

# ANGIOTENSIN II RECEPTOR BLOCKER (ARB) FOR HYPERTENSION (Part 1 of 2)

Generic & Class	Brand & Company	Strength	Formulations	Usual Adult Dose
<b>ANGIOTENSIN II RECEPTOR BLOCKER (ARB)</b>				
candesartan cilexetil	<b>Atacand</b> (AstraZeneca)	4mg, 8mg, 16mg, 32mg	tabs	<b>≥18yrs:</b> Monotherapy and not volume-depleted: initially 16mg once daily; usual range: 8–32mg per day once daily or in 2 divided doses. Salt/volume depleted or moderate hepatic impairment: consider lower initial dose. May add diuretic if needed. <b>&lt;18yrs:</b> Not recommended.
eprosartan (as mesylate)	<b>Teveten</b> (Abbott)	400mg, 600mg	tabs	<b>Adults:</b> Monotherapy: not volume depleted: initially 600mg once daily. Usual range: 400–800mg/day given as a single dose or in two divided doses. <b>Children:</b> Not recommended.
irbesartan	<b>Avapro</b> (Bristol-Myers Squibb)	75mg, 150mg, 300mg	tabs	<b>≥16yrs:</b> 150mg once daily; may increase to 300mg once daily. Or, may add a low dose of diuretic. Salt/volume depletion: initially 75mg once daily. <b>Children:</b> Not recommended.
losartan potassium	<b>Cozaar</b> (Merck)	25mg, 50mg, 100mg	tabs	<b>Adults:</b> Hypovolemia or hepatic insufficiency: initially 25mg once daily. Hypertension (HTN): initially 50mg once daily; range 25–100mg/day; max 100mg/day in 1 or 2 divided doses. HTN with LVH: initially 50mg once daily; then add hydrochlorothiazide (HCTZ) 12.5mg/day and/or increase losartan to 100mg/day, then may increase HCTZ to 25mg/day. <b>Children:</b> <6 years or CrCl <30mL/min: not recommended. ≥6 years: initially 0.7mg/kg (max 50mg) once daily; usual max 1.4mg/kg (100mg) once daily.
olmesartan medoxomil	<b>Benicar</b> (Daiichi Sankyo)	5mg, 20mg, 40mg	tabs	<b>Adults:</b> Monotherapy: not volume-depleted: initially 20mg once daily; may increase to max 40mg once daily after 2 weeks. Volume depleted (eg, concomitant diuretic): consider lower initial dose. <b>Children:</b> <6yrs: not recommended. 6–16yrs: (20kg to <35kg): initially 10mg once daily; may increase to max 20mg once daily after 2 weeks; (≥35kg): initially 20mg once daily; may increase to max 40mg once daily after 2 weeks. Tablets may be prepared as an oral suspension if unable to swallow: see literature.
telmisartan	<b>Micardis</b> (Boehringer Ingelheim)	20mg, 40mg, 80mg	tabs	<b>Adults:</b> Not volume-depleted: initially 40mg once daily; usual range 20–80mg/day. Salt/volume depleted: monitor closely or consider alternative therapy. May add diuretic if insufficient response at 80mg/day. <b>Children:</b> Not recommended.
valsartan	<b>Diovan</b> (Novartis)	40mg+, 80mg, 160mg, 320mg	tabs	<b>Adults:</b> Monotherapy and not volume-depleted: initially 80mg or 160mg once daily; max 320mg once daily. Or, add a diuretic (more effective than increasing dose above 80mg). <b>Children:</b> <6yrs or CrCl<30mL/min: not recommended. 6–16yrs: Initially 1.3mg/kg once daily (up to 40mg total); max 2.7mg/kg (up to 160mg) once daily. If unable to swallow tabs, or calculated dose (mg/kg) does not correspond to available tablet strengths, use suspension (see literature for susp preparation).
<b>CALCIUM CHANNEL BLOCKER + ANGIOTENSIN II RECEPTOR BLOCKER</b>				
amlodipine (as besylate)/olmesartan medoxomil	<b>Azor</b> (Daiichi Sankyo)	5mg/20mg, 5mg/40mg, 10mg/20mg, 10mg/40mg	tabs	<b>Adults:</b> Take once daily. Initial therapy: initially 5/20mg; may increase after 1–2 weeks up to max 10mg/40mg; ≥75yrs old or hepatic impairment: not recommended. Replacement therapy: may be substituted for titrated components. Add-on therapy: may be used if not controlled on monotherapy. Individualize; titrate at 2-week intervals up to max 10/40mg once daily, usually by increasing dose of one or both components if BP not controlled on prior therapy. Maximum effects within 2 weeks after dose change. <b>Children:</b> Not recommended.
amlodipine (besylate)/telmisartan	<b>Twynsta</b> (Boehringer Ingelheim)	5mg/40mg, 5mg/80mg, 10mg/40mg, 10mg/80mg	tabs	<b>Adults:</b> Take once daily. Initial therapy: 40/5mg or 80/5mg; may titrate at 2-week intervals to max 80/10mg. Add-on therapy: may be used if not controlled on monotherapy; if dose-limiting adverse reactions with amlodipine 10mg, switch to 40/5mg tab. Replacement therapy: may be substituted for the titrated components. Renal and/or hepatic impairment: titrate slower. >75yrs, or hepatic impairment: not for initial use (initially use amlodipine alone, or add amlodipine 2.5mg to telmisartan). <b>Children:</b> Not recommended.

