patient medications but is based on submitted data.

Date	Drug	Dose	Flag
06/30/2014	Folic Acid	90	
06/30/2014	Lisinopril	90	BlackBox
06/30/2014	Metoprolol Succinate ER	90	DNA
07/08/2014	HumaLOG KwikPen	15	
07/08/2014	Lantus Solostar Pen	3	
07/08/2014	Lipitor	90	DNA
07/102014	Meloxicam	20	BlackBox, Beers
07/102014	Lyrica	60	
07/102014	Plavix	90	DNA

Medication Analysis

Indications

9 of the medications were prescribed without a definitive corresponding diagnosis. Please match drug to diagnosis

- Folic Acid
- HumaLOG KwikPen
- Lantus Solostar Pen
- Lipitor
- Lisinopril
- Lyrica
- Meloxicam
- Metoprolol Succinate ER
- Plavix

FDA BlackBox Warnings

2 of the medications in the patients current regimen have an applicable mandatory BlackBox Warning as required by the Food and Drug Administration

- Lisinopril
- Meloxicam

Beers list

1 of the medications in the patient's current regimen appears in the Beers list

- Meloxicam

DNA

3 of the medications in the patient's current regimen are registered as drugs that may require genetic testing

- Lipitor - CYP3A4
- Metoprolol Succinate ER - CYP2D6
- Plavix - CYP2C19



Lab Results

10 Items

May 05
2014**HGB****13.1**

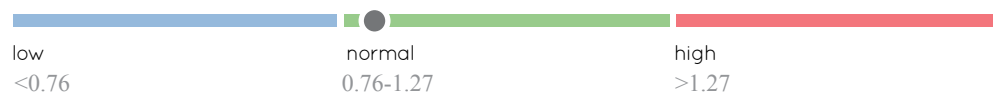
g / dL

May 05
2014**Glucose****157**

mg / dL

May 05
2014**BUN****16**May 05
2014**Creatinine****0.8**

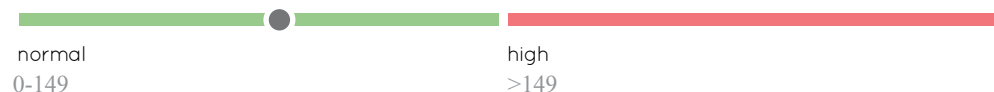
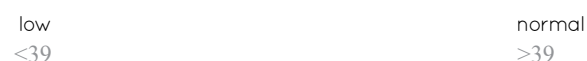
mg / dL

May 05
2014**Total cholesterol****113**

mg / dL

May 05
2014**Triglycerides****75**

mg / dL

May 05
2014**HDL****53**

May 05
2014LDL
45May 05
2014Thyroxine (T4)
7.1
ug / dL

DNA / Pharmacogenetic Results

8 Items

Assay	Results	Phenotype	Clinical Consequences
CYP2C19	*2/*17	Intermediate Metabolizer	Consistent with a moderate deficiency in CYP2C19 activity. Potential risk for side effects or loss of efficacy with drug substrates.
CYP2D6	*2/*2	Normal Metabolizer	Consistent with a typical CYP2D6 activity. This test did not identify risks for side effects or loss of efficacy with drug substrates.
CYP3A4	*1/*1	Normal Metabolizer	Consistent with a typical CYP3A4 activity. Caution is advised when prescribing narrow therapeutic index drugs. Alternative drugs or dose adjustment may be required if CYP3A inhibitors or inducers are co-prescribed.
ANKK1 /DRD2	DRD2: Taq1A AG	Altered DRD2 function	Consistent with a reduced dopamine receptor D2 function.
CYP3A5	*1/*3	Intermediate Metabolizer	Consistent with an intermediate CYP3A5 activity. Caution is advised when prescribing narrow therapeutic index drugs. Alternative drugs or dose adjustment may be required if CYP3A inhibitors or inducers are co-prescribed.
OPRM1	A118G AA	Normal OPRM1 Function	Consistent with a good analgesia at standard opioid doses. Consistent with a poor response to naltrexone.
UGT2B15	*2/*2	Poor Metabolizer	Consistent with a decreased UGT2B15 glucuronidation function. Potential risk for side effects with drug substrates.

Clopidogrel (Plavix) Reduced Response to Clopidogrel (CYP2C19 *1/*2 Intermediate Metabolizer) Consider alternative therapy. Example of alternative drugs: Prasugrel (contraindicated in TIA/Stroke patients);; Ticagrelor;; Aspirin;; Aspirin plus Dipyridamole

Cardiovascular/Thrombosis Risk Management 3 Items

Gene	Genotype	Phenotype	Clinical Consequences
Factor II Factor V Leiden	20210G>A GG 1691G>A GG	No Increased Risk of Thrombosis	Unless other genetic or circumstantial risk factors are present, the patient is not expected to have an increased risk for thrombosis.
MTHFR MTHFR	1298A>C AA 677C>T CC	No Increased Risk of Hyperhomocysteinemia	The patient has a normal MTHFR function and no elevation of plasma homocysteine levels is expected. The risk for venous thromboembolism is not increased.
Apolipo- protein E	ε3/ε2	Moderate Risk of Hyperlipidemia/Athero- sclerotic Vascular Disease	The patient's has one copy of an abnormal APOE allele, that may be associated with a moderate increased risk for hyperlipidemia/atherosclerotic vascular disease.



