changing dose, and on a regular basis throughout.

**Patient Education**

- Discuss specific use of drug and side effects with patient as it relates to treatment. (HCAHPS: During this hospital stay, were you given any medicine that you had not taken before? Before giving you any new medicine, how often did hospital staff tell you what the medicine was for? How often did hospital staff describe possible side effects in a way you could understand?)
- Patient may experience diarrhea, back pain, flu-like symptoms, headache, or asthenia. Have patient report immediately to prescriber signs of hepatic impairment, signs of renal impairment, signs of hyperkalemia, severe dizziness, syncope, dyspepsia, emesis, dysphagia, or signs of Stevens-Johnson syndrome/toxic epidermal necrolysis (HCAHPS).
- Educate patient about signs of a significant reaction (eg, wheezing; chest tightness; fever; itching; bad cough; blue skin color; seizures; or swallowing of face, lips, tongue, or throat). **Note:** This is not a comprehensive list of all side effects. Patient should consult prescriber for additional questions.

**Intended Use and Disclaimer:** Should not be printed and given to patients. This information is intended to serve as a concise initial reference for healthcare professionals to use when discussing medications with a patient. You must ultimately rely on your own discretion, experience and judgment in diagnosing, treating and advising patients.

**Dietary Considerations** May be taken with or without food; however, a high-fat meal reduces absorption. Consistent administration with regards to meals is recommended.

**Breast-Feeding Considerations** Hydrochlorothiazide is excreted into breast milk. It is not known if aliskiren or amlodipine are excreted in breast milk. Due to the potential for serious adverse reactions in the nursing infant, the manufacturer recommends that a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of treatment to the mother. See individual agents.

**Use** Treatment of hypertension (not for initial therapy)

**Available Dosage Forms**

**Tablet, oral:**
- Amturnide: Aliskiren 150 mg, amlodipine 5 mg, and hydrochlorothiazide 12.5 mg; Aliskiren 300 mg, amlodipine 5 mg, and hydrochlorothiazide 12.5 mg; Aliskiren 300 mg, amlodipine 5 mg, and hydrochlorothiazide 25 mg; Aliskiren 300 mg, amlodipine 10 mg, and hydrochlorothiazide 12.5 mg; Aliskiren 300 mg, amlodipine 10 mg, and hydrochlorothiazide 25 mg

**General Dosage Range Oral:**

- Adults: Aliskiren 150-300 mg and Amlodipine 5-10 mg and Hydrochlorothiazide 12.5-25 mg once daily (maximum recommended daily dose: Aliskiren 300 mg; amlodipine 10 mg; hydrochlorothiazide 25 mg)

**Administration**

- Oral Administer at the same time daily. May take with or without a meal, but consistent administration with regard to meals is recommended.

**Nursing Actions**

**Physical Assessment** See individual agents.

**Patient Education**

- Discuss specific use of drug and side effects with patient as it relates to treatment. (HCAHPS: During this hospital stay, were you given any medicine that you had not taken before? Before giving you any new medicine, how often did hospital staff tell you what the medicine was for? How often did hospital staff describe possible side effects in a way you could understand?)
- Patient may experience dizziness, diarrhea, headache, pharyngitis, rhinitis, rhinorrea, or asthenia. Have patient report immediately to prescriber signs of hyperglycemia, signs of renal impairment, signs of hepatic impairment, signs of fluid and electrolyte imbalance, angina, dysphagia, edema of extremities, muscle rigidity, tremors, difficulty with motor activity, vision changes, opthalmalgia, or signs of Stevens-Johnson syndrome/toxic epidermal necrolysis (HCAHPS).
- Educate patient about signs of a significant reaction (eg, wheezing; chest tightness; fever; itching; bad cough; blue skin color; seizures; or swallowing of face, lips, tongue, or throat). **Note:** This is not a comprehensive list of all side effects. Patient should consult prescriber for additional questions.

---

**Aliskiren, Amlodipine, and Hydrochlorothiazide**

(a lis KYE ren, am LOE di peen, & hye droe klor oh THYE a zide)

**Brand Names:** US Amturnide™

**Index Terms** Aliskiren, Hydrochlorothiazide, and Amlodipine; Amlodipine Besylate, Aliskiren Hemi-fumarate, and Hydrochlorothiazide; Amlodipine, Aliskiren, and Hydrochlorothiazide; Amlodipine, Hydrochlorothiazide, and Aliskiren; Hydrochlorothia-zide, Aliskiren, and Amlodipine; Hydrochlorothiazide, Amlodipine, and Aliskiren

**Pharmacologic Category** Antianginal Agent; Antihypertensive; Calcium Channel Blocker; Calcium Channel Blocker, Dihydropyridine; Diuretic, Thiazide; Renin Inhibitor

**Medication Safety Issues**

- **Sound-alike/look-alike issues:** Amturnide™ may be confused with AMILoride

**Pregnancy Risk Factor D**
Intended Use and Disclaimer: Should not be printed and given to patients. This information is intended to serve as a concise initial reference for healthcare professionals to use when discussing medications with a patient. You must ultimately rely on your own discretion, experience and judgment in diagnosing, treating and advising patients.

