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LAMPIRAN

Lampiran 1 : Tabel obat yang berinteraksi

No	Nama Obat Berinteraksi	Drug.com	Drug Information Handbook	Drug Interaction facts
1	Ranitidin + Asam mefenamat	✓	✓	✓
2	Ibuprofen + Dexamethason	✓	✓	✓
3	Natrium Diclofenac + Dexamethason	✓	✓	
4l	Methylprednisolone + Salbutamol	✓	✓	
5	Asam Mefenamat + Dexamethasone	✓	✓	
6	Digoxin + Concor	✓	✓	✓
7	Cycloprogynova + Plasminex	✓	✓	
8	Amlodipin + Asam Mefenamat	✓	✓	
9	Rifampin + Amlodipine	✓	✓	
10	Sucralfate + Prednison		✓	✓
11	Sucralfate + Lansoprazole	✓		
12	Dexamethasone + Cataflam	✓	✓	
13	Prednisolone + Natrium Diclofenac	✓	✓	
14	Metformin + Gliburide	✓	✓	
15	Ranitidine + Ketonazole	✓	✓	✓
16	Digoxin + acetylsalicylic acid	✓	✓	
17	Aspirin + Spironolactone	✓	✓	
18	Spironolactone + Valsartan	✓		✓
19	Isoniazid + Glimepiride	✓	✓	
20	Rifampicin + Metformin	✓	✓	
21	Rifampicin + Isoniazid	✓	✓	✓
22	Isoniazid + Metformin	✓	✓	
23	Glimepiride + Rifmpicin	✓	✓	✓
24	Metformin + Glimepiride	✓	✓	
25	Methylprednisolone + Natrium Diclofenac	✓	✓	
26	Sucralfate + Prednison		✓	✓

Lampiran 2 : Interaksi obat Ranitidine + Asam mefenamat

PEMERINTAH KABUPATEN BANJAR
RUMAH SAKIT LUMI SIDAERAH
RATU ZALECHA MARIAPURA

Ruang **IGD**
Dokter **John Ronald**

R/

● **amodiprin 10MG NO. 3**
s. 1 ddi (malam)

Rampril 5MG NO. 3
s. 1 ddi (pagi)

● **Asam Mefenamat NO. 3**
s. 3 ddi

● **Ranitidin NO. 3**
s. 2 ddi

No. RM : 435451
Nama Pasien : SRI PARMİYAH. NY
Tgl. Lahir : 20-01-1969

TELAH RESEP			
No	Uraian	Seimbang	Tindak Lanjut
1	Asam Mefenamat		
2	Berat Pasien		
3	A. Identitas Pasien		
4	A. Berat Badan (kg)		
5	Asam Mefenamat		
6	Nama Dokter		
7	Tanggal Resep		
8	Berat Darah		
9	Berat gula pembekuan		
10	Berat urin		
11	Interaksi obat		
12	Duplikasi		
13	Alamir Indikasi		
	Alergi Obat		
	Hasil		
	Memorisi		
Nama dan Paraf			

TELAH OBAT				
No	Uraian	Ya	Tidak	Tindak Lanjut
1	Berat Pasien			
2	Berat Obat			
3	Berat Gigitan			
4	Berat Berat			
5	Berat gula pembekuan			
6	Berat urin			
7	Berat Informasi			
Nama dan Paraf				

CS Dipindai dengan CamScanner

Drug Interaction Report - Drugs

drugs.com/interactions-check.php?drug_list=1991-0,1545-0

Drug Interaction Report

This report displays the potential drug interactions for the following 2 drugs:

- ranitidine
- mefenamic acid

Edit list (add/remove drugs)

Consumer Professional Email this report

Major (0) Moderate (0) Minor (1) Food (0) Therapeutic Duplication (0)

Interactions between your drugs

Minor raNITidine ↔ mefenamic acid
Applies to: ranitidine, mefenamic acid

Information for this minor interaction is available on the professional version.

How to Prevent Deadly Drug Interactions
Some mixtures of medications can lead to serious and even fatal consequences.
[Here are 9 ways to stay safe](#)

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Waiting for securepubads.doubleclick.net...

23:36 28/09/2021

Drug Interaction Facts 2009

Contents | Index | Search | Favourites

Type in the (word) to search for:

Select topic: Found: 2

Title	Location	Rank
Facts & Comparisons 4	Drug Interact.	1
Antagonists	Drug Interact.	2

Search previous results
 Match similar words
 Search sites only

NSAIDs

- Diclofenac* (eg, Cataflam)
- Etodolac
- Fenoprofen (eg, Nalfon)
- Flurbiprofen* (eg, Ansaid)
- Ibuprofen* (eg, Motrin)
- Indomethacin* (eg, Indocin)
- Ketoprofen
- Ketorolac
- Meclizolamate
- Mefenamic Acid (eg, Ponstel)
- Nabumetone
- Naproxen* (eg, Naprosyn)
- Oxaprozin (eg, Daypro)
- Piroxicam* (eg, Feldene)
- Sulindac* (eg, Clinoril)
- Tolmetin

Histamine H2 Antagonists

- Cimetidine* (eg, Tagamet)
- Famotidine* (eg, Pylorid)
- Nizatidine (eg, Axid)
- Ranitidine* (eg, Zantac)

Significance **5**

Onset
 Rapid
 Delayed

Severity
 Major
 Moderate
 Minor

Documentation
 Established
 Probable
 Suspected
 Possible
 Unlikely

Effects: The therapeutic actions of NSAIDs may be altered.

Mechanism: Unknown.

Management: No clinical interventions appear necessary.

