



Concomitant Medications

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#	Medication	Dose	Unit	Route	Frequency	Start Date	Stop Date	Continu- ing?	Indication
1	Fexofena- dine HCL	180	Mg	РО	QD	—/Mar/2011		Yes	Allergic Rhinitis
2	Enalapril Maleate	5	Mg	РО	BID	-/-/2013		Yes	Hypertension
3	Ertiegli- flozin/ Sitagliptin	5/100	Mg	РО	QD	—/Jan/2016		Yes	Diabetes Mellitus Type II
4	Paraceta- mol	1000	Mg	РО	BID	—/Jul/2016		Yes	Osteoarthritis— Right Hip
5	Famotidine	20	Mg	РО	QD	—/Jan/2015		Yes	Gastroesophageal Reflux Disease
6	Hydrochlo- rothiazide	25	Mg	РО	QD	—/Mar/2018		Yes	Lower Extremity Edema
7	Budesonide	180	Mcg	INH	BID	—/May/2018		Yes	Asthma
8	Albuterol	90	Mcg	INH	PRN	—/May/2018		Yes	Asthma
9	Diltiazem	300	Mg	РО	QD	—/May/2018		Yes	Atrial Fibrillation
10	Aflibercept	.05	MI	IVA	Q2M	—/Dec/2018		Yes	Diabetic Retinopa- thy
11	Escital- opram	10	Mg	РО	QD	—/Mar/2020		Yes	Depression