(continued)

# ANGIOTENSIN II RECEPTOR BLOCKER (ARB) FOR HYPERTENSION (Part 2 of 2)

Generic & Class	Brand & Company	Strength	Formulations	Usual Adult Dose
<b>CALCIUM CHANNEL BLOCKER + ANGIOTENSIN II RECEPTOR BLOCKER (continued)</b>				
amlodipine (as besylate)/valsartan	<b>Exforge</b> (Novartis)	5mg/160mg, 5mg/320mg, 10mg/160mg, 10mg/320mg	tabs	<b>Adults:</b> Take once daily. Initial therapy and not volume depleted: Initially 5/160mg; may increase after 1–2 weeks up to max 10/320mg. Add-on therapy: may be used if not controlled on monotherapy; if inadequate response after 3–4 weeks, may titrate up to max 10/320mg. Replacement therapy: may be substituted for the titrated components. Maximum effects within 2 weeks after dose change. <b>Children:</b> Not recommended.
<b>ANGIOTENSIN II RECEPTOR BLOCKER + DIURETIC</b>				
candesartan cilexetil/hydrochlorothiazide	<b>Atacand HCT</b> (AstraZeneca)	16mg/12.5mg, 32mg/12.5mg	tabs	<b>Adults:</b> Not for initial therapy. May be substituted for titrated components. BP not controlled on HCTZ 25mg once daily, or controlled but serum potassium decreased: one Atacand HCT 16–12.5 tab once daily. BP not controlled on candesartan 32mg per day: initially one Atacand HCT 32–12.5 tab once daily; may increase to 32–25 once daily. CrCl <30mL/min: not recommended. <b>Children:</b> Not recommended.
eprosartan (as mesylate)/hydrochlorothiazide	<b>Teveten HCT</b> (Abbott)	600mg/12.5mg, 600mg/25mg	tabs	<b>Adults:</b> Not for initial therapy. May be substituted for titrated components. One Teveten HCT 600mg/12.5mg tab once daily; after 2–3 weeks may increase to one Teveten HCT 600mg/25mg tab once daily. May add eprosartan 300mg once daily in the PM if additional BP control is needed at trough. <b>Children:</b> Not recommended.
irbesartan/hydrochlorothiazide	<b>Avalide</b> (Bristol-Myers Squibb)	150mg/12.5mg, 300mg/12.5mg, 300mg/25mg	tabs	<b>Adults:</b> Take once daily. Not controlled on monotherapy: initially 150/12.5mg, titrate to 300/12.5mg then 300/25mg if needed. Replacement therapy: may be substituted for titrated components. Initial therapy: start at 150/12.5mg for 1–2 weeks, then titrate as needed up to max 300mg/25mg. Maximum effects within 2–4 weeks after dose change. CrCl <30mL/min: not recommended. <b>Children:</b> Not recommended.
losartan potassium/hydrochlorothiazide	<b>Hyzaar</b> (Merck)	50mg/12.5mg, 100mg/12.5mg, 100mg/25mg	tabs	<b>≥18yrs:</b> One 50–12.5mg tab once daily; may increase after about 3 weeks (2–4 weeks for severe HTN) to two 50–12.5mg tabs once daily or one 100–25mg tab once daily. Titrate components: see literature. HTN with LVH: switch from losartan monotherapy (see literature). Severe renal impairment (CrCl<30mL/min): not recommended. <b>&lt;18yrs:</b> Not recommended.
olmesartan medoxomil/hydrochlorothiazide	<b>Benicar HCT</b> (Daiichi Sankyo)	20mg/12.5mg, 40mg/12.5mg, 40mg/25mg	tabs	<b>≥18yrs:</b> Not for initial therapy. May be substituted for titrated components. Individualize. BP not controlled on olmesartan or HCTZ alone: one tab once daily; may titrate at 2–4 week intervals; usual max 40mg/25mg once daily. Severe renal impairment (CrCl <30mL/min): not recommended. Volume depleted: reduce dose. <b>&lt;18yrs:</b> Not recommended.
telmisartan/hydrochlorothiazide	<b>Micardis HCT</b> (Boehringer Ingelheim)	40mg/12.5mg, 80mg/12.5mg, 80mg/25mg	tabs	<b>Adults:</b> Not for initial therapy. May be substituted for titrated components. BP not controlled on telmisartan 80mg/day: one Micardis HCT 80mg/12.5mg tab once daily; may titrate to 160mg/25mg. BP not controlled on HCTZ 25mg/day: one Micardis HCT 80mg/12.5mg tab or 80mg/25mg tab once daily; may titrate to 160mg/25mg if BP uncontrolled after 2–4 weeks. BP controlled on HCTZ 25mg/day but hypokalemic: One Micardis HCT 80mg/12.5mg tab once daily. CrCl <30mL/min: not recommended. Hepatic insufficiency or biliary obstruction: initially one Micardis HCT 40mg/12.5mg tab once daily; monitor closely. Severe hepatic impairment: not recommended. <b>Children:</b> Not recommended.
valsartan/hydrochlorothiazide	<b>Diovan HCT</b> (Novartis)	80mg/12.5mg, 160mg/12.5mg, 160mg/25mg, 320mg/12.5mg, 320mg/25mg	tabs	<b>Adults:</b> Take once daily. Add-on or initial therapy and not volume-depleted: Initially 160mg/12.5mg; may increase after 1–2 weeks up to max 320mg/25mg. Replacement therapy: may be substituted for the titrated components. Maximum effects within 2–4 weeks after dose change. CrCl <30mL/min: not recommended. <b>Children:</b> Not recommended.

**NOTES**  
+ = scored tablets

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