[Top](#) [Discussion](#) [Print this section](#)

Drug Information Handbook, 17th Edition

Contents | Index | Search | Favourites

Type in the (word) to search for:

Select topic: Found: 29

Title	Location	Rank
Lexi-Comp Online: Ket...	Drug Informat.	1
Lexi-Comp Online: Sul...	Drug Informat.	2
Lexi-Comp Online: Fur...	Drug Informat.	3
Lexi-Comp Online: Dif...	Drug Informat.	4
Lexi-Comp Online: Oxa...	Drug Informat.	5
Lexi-Comp Online: Ket...	Drug Informat.	6
Lexi-Comp Online: Bu...	Drug Informat.	7
Lexi-Comp Online: Nab...	Drug Informat.	8
Lexi-Comp Online: Pro...	Drug Informat.	9
Lexi-Comp Online: Tol...	Drug Informat.	10
Lexi-Comp Online: Me...	Drug Informat.	11
Lexi-Comp Online: Mef...	Drug Informat.	12
Lexi-Comp Online: Ind...	Drug Informat.	13
Lexi-Comp Online: Fen...	Drug Informat.	14
Lexi-Comp Online: Dicl...	Drug Informat.	15
Lexi-Comp Online: So...	Drug Informat.	16
Lexi-Comp Online: Nap...	Drug Informat.	17
Lexi-Comp Online: Dicl...	Drug Informat.	18
Lexi-Comp Online: Tia...	Drug Informat.	19
Lexi-Comp Online: Met...	Drug Informat.	20
Lexi-Comp Online: Asp...	Drug Informat.	21
Lexi-Comp Online: Dex...	Drug Informat.	22
Lexi-Comp Online: War...	Drug Informat.	23
Lexi-Comp Online: Cim...	Drug Informat.	24
Lexi-Comp Online: Met...	Drug Informat.	25
Lexi-Comp Online: Cpr...	Drug Informat.	26
Lexi-Comp Online: Nel...	Drug Informat.	27
Lexi-Comp Online: Lab...	Drug Informat.	29

Search previous results
 Match similar words
 Search sites only

Pentoxifylline: Ketorolac may enhance the adverse/toxic effect of Pentoxifylline. Specifically, the risk of bleeding may be increased with this combination. **Risk B: Avoid combination**

Probenecid: May increase the serum concentration of Ketorolac. **Risk B: Avoid combination**

Quinolone Antibiotics: Nonsteroidal Anti-Inflammatory Agents may enhance the neuroexcitatory and/or seizure-potentiating effect of Quinolone Antibiotics. **Risk C: Monitor therapy**

Salicylates: NSAID (Nonselective) may enhance the adverse/toxic effect of Salicylates. An increased risk of bleeding may be associated with use of this combination. NSAID (Nonselective) may diminish the cardioprotective effect of Salicylates. Salicylates may decrease the serum concentration of NSAID (Nonselective). **Exceptions:** Choline Magnesium Trisalicylate. **Risk D: Consider therapy modification**

Selective Serotonin Reuptake Inhibitors: May enhance the antiplatelet effect of NSAID (Nonselective). **Risk D: Consider therapy modification**

Serotonin/Norepinephrine Reuptake Inhibitors: May enhance the antiplatelet effect of NSAID (Nonselective). **Risk C: Monitor therapy**

Thiazide Diuretics: Nonsteroidal Anti-Inflammatory Agents may diminish the therapeutic effect of Thiazide Diuretics. **Risk C: Monitor therapy**

Thrombolytic Agents: Nonsteroidal Anti-Inflammatory Agents may enhance the adverse/toxic effect of Thrombolytic Agents. An increased risk of bleeding may occur. **Risk C: Monitor therapy**

Treprostinil: May enhance the adverse/toxic effect of Nonsteroidal Anti-Inflammatory Agents. Bleeding may occur. **Risk C: Monitor therapy**

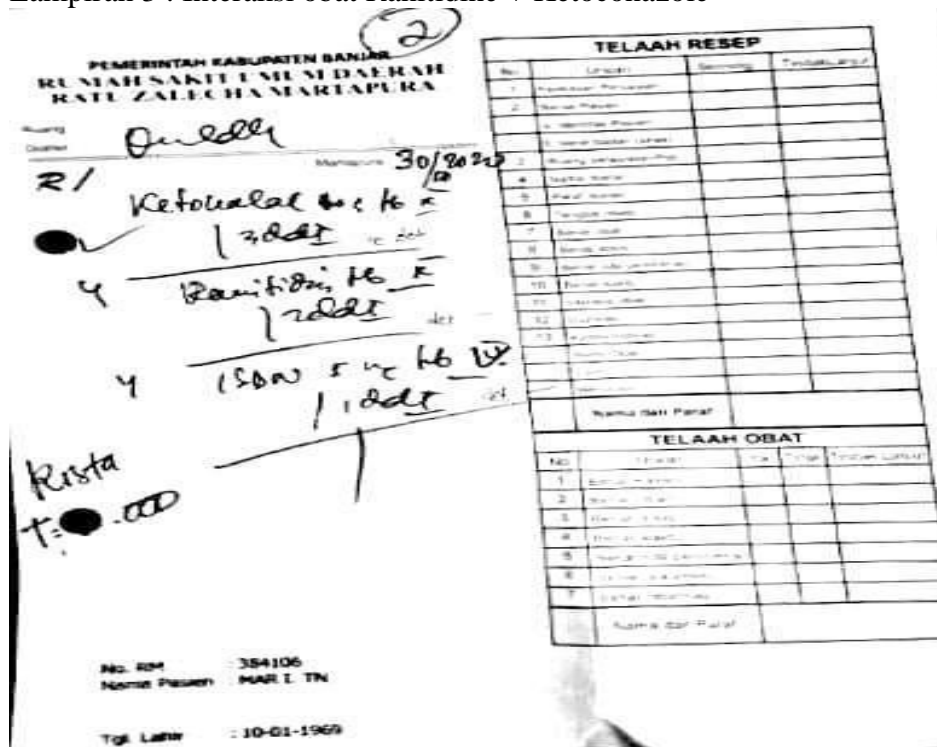
Vancomycin: Nonsteroidal Anti-Inflammatory Agents may decrease the excretion of Vancomycin. **Risk C: Monitor therapy**

Vitamin K Antagonists (eg, warfarin): NSAID (Nonselective) may enhance the anticoagulant effect of Vitamin K Antagonists. **Risk D: Consider therapy modification**

Ethanol/Nutrition/Herb Interactions

ACTIVATE WINDOWS
 Go to Settings to activate Windows.

Lampiran 3 : Interaksi obat Ranitidine + Ketoconazole



CS Dipindai dengan CamScanner

The screenshot shows a web browser window displaying a 'Drug Interaction Report' from drugs.com. The report title is 'Drug Interaction Report' and it lists two drugs: 'ranitidine' and 'ketoconazole'. The interaction level is 'Moderate'. The text states: 'Applies to: ranitidine, ketoconazole'. A warning message reads: 'Ask your doctor before using ketoconazole together with ranitidine. Using these medications together can make ketoconazole less effective. Let your doctor know if your condition worsens. It is important to tell your doctor about all other medications you use, including vitamins and herbs. Do not stop using any medications without first talking to your doctor.' The browser interface includes a search bar, navigation buttons, and a sidebar with 'Interactions' information and a 'Subscribe to our newsletters' section.