Monitoring

4 Items

Related Medication	Laboratory Test
Folic Acid	CBC (Includes Diff/Plt)
lisinopril	Urea Nitrogen (BUN), Creatinine, BUN/Creatinine, Sodium, Potassium
Lipitor	Hepatic Function Panel, Lipid Panel ,Creatine phosphokinase (CPK)
Plavix	CBC (Includes Diff/Plt), Hepatic Function Panel

The value of this service will be enhanced through repetitive consultations over the long term as clinical, therapeutic, laboratory and diagnostic informations changes. Thank you for the opportunity to provide information to assist you in the care of your patient.

DISCLAIMER:

The information in this report is based on data supplied from the patient's medical chart which may or may not contain all pertinent medical information. The suggestions in this consultation may or may not be relevant to an individual patient's medical circumstances. This report is intended to define potential medication associated risks with respect to possible adverse drug reactions, to optimize therapeutic benefit and to identify and prevent potential adverse drug-drug interactions. This report will also serve to document and catalog drug usage during the physician-patient relationship over the long term. This report will enhance your office and hospital quality assurance and can be shared with all treating physicians.

All therapeutic interventions represent a risk benefit decision making process. No pharmacological consultation can identify all potential therapeutic interactions and adversities. This report is provided for information purposes only and is not intended to interfere with the physician-patient relationship or to assume patient care responsibilities.



Medication Interactions

10 Items

0 Severe 1 Major 6 Moderate 1 Minor



Major

1 Items

Lisinopril 10mg Tab has an additive effect with **Lyrica 75mg Tab**

Concomitant use of pregabalin with angiotensin converting enzyme (ACE) inhibitors should be closely monitored. Life-threatening angioedema with respiratory compromise has been reported with use of pregabalin. Angioedema of the face, mouth (lips, tongue, gums), throat, and larynx has occurred. The risk of developing this complication may be increased when pregabalin is used with ACE inhibitors or other drugs known to cause angioedema.



Moderate

6 Items

Lisinopril 10mg Tab increases effect of **Lantus 100units / ml for inj**

ACE inhibitors may enhance the hypoglycemic effects of insulin or other antidiabetic agents by improving insulin sensitivity. Patients receiving these drugs concomitantly with antidiabetic agents should be monitored for changes in glycemic control.

Mobic 7.5mg Tab has an additive effect with **Plavix 75mg Tab**

Because NSAIDs can cause GI bleeding, inhibit platelet aggregation, prolong bleeding time, additive pharmacodynamic effects may be seen in patients receiving platelet inhibitors.

Toprol-XL 100mg Tab has its pharmacodynamic parameters altered by **Lantus 100units / ml for inj**

Beta-blockers may cause a pharmacodynamic interaction with antidiabetic agents. They can prolong hypoglycemia by interfering with the mobilization of glycogen stores or can promote hyperglycemia. Also, beta-blockers can blunt some of the physiological symptoms of hypoglycemia, such as tremors and tachycardia. Diabetic patients on beta-blockers should closely monitor their blood glucose.

Toprol-XL 100mg Tab reduces effect of **Mobic 7.5mg Tab**

Concurrent use of beta-blockers with NSAIDs may result in loss of antihypertensive activity due to inhibition of vasodilatory prostaglandin activity and other mechanisms. Blood pressure control should be monitored more closely after the introduction of NSAIDs in a patient taking a beta-blocker; the dose of beta-blocker may need to be adjusted.

Lisinopril 10mg Tab reduces effect of Mobic 7.5mg Tab

NSAIDs can cause sodium and fluid retention as well as increase peripheral vascular resistance. NSAIDs can decrease the diuretic, natriuretic, and antihypertensive actions of diuretics, possibly through inhibition of renal prostaglandin synthesis.

Lisinopril 10mg Tab has an additive effect with Toprol-XL 100mg Tab

The antihypertensive effects of beta-blockers are additive with antihypertensive effects of angiotensin-converting enzyme inhibitors. This effect is often used advantageously in treating hypertension; however, lower doses of one or more agents may be necessary.

**Minor**

1 Item

Lipitor 20mg Tab increases effect of Plavix 75mg Tab

Atorvastatin has been reported to attenuate the antiplatelet activity of clopidogrel potentially by inhibiting CYP3A4 metabolism to its active metabolite; however, conflicting data exists. Patients should be monitored for therapeutic effectiveness when clopidogrel is administered with atorvastatin.