

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

Generic & Class	Brand & Company	Strength	Formulations	Usual Dose
ANGIOTENSIN II RECEPTOR BLOCKER (ARB)				
azilsartan medoxomil	Edarbi (Takeda)	40mg, 80mg	tabs	≥18yrs: Monotherapy, not volume-depleted: 80mg once daily. Volume-depleted (eg, concomitant high-dose diuretics): initially 40mg once daily. <18yrs: Not recommended.
candesartan cilexetil	Atacand (AstraZeneca)	4mg, 8mg, 16mg, 32mg	scored tabs	Adults: Individualize. ≥18yrs: 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. Children: <1yr or CrCl<30mL/min: not recommended. Give once daily or in 2 divided doses. 1–<6yrs (may give oral susp if unable to swallow, tabs): initially 0.2mg/kg/day; usual range: 0.05–0.4mg/kg/day. 6–<17yrs (<50kg): initially 4–8mg/day; usual range: 2–16mg/day; (>50kg): initially 8–16mg/day; usual range: 4–32mg/day. Salt/volume depletion: consider lower initial dose.
eprosartan (as mesylate)	Teveten (AbbVie)	400mg, 600mg	tabs	Adults: Monotherapy: not volume depleted: initially 600mg once daily. Usual range: 400–800mg/day given as a single dose or in 2 divided doses. Children: Not recommended.
irbesartan	Avapro (Sanofi Aventis)	75mg, 150mg, 300mg	tabs	≥16yrs: 150mg once daily; may increase to 300mg once daily. Or, may add a low dose of diuretic. Salt/volume depletion: initially 75mg once daily. Children: Not recommended.
losartan potassium	Cozaar (Merck)	25mg, 50mg, 100mg	tabs	Adults: 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. Children: <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	Benicar (Daiichi Sankyo)	5mg, 20mg, 40mg	tabs	≥16yrs: 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. Children: <1yr: Do not give. <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	Micardis (Boehringer Ingelheim)	20mg, 40mg, 80mg	tabs	Adults: Not volume-depleted: initially 40mg once daily; usual range 20–80mg/day. Salt/volume depleted: monitor closely or consider reduced dose. May add diuretic if insufficient response at 80mg/day. Children: Not recommended.
valsartan	Diovan (Novartis)	40mg+, 80mg, 160mg, 320mg	tabs	Adults: 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). Children: <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).
ANGIOTENSIN II RECEPTOR BLOCKER + CALCIUM CHANNEL BLOCKER + DIURETIC				
olmesartan/amlodipine/hydrochlorothiazide	Tribenzor (Daiichi Sankyo)	20mg/5mg/12.5mg, 40mg/5mg/12.5mg, 40mg/5mg/25mg, 40mg/10mg/12.5mg, 40mg/10mg/25mg	tabs	Adults: One tablet daily. Titrate at 2-week intervals; max one 40/10/25mg tablet daily. Replacement therapy: may be substituted for individually titrated components. Add-on/switch therapy: may be used to provide additional BP lowering for patients not adequately controlled on max tolerated, labeled or usual doses of any two antihypertensive classes: ARBs, CCBs, and diuretics. Children: Not recommended.
ANGIOTENSIN II RECEPTOR BLOCKER + DIURETIC				
azilsartan medoxomil/chlorthalidone	Edarbyclor (Takeda)	40mg/12.5mg, 40mg/25mg	tabs	≥18yrs: Initially 40/12.5mg once daily. May increase to 40/25mg after 2–4 weeks as needed. Max: 40/25mg. Patients titrated to the individual components: may give corresponding dose of Edarbyclor. See literature. <18yrs: Not recommended.
candesartan cilexetil/hydrochlorothiazide	Atacand HCT (AstraZeneca)	16mg/12.5mg, 32mg/12.5mg, 32mg/25mg	scored tabs	Adults: 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. Children: Not recommended.
eprosartan (as mesylate)/hydrochlorothiazide	Teveten HCT (AbbVie)	600mg/12.5mg, 600mg/25mg	tabs	Adults: 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. Children: Not recommended.

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

Generic & Class	Brand & Company	Strength	Formulations	Usual Dose
ANGIOTENSIN II RECEPTOR BLOCKER + DIURETIC (continued)				
irbesartan/ hydrochlorothiazide	Avalide (Sanofi Aventis)	150mg/12.5mg, 300mg/12.5mg	tabs	Adults: 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. Children: Not recommended.
losartan potassium/ hydrochlorothiazide	Hyzaar (Merck)	50mg/12.5mg, 100mg/12.5mg, 100mg/25mg	tabs	≥18yrs: 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. <18yrs: Not recommended.
olmesartan medoxomil/ hydrochlorothiazide	Benicar HCT (Daiichi Sankyo)	20mg/12.5mg, 40mg/12.5mg, 40mg/25mg	tabs	<18yrs: 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. <18yrs: Not recommended.
telmisartan/ hydrochlorothiazide	Micardis HCT (Boehringer Ingelheim)	40mg/12.5mg, 80mg/12.5mg, 80mg/25mg	tabs	Adults: 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. Children: Not recommended.
valsartan/ hydrochlorothiazide	Diovan HCT (Novartis)	80mg/12.5mg, 160mg/12.5mg, 160mg/25mg, 320mg/12.5mg, 320mg/25mg	tabs	Adults: 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. Children: Not recommended.
CALCIUM CHANNEL BLOCKER + ANGIOTENSIN II RECEPTOR BLOCKER				
amlodipine (as besylate)/ olmesartan medoxomil	Azor (Daiichi Sankyo)	5mg/20mg, 5mg/40mg, 10mg/20mg, 10mg/40mg	tabs	Adults: 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. Children: Not recommended.
amlodipine (as besylate)/ telmisartan	Twynsta (Boehringer Ingelheim)	5mg/40mg, 5mg/80mg, 10mg/40mg, 10mg/80mg	tabs	Adults: 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). Children: Not recommended.
amlodipine (as besylate)/valsartan	Exforge (Novartis)	5mg/160mg, 5mg/320mg, 10mg/160mg, 10mg/320mg	tabs	Adults: 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. Children: Not recommended.
DIRECT RENIN INHIBITOR + ANGIOTENSIN II RECEPTOR BLOCKER				
aliskiren/valsartan	Valturna (Novartis)	150mg/160mg, 300mg/320mg	tabs	Adults: Take consistently with regard to meals. 1 tablet once daily. Add-on or initial therapy and not volume-depleted: initially 150/160mg; may increase after 2–4 weeks to max 300/320mg. Replacement therapy: substitute for the titrated components. Children: Not recommended.

NOTES

+ = scored tablets

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