Drug Interaction Facts 2009

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Type in the word(s) to search for: ranitidine

Find: 46

Title	Location	Rank
Antagonists	Drug Intera...	15
Antagonists	Drug Intera...	16
Antagonists	Drug Intera...	17
Facts & Comparisons...	Drug Intera...	18
Facts & Comparisons...	Drug Intera...	19
Antagonists	Drug Intera...	20
Antagonists	Drug Intera...	21
Antagonists	Drug Intera...	22
Facts & Comparisons...	Drug Intera...	23
Antagonists	Drug Intera...	24
Facts & Comparisons...	Drug Intera...	25
Facts & Comparisons...	Drug Intera...	26
Facts & Comparisons...	Drug Intera...	27
Antagonists / Antacids	Drug Intera...	28
Antagonists	Drug Intera...	29
Facts & Comparisons...	Drug Intera...	30
Antagonists	Drug Intera...	31
Facts & Comparisons...	Drug Intera...	32
Facts & Comparisons...	Drug Intera...	33
Facts & Comparisons...	Drug Intera...	34
Antagonists	Drug Intera...	35
Facts & Comparisons...	Drug Intera...	36
Facts & Comparisons...	Drug Intera...	37
Antagonists	Drug Intera...	38
Antagonists	Drug Intera...	39
Facts & Comparisons...	Drug Intera...	40
Facts & Comparisons...	Drug Intera...	41
Facts & Comparisons...	Drug Intera...	42
Facts & Comparisons...	Drug Intera...	43
Facts & Comparisons...	Drug Intera...	44
Facts & Comparisons...	Drug Intera...	45
Antagonists	Drug Intera...	46

Search previous results
 Match similar words
 Search titles only

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Azole Antifungal Agents / Histamine H₂ Antagonists

Drug Interaction Facts

Contents: [Monograph Sections](#)

Related Documents: [A to Z Drug Facts](#) | [Cancer Chemotherapy Manual](#) | [Drug Facts and Comparisons®](#) | [Drug Interaction Facts](#) | [Herbal Interaction Facts](#) | [MedFacts Patient Information](#) | [Nonprescription Drug Therapy](#) | [Review of Natural Products](#) | [Off-Label Drug Facts](#)

Interactions [Print this section](#)

Azole Antifungal Agents	Histamine H ₂ Antagonists
<ul style="list-style-type: none"> Itraconazole* (eg, Sparanox) Ketoconazole* (eg, Nizoral) Posaconazole (Noxafil) 	<ul style="list-style-type: none"> Cimetidine* (eg, Tagamet) Famotidine (eg, Pepcid) Nizatidine (eg, Axid) Ranitidine* (eg, Zantac)

Significance	Onset	Severity	Documentation
2	<input type="checkbox"/> Rapid <input checked="" type="checkbox"/> Delayed	<input type="checkbox"/> Major <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Minor	<input type="checkbox"/> Established <input type="checkbox"/> Probable <input checked="" type="checkbox"/> Suspected <input type="checkbox"/> Possible <input type="checkbox"/> Unlikely

Effects: The effects of ITRACONAZOLE and KETOCONAZOLE may be attenuated. CIMETIDINE levels may increase slightly.

Mechanism: Decreased AZOLE ANTIFUNGAL AGENT bioavailability caused by reduced tablet dissolution in the presence of higher gastric pH. ITRACONAZOLE may inhibit active tubular secretion of CIMETIDINE by inhibiting active transport (eg, P-glycoprotein).

Management: Consider discontinuing one of the agents. If KETOCONAZOLE must be used, give glutamic acid hydrochloride 680 mg 15 min prior to KETOCONAZOLE administration.¹

Activate Windows
Go to Settings to activate Windows.

Drug Information Handbook, 17th Edition

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Type in the word(s) to search for: ranitidine x ketoconazole

Find: 4

Title	Location	Rank
Levi-Comp Online: Flu...	Drug Informa...	1
Levi-Comp Online: War...	Drug Informa...	2
Levi-Comp Online: Om...	Drug Informa...	3
Levi-Comp Online: DO...	Drug Informa...	4

Search previous results
 Match similar words
 Search titles only

FentaNYL: CYP3A4 Inhibitors (Moderate) may increase the serum concentration of FentaNYL. *Risk D: Consider therapy modification*

Fosaprepitant: Antifungal Agents (Azole Derivatives, Systemic) may increase the serum concentration of Fosaprepitant. Specifically, concentrations of aprepitant are likely to be increased. *Risk C: Monitor therapy*

Gadobutrol: May enhance the QTc-prolonging effect of QTc-Prolonging Agents. *Risk D: Consider therapy modification*

Gefitinib: Antifungal Agents (Azole Derivatives, Systemic) may decrease the metabolism of Gefitinib. *Risk C: Monitor therapy*

Grapefruit Juice: May increase the metabolism of Antifungal Agents (Azole Derivatives, Systemic). This specifically applies to oral antifungal administration. *Risk D: Consider therapy modification*

H₂-Antagonists: May decrease the absorption of Antifungal Agents (Azole Derivatives, Systemic). *Risk D: Consider therapy modification*

HMG-CoA Reductase Inhibitors: Antifungal Agents (Azole Derivatives, Systemic) may decrease the metabolism of HMG-CoA Reductase Inhibitors. **Exceptions:** Fluvastatin; Rosuvastatin. *Risk D: Consider therapy modification*

HMG-CoA Reductase Inhibitors: Fluconazole may decrease the metabolism of HMG-CoA Reductase Inhibitors. **Exceptions:** Pravastatin; Rosuvastatin. *Risk D: Consider therapy modification*

Imatinib: Antifungal Agents (Azole Derivatives, Systemic) may decrease the metabolism of Imatinib. *Risk C: Monitor therapy*

Irbesartan: Fluconazole may decrease the metabolism of Irbesartan. *Risk C: Monitor therapy*

Irinotecan: Antifungal Agents (Azole Derivatives, Systemic) may enhance the adverse/toxic effect of Irinotecan. *Risk D: Consider therapy modification*