Related Information
Aliskiren on page 61
AmLODIPine on page 91
Hydrochlorothiazide on page 808

Aliskiren and Amlodipine
(a lis KYE ren & am LOE di peen)

Brand Names: US Tekamlo
Index Terms Aliskiren Hemifumarate and Amlodipine Besylate; Amlodipine and Aliskiren
Pharmacologic Category Antianginal Agent; Antihypertensive; Calcium Channel Blocker; Calcium Channel Blocker, Dihydropyridine; Renin Inhibitor
Pregnancy Risk Factor D

Breast-Feeding Considerations It is not known if aliskiren or amlodipine are excreted in breast milk. Due to the potential for serious adverse reactions in the nursing infant, the manufacturer recommends that a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of treatment to the mother. See individual agents.

Use Treatment of hypertension, alone or in combination with other antihypertensive agents

Available Dosage Forms
Tablet, oral:

Tekamlo: 150/5: Aliskiren 150 mg and amlodipine 5 mg, 300/5: Aliskiren 300 mg and amlodipine 5 mg, 150/10: Aliskiren 150 mg and amlodipine 10 mg, 300/10: Aliskiren 300 mg and amlodipine 10 mg

General Dosage Range Oral: Adults: Aliskiren 150-300 mg and amlodipine 5-10 mg once daily (maximum: 300 mg daily [aliskiren]; 10 mg daily [amlodipine])

Administration
Oral Administer at the same time daily. May take with or without a meal, but consistent administration with regards to meals is recommended.

Nursing Actions
Physical Assessment See individual agents.
Patient Education • Discuss specific use of drug and side effects with patient as it relates to treatment. (HCAHPS: During this hospital stay, were you given any medicine that you had not taken before? Before giving you any new medicine, how often did hospital staff tell you what the medicine was for? How often did hospital staff describe possible side effects in a way you could understand?) • Patient may experience asthenia, diarrhea, or flu-like symptoms. Have patient report immediately to prescriber signs of hepatic impairment, signs of renal impairment, signs of hyperkalemia, severe dizziness, syncope, angina, dyspnea, excessive weight gain, edema of extremities, dysphagia, muscle rigidity, tremors, difficulty with motor activity, or signs of Stevens-Johnson syndrome/toxic epidermal necrolysis (HCAHPS).
• Educate patient about signs of a significant reaction (eg, wheezing; chest tightness; fever; itching; bad cough; blue skin color; seizures; or swelling of face, lips, tongue, or throat). Note: This is not a comprehensive list of all side effects. Patient should consult prescriber for additional questions.

Intended Use and Disclaimer: Should not be printed and given to patients. This information is intended to serve as a concise initial reference for healthcare professionals to use when discussing medications with a patient. You must ultimately rely on your own discretion, experience and judgment in diagnosing, treating and advising patients.

Related Information
Aliskiren on page 61
AmLODIPine on page 91

Aliskiren and Hydrochlorothiazide
(a lis KYE ren & hye droe klor oh THYE a zide)

Brand Names: US Tekturna HCT
Index Terms Aliskiren Hemifumarate and Hydrochlorothiazide; Hydrochlorothiazide and Aliskiren
Pharmacologic Category Antihypertensive; Diuretic, Thiazide; Renin Inhibitor
Pregnancy Risk Factor D

Breast-Feeding Considerations Hydrochlorothiazide is excreted into breast milk. It is not known if aliskiren is excreted in breast milk. Due to the potential for serious adverse reactions in the nursing infant, the U.S. manufacturer labeling recommends that a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of treatment to the mother. The Canadian labeling contraindicates use in breast-feeding women. Also see individual agents.

Use Hypertension: Treatment of hypertension, including use as initial therapy in patients likely to need multiple antihypertensives for adequate control Canadian labeling: Treatment of hypertension when combination therapy is appropriate; not indicated for initial therapy.

Available Dosage Forms
Tablet, Oral:
Tekturna HCT: 150/12.5: Aliskiren 150 mg and hydrochlorothiazide 12.5 mg; 150/25: Aliskiren 150 mg and hydrochlorothiazide 25 mg;