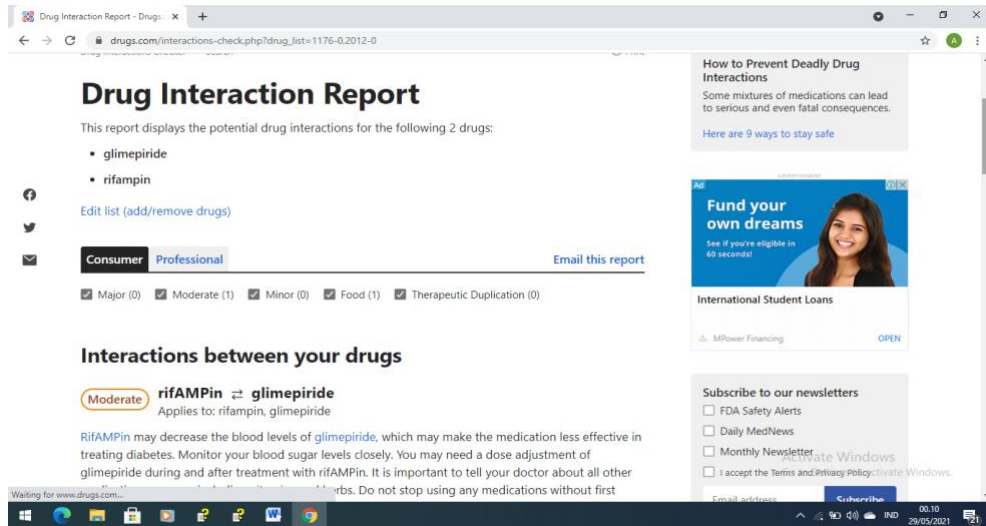
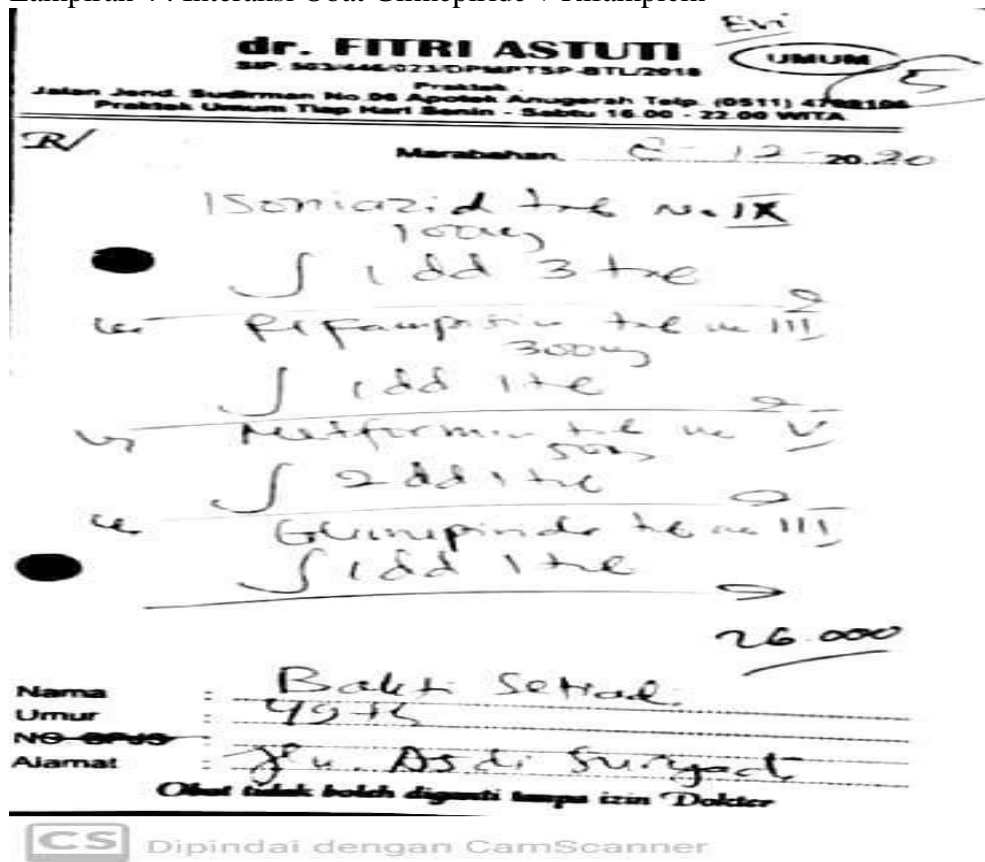
Losartan: Antifungal Agents (Azole Derivatives, Systemic) may decrease the metabolism of Losartan. *Risk C: Monitor therapy*

Losartan: Fluconazole may decrease the metabolism of Losartan. *Risk C: Monitor therapy*

Macrolide Antibiotics: May decrease the metabolism of Antifungal Agents (Azole Derivatives, Systemic). **Exceptions:** Azithromycin; Dirithromycin (Off-Label).

Activate Windows
Go to Settings to activate Windows.

Lampiran 4 : Interaksi Obat Glimepiride + Rifampicin



Drug Interaction Facts 2009

Contents | Index | Search | Favourites

Type in the (word) to search for:

Select topic: Found: 21

Title	Location	Rank
Facts & Comparisons... Drug Intera...	1	
Facts & Comparisons... Drug Intera...	2	
Facts & Comparisons... Drug Intera...	3	
Facts & Comparisons... Drug Intera...	4	
Facts & Comparisons... Drug Intera...	5	
Facts & Comparisons... Drug Intera...	6	
Facts & Comparisons... Drug Intera...	7	
Facts & Comparisons... Drug Intera...	8	
Facts & Comparisons... Drug Intera...	9	
Facts & Comparisons... Drug Intera...	10	
Facts & Comparisons... Drug Intera...	11	
Facts & Comparisons... Drug Intera...	12	
Facts & Comparisons... Drug Intera...	13	
Facts & Comparisons... Drug Intera...	14	
Facts & Comparisons... Drug Intera...	15	
Facts & Comparisons... Drug Intera...	16	
Facts & Comparisons... Drug Intera...	17	
Facts & Comparisons... Drug Intera...	18	
Facts & Comparisons... Drug Intera...	19	
Facts & Comparisons... Drug Intera...	20	
Facts & Comparisons... Drug Intera...	21	

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Sulfonyleureas / Rifamycins

Drug Interaction Facts

Contents: [Monograph Sections](#)

Related Documents: A to Z Drug Facts | Drug Facts and Comparisons® | Drug Interaction Facts | Herbal Interaction Facts | MedFacts Patient Information

Interactions

[Print this section](#)

Sulfonyleureas	Rifamycins
<ul style="list-style-type: none"> Acetohexamid Chlorpropamid* (eg, Diabinese) Glimpepid* (Amaryl) Glipizid (eg, Glucotrol) Glyburid* (eg, DiaBeta) Tolazamid (eg, Tolinase) Tolbutamid* (eg, Orinase) 	<ul style="list-style-type: none"> Rifabutin (Mycobutin) Rifampin* (eg, Rifadin) Rifapentine (Proftin)

Significance	Onset	Severity	Documentation
2	<input type="checkbox"/> Rapid <input checked="" type="checkbox"/> Delayed	<input type="checkbox"/> Major <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Minor	<input type="checkbox"/> Established <input checked="" type="checkbox"/> Probable <input type="checkbox"/> Suspected <input type="checkbox"/> Possible <input type="checkbox"/> Unlikely

Effects: RIFAMYCINS may decrease the $t_{1/2}$ and serum levels while increasing the clearance of some SULFONYLUREAS, possibly resulting in hypoglycemia.

Mechanism: The hepatic metabolism of certain SULFONYLUREAS may be increased by RIFAMYCINS.

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Lexi-Comp Online: Gly... Drug Informat...	5	
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Monitor therapy

Rivaroxaban: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Rivaroxaban. **Risk B: Avoid combination**

Salmeterol: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Salmeterol. **Risk B: Avoid combination**

Sildenafil: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Sildenafil. **Risk B: Avoid combination**

Sirolimus: Rifampin may increase the metabolism of Sirolimus. **Risk D: Consider therapy modification**

Sorafenib: CYP3A4 Inducers (Strong) may decrease the serum concentration of Sorafenib. **Risk D: Consider therapy modification**

Sorafenib: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Sorafenib. **Risk C: Monitor therapy**

Sulfonyleureas: Rifampin may increase the metabolism of Sulfonyleureas. **Risk C: Monitor therapy**

Sunitinib: Rifamycin Derivatives may increase the metabolism of Sunitinib. **Risk D: Consider therapy modification**

Tacrolimus: Rifamycin Derivatives may increase the metabolism of Tacrolimus. **Risk D: Consider therapy modification**

Tamoxifen: Rifamycin Derivatives may increase the metabolism of Tamoxifen. **Risk C: Monitor therapy**

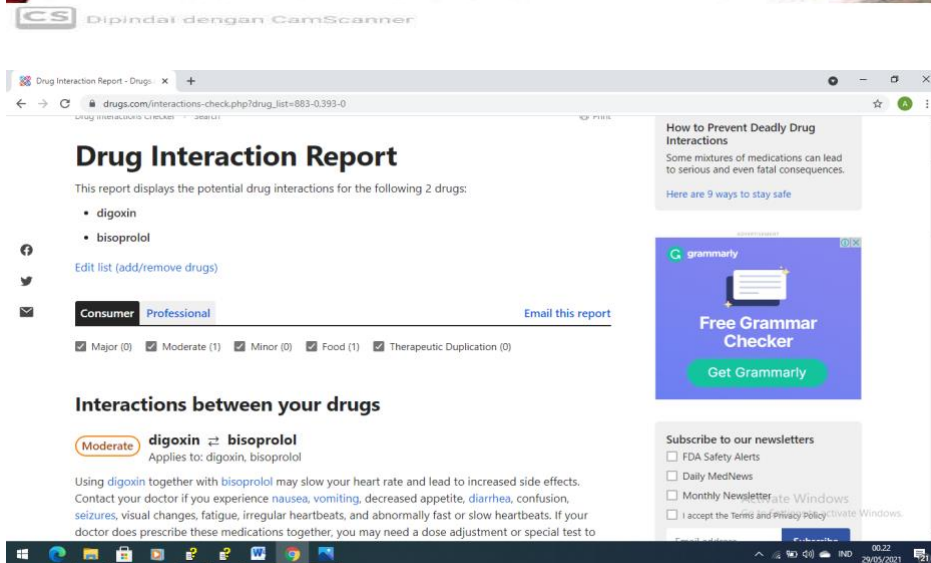
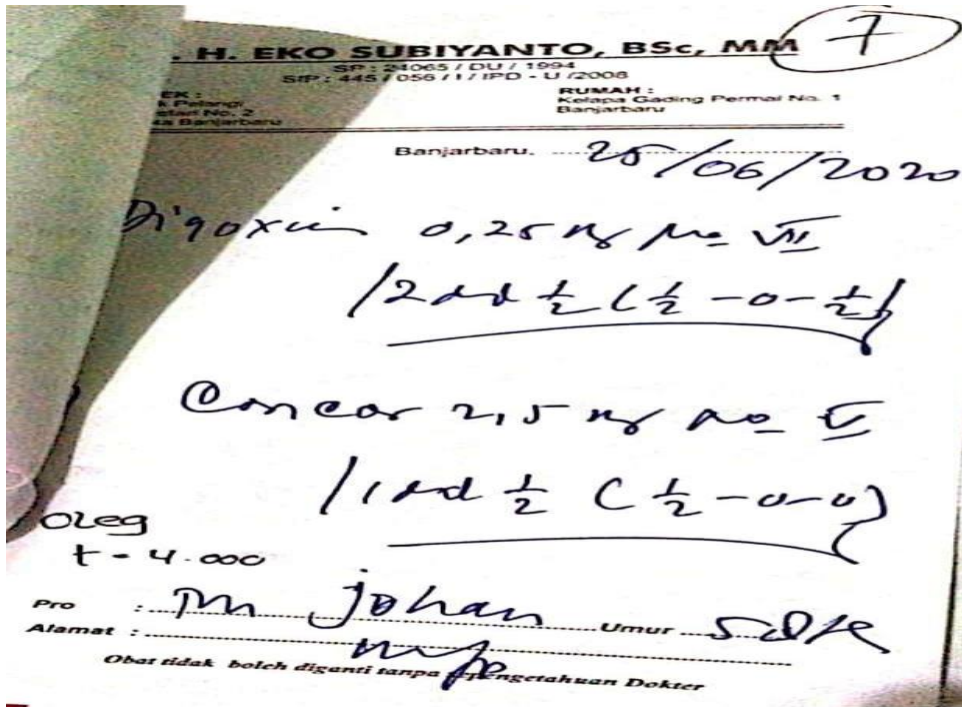
Temsirolimus: Rifamycin Derivatives may decrease the serum concentration of Temsirolimus. Rifamycins will likely cause an even greater decrease in the concentration of the active metabolite sirolimus. Management: Temsirolimus prescribing information recommends against coadministration with strong CYP3A4 inducers such as rifampin; however, if concurrent therapy is necessary, an increase in temsirolimus dose to 50 mg/week should be considered. **Risk D: Consider therapy modification**

Terbinafine: Rifamycin Derivatives may increase the metabolism of Terbinafine. **Risk D: Consider therapy modification**

Theophylline Derivatives: Isoniazid may decrease the metabolism of Theophylline Derivatives. **Exceptions: Diphylline. Risk D: Consider therapy modification**

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Lampiran 5 : Digoxin + Concor (bisoprolol)



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beta blocker x digoxin

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Digoxin / Beta-Blockers

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Significance	Onset	Severity	Documentation
2	<input checked="" type="checkbox"/> Rapid <input type="checkbox"/> Delayed	<input type="checkbox"/> Major <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Minor	<input type="checkbox"/> Established <input checked="" type="checkbox"/> Probable <input type="checkbox"/> Suspected <input type="checkbox"/> Possible <input type="checkbox"/> Unlikely

Effects: Serum DIGOXIN concentrations may be increased by coadministration of CARVEDILOL. Synergistic bradycardia may occur in some patients.

Mechanism: CARVEDILOL may increase DIGOXIN bioavailability. Possible additive depression of myocardial conduction and decreased renal tubular DIGOXIN secretion may occur.

Management: Monitor heart rate and serum DIGOXIN concentrations and observe for digitalis toxicity when initiating CARVEDILOL in patients receiving DIGOXIN.

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digoxin bbc

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Mechlorethamine; Megestrol; Mercaptopurine; Mitomycin; Mitotane; Mitoxantrone; Nilotamide; Paclitaxel; Pegaspargase; Pentostatin; Polyestradiol; Porfimer; RITUXimab; Streptozocin; Tamoxifen; Temozolomide; Teniposide; Thioguanine; Thiotepa; Topotecan; Toremifene; Tretinoin (Oral); Valrubicin; VinBLAStine; Vinorelbine. **Risk C: Monitor therapy**

Antineoplastic Agents (Anthracycline): Cardiac Glycosides may diminish the cardiotoxic effect of Antineoplastic Agents (Anthracycline). Antineoplastic Agents (Anthracycline) may decrease the serum concentration of Cardiac Glycosides. The effects of liposomal formulations may be unique from those of the free drug, as liposomal formulation have unique drug disposition and toxicity profiles, and liposomes themselves may alter **digoxin** absorption/distribution. **Risk C: Monitor therapy**

Atorvastatin: May increase the serum concentration of **Digoxin**. **Risk C: Monitor therapy**

Beta-Blockers: May enhance the bradycardic effect of Cardiac Glycosides. **Exceptions**: Levobunolol; Metipranolol. **Risk C: Monitor therapy**

Bile Acid Sequestrants: May decrease the absorption of Cardiac Glycosides. **Exceptions**: Colesevelam. **Risk C: Monitor therapy**

Calcitriol: May enhance the arrhythmogenic effect of Cardiac Glycosides. **Risk C: Monitor therapy**

Calcium Channel Blockers (Nondihydropyridine): May enhance the AV-blocking effect of Cardiac Glycosides. Calcium Channel Blockers (Nondihydropyridine) may decrease the metabolism of Cardiac Glycosides. **Risk D: Consider therapy modification**

Carvedilol: May increase the serum concentration of **Digoxin**. **Risk C: Monitor therapy**

Conivaptan: May increase the serum concentration of **Digoxin**. **Risk C: Monitor therapy**

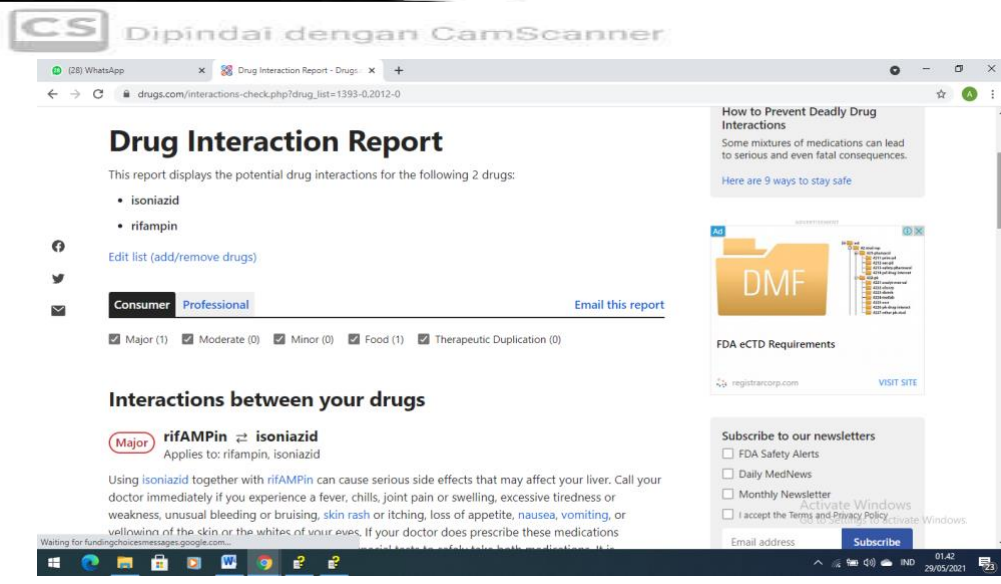
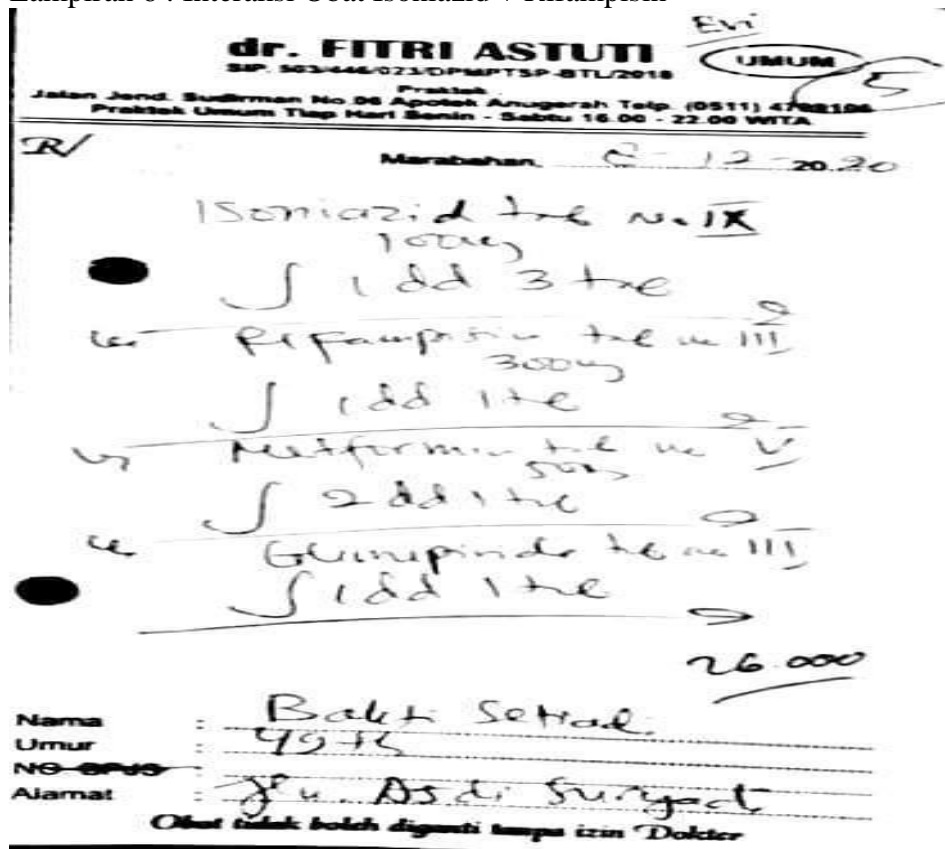
CycloSPORINE: May decrease the metabolism of Cardiac Glycosides. **Risk D: Consider therapy modification**

Kaolin: May decrease the absorption of Cardiac Glycosides. **Risk C: Monitor therapy**

Macrolide Antibiotics: May increase the serum concentration of Cardiac Glycosides. **Risk D: Consider therapy modification**

Midodrine: Cardiac Glycosides may enhance the bradycardic effect of Midodrine. **Risk C: Monitor therapy**

Lampiran 6 : Interaksi Obat Isoniazid + Rifampisin



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antibiotic isoniazid

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Levi-Comp Online: Fam...	Drug Informat...	6
Levi-Comp Online: Cal...	Drug Informat...	7
Levi-Comp Online: Suf...	Drug Informat...	8
Levi-Comp Online: Neo...	Drug Informat...	9
Levi-Comp Online: Dex...	Drug Informat...	10
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Levi-Comp Online: Cal...	Drug Informat...	14
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Levi-Comp Online: Neo...	Drug Informat...	24
Levi-Comp Online: Cort...	Drug Informat...	25
Levi-Comp Online: Ure...	Drug Informat...	26
Levi-Comp Online: Cort...	Drug Informat...	27
Levi-Comp Online: Cort...	Drug Informat...	28
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Fluconazole: May decrease the metabolism of Rifamycin Derivatives. This appears only affect rifabutin. Rifamycin Derivatives may increase the metabolism of Fluconazole. *Risk C: Monitor therapy*

Fosaprepitant: Rifampin may decrease the serum concentration of Fosaprepitant. More specifically, rifampin may decrease concentrations of the active metabolite aprepitant. *Risk C: Monitor therapy*

Gefitinib: Rifamycin Derivatives may increase the metabolism of Gefitinib. *Risk D: Consider therapy modification*

HMG-CoA Reductase Inhibitors: Rifamycin Derivatives may increase the metabolism of HMG-CoA Reductase Inhibitors. **Exceptions:** Rosuvastatin. *Risk D: Consider therapy modification*

Imatinib: Rifamycin Derivatives may increase the metabolism of Imatinib. *Risk D: Consider therapy modification*

Isoniazid: Rifamycin Derivatives may enhance the hepatotoxic effect of Isoniazid. Even so, this is a frequently employed combination regimen. *Risk C: Monitor therapy*

Ixabepilone: CYP3A4 Inhibitors (Strong) may increase the serum concentration of Ixabepilone. *Risk D: Consider therapy modification*

Lamotrigine: Rifampin may increase the metabolism of Lamotrigine. *Risk C: Monitor therapy*

Macrolide **Antibiotics:** May decrease the metabolism of Rifamycin Derivatives. **Exceptions:** Azithromycin, Dirithromycin [Off Market], Spiramycin. *Risk D: Consider therapy modification*

Maraviroc: CYP3A4 Inhibitors may increase the serum concentration of Maraviroc. *Risk D: Consider therapy modification*

Maraviroc: CYP3A4 Inducers may decrease the serum concentration of Maraviroc. *Risk D: Consider therapy modification*

Methadone: Rifamycin Derivatives may increase the metabolism of Methadone. *Risk C: Monitor therapy*

Morphine Sulfate: Rifamycin Derivatives may decrease the serum concentration of Morphine Sulfate. *Risk C: Monitor therapy*

Mycophenolate: Rifamycin Derivatives may decrease the serum concentration of Mycophenolate. Specifically, rifampin derivatives may...

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rifampin antibiotic

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Isoniazid / Rifampin

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Interactions [Print this section](#)

Isoniazid	Rifampin
• Isoniazid [®] (eg, Hydrazid)	• Rifampin [®] (eg, Rifadin)



Significance	Onset	Severity	Documentation
1	<input type="checkbox"/> Rapid <input checked="" type="checkbox"/> Delayed	<input type="checkbox"/> Major <input type="checkbox"/> Moderate <input type="checkbox"/> Minor	<input type="checkbox"/> Established <input type="checkbox"/> Probable <input type="checkbox"/> Suspected <input type="checkbox"/> Possible <input type="checkbox"/> Unlikely

Effects: Hepatotoxicity may occur at a rate higher than with either agent alone.

Mechanism: Possibly an alteration in the metabolism of isoniazid caused by RIFAMPIN.

Management: If alterations in liver function tests occur, consider discontinuation of one or both of these agents. Although discontinuation of therapy is usually sufficient, close monitoring is necessary due to the severity of the reaction.

Discussion [Print this section](#)

	<p style="text-align: center;">KOMISI ETIK PENELITIAN KESEHATAN FAKULTAS KEDOKTERAN UNIVERSITAS LAMBUNG MANGKURAT BANJARMASIN- INDONESIA THE ETHICAL COMMITTEE OF MEDICAL RESEARCH MEDICAL FACULTY UNIVERSITY OF LAMBUNG MANGKURAT BANJARMASIN - INDONESIA</p>
<p>KETERANGAN KELAIKAN ETIK (ETHICAL CLEARANCE)</p>	
<p>No 580/KEPK-FK ULM/EC/IV/2021</p>	
<p style="text-align: center;">Komisi Etik Penelitian Kesehatan Fakultas Kedokteran Universitas Lambung Mangkurat, Dengan Memperhatikan Hak Asasi Manusia dan Kesejahteraan Dalam Penelitian Kedokteran, Setelah Mempelajari Dengan Seksama Rancangan Penelitian Yang Diusulkan, Dengan Ini Menyatakan Bahwa Penelitian Dengan :</p>	
<p><i>The Committee of Medical Research Ethics of Medical Faculty, Lambung Mangkurat University, with regards of the protection of human rights and welfare in medical research, has carefully reviewed the proposal entitled.</i></p>	
<p>JUDUL: Title</p>	
<p>Kajian Interaksi Obat Pada Peresepan Polifarmasi di Apotek X Pada Periode Juni 2020-Desember 2020</p>	
<p>Study of Drug Interactions in Prescribing Polypharmacy at Pharmacy X in the period June 2020-December 2020</p>	
<p>NAMA PENELITI Name of the Investigator</p>	<p>: Ayudiani Safitri NIM. SF17013</p>
<p>UNIT / LEMBAGA Name of Institution</p>	<p>: Sekolah Tinggi Ilmu Kesehatan Borneo Lestari Banjarbaru Lestari Borneo Medical Institution, Banjarbaru</p>
<p>DINYATAKAN LAIK ETIK Approved for ethical clearance.</p>	<p>Banjarmasin, 9 April 2021 Komisi Etik Penelitian, The Ethical Comittee Research</p>
<p> Dr. dr. Ika K. Oktaviyanti M.Kes., Sp. PA NIP. 19681012 199702 2 001</p>	

1. Hasil Analisis Hubungan Karakteristik Responden Terhadap Potensi

Interaksi Obat menggunakan *Uji Chi Square*

Tujuan : Untuk mengetahui hubungan antara tingkat keparahan interaksi obat dengan jenis kelamin dan umur

Hipotesis :

- H_0 : Tidak terdapat hubungan antara antara potensi kejadian Interaksi obat terhadap tingkat keparahan, jenis kelamin dan umur

a. Jenis Kelamin

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Jeniskelamin * TingkatKeparahan	75	100,0%	0	0,0%	75	100,0%

Jenis kelamin * Tingkat Keparahannya Crosstabulation

		TingkatKeparahan			Total
		minor	moderate	mayor	
Jeniskelamin perempuan	Count	6	36	3	45
	Expected Count	4,8	37,8	2,4	45,0
	% within Jeniskelamin	13,3%	80,0%	6,7%	100,0%
laki-laki	Count	2	27	1	30
	Expected Count	3,2	25,2	1,6	30,0
	% within Jeniskelamin	6,7%	90,0%	3,3%	100,0%
Total	Count	8	63	4	75
	Expected Count	8,0	63,0	4,0	75,0
	% within Jeniskelamin	10,7%	84,0%	5,3%	100,0%

Berdasarkan hasil Crosstabulation terdapat 4 sel (66,7) yang nilai expected count (fh) kurang dari sehingga syarat *uji Chi Square* tidak terpenuhi, dan menggunakan *uji Fisher Extract* sebagai alternatifnya.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1,339 ^a	2	,512	,544	
Likelihood Ratio	1,409	2	,494	,544	
Fisher's Exact Test	1,202			,544	
Linear-by-Linear Association	,126 ^b	1	,723	,775	,478
N of Valid Cases	75				

a. 4 cells (66,7%) have expected count less than 5. The minimum expected count is 1,60.

b. The standardized statistic is ,354.

Kesimpulan :

Exact Sig. (2-sided) yang diperoleh adalah $0,544 > 0,05$ yang artinya tidak terdapat hubungan antara jenis kelamin terhadap potensi interaksi obat pada peresepan polifarmasi di Apotek X Martapura.

b. Usia

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Umur * TingkatKeperahan	75	100,0%	0	0,0%	75	100,0%

		TingkatKeparahan			Total
		minor	moderate	mayor	
17-35 tahun	Count	3	46	2	51
	Expected Count	5,4	42,8	2,7	51,0
	% within Umur	5,9%	90,2%	3,9%	100,0%
36-65 tahun	Count	5	17	2	24
	Expected Count	2,6	20,2	1,3	24,0
	% within Umur	20,8%	70,8%	8,3%	100,0%
Total	Count	8	63	4	75
	Expected Count	8,0	63,0	4,0	75,0
	% within Umur	10,7%	84,0%	5,3%	100,0%

Berdasarkan hasil Crosstabulation terdapat 3 cells (50,0%) yang nilai expected count (fh) kurang dari sehingga syarat *uji Chi Square* tidak terpenuhi, dan menggunakan *uji Fisher Extract* sebagai alternatifnya

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	4,744 ^a	2	,093	,088	
Likelihood Ratio	4,430	2	,109	,144	
Fisher's Exact Test	4,738			,070	
Linear-by-Linear Association	1,138 ^b	1	,286	,357	,223
N of Valid Cases	75				

a. 3 cells (50,0%) have expected count less than 5. The minimum expected count is 1,28.

b. The standardized statistic is -1,067.

Kesimpulan : Exact Sig. (2-sided) yang diperoleh adalah $0,070 > 0,05$ yang artinya tidak terdapat hubungan antara umur terhadap potensi interaksi obat pada peresepan polifarmasi di Apotek X Martapura.