

## HYPERTENSION TREATMENTS: ARBs (Part 1 of 2)

Generic	Brand	Strength	Form	Usual Dose
<b>ANGIOTENSIN II RECEPTOR BLOCKER (ARB)</b>				
azilsartan medoxomil	<b>Edarbi</b>	40mg, 80mg	tabs	<p>≥<b>18yrs</b>: <i>Monotherapy, not volume-depleted</i>: 80mg once daily. <i>Volume-depleted (eg, concomitant high-dose diuretics)</i>: Initially 40mg once daily.</p> <p>&lt;<b>18yrs</b>: <b>Not established</b>.</p>
candesartan cilexetil	<b>Atacand</b>	4mg, 8mg, 16mg, 32mg	scored tabs	<p>≥<b>18yrs</b>: <i>Monotherapy and not volume-depleted</i>: Initially 16mg once daily; <i>usual range</i>: 8–32mg once daily or in 2 divided doses. <i>Salt/volume depleted or moderate hepatic impairment</i>: consider lower initial dose. May add diuretic if needed.</p> <p>&lt;<b>1yr or CrCl&lt;30mL/min</b>: <b>Not recommended</b>. Give once daily or in 2 divided doses. <b>1–&lt;6yrs</b> (may give oral susp if unable to swallow tabs): Initially 0.2mg/kg/day; <i>usual range</i>: 0.05–0.4mg/kg/day.</p> <p><b>6–&lt;17yrs (&lt;50kg)</b>: Initially 4–8mg/day; <i>usual range</i>: 2–16mg/day; <b>(&gt;50kg)</b>: Initially 8–16mg/day; <i>usual range</i>: 4–32mg/day.</p> <p><i>Salt/volume depletion</i>: Consider lower initial dose.</p>
eprosartan mesylate	—	400mg, 600mg	tabs	<p><b>Adults</b>: <i>Monotherapy</i>: not volume depleted: initially 600mg once daily. <i>Usual range</i>: 400–800mg/day given as a single dose or in 2 divided doses.</p> <p><b>Children</b>: <b>Not established</b>.</p>
irbesartan	<b>Avapro</b>	75mg, 150mg, 300mg	tabs	<p>≥<b>16yrs</b>: 150mg once daily; may increase to 300mg once daily. Or, may add a low dose of diuretic. <i>Salt/volume depletion</i>: Initially 75mg once daily.</p> <p><b>Children</b>: <b>Not recommended</b>.</p>
losartan potassium	<b>Cozaar</b>	25mg, 50mg, 100mg	tabs	<p><b>Adults</b>: <i>Hypertension (HTN)</i>: Initially 50mg once daily; may increase to max 100mg once daily. <i>HTN with LVH</i>: Initially 50mg once daily; then add HCTZ 12.5mg/day and/or increase losartan to 100mg/day, then may increase HCTZ to 25mg/day. <i>Volume-depleted (eg, on a diuretic) or mild-moderate hepatic impairment</i>: Initially 25mg once daily.</p> <p>&lt;<b>6yrs or CrCl &lt;30mL/min</b>: <b>Not recommended</b>. ≥<b>6yrs</b>: Initially 0.7mg/kg (max 50mg) once daily; usual max 1.4mg/kg (100mg) once daily.</p>
olmesartan medoxomil	<b>Benicar</b>	5mg, 20mg, 40mg	tabs	<p>≥<b>16yrs</b>: <i>Monotherapy: not volume-depleted</i>: Initially 20mg once daily; may increase to max 40mg once daily after 2wks. <i>Volume depleted (eg, concomitant diuretic)</i>: consider lower initial dose.</p> <p>&lt;<b>1yr</b>: <b>Do not give</b>. &lt;<b>6yrs</b>: <b>Not recommended</b>.</p> <p><b>6–16yrs (20kg to &lt;35kg)</b>: initially 10mg once daily; may increase to max 20mg once daily after 2wks; <b>(≥35kg)</b>: initially 20mg once daily; may increase to max 40mg once daily after 2wks. <i>Tabs may be prepared as an oral suspension if unable to swallow</i>: see full labeling.</p>
telmisartan	<b>Micardis</b>	20mg, 40mg, 80mg	tabs	<p><b>Adults</b>: <i>Not volume-depleted</i>: Initially 40mg once daily; usual range 20–80mg/day. <i>Salt/volume depleted</i>: monitor closely or consider reduced dose. May add diuretic if insufficient response at 80mg/day.</p> <p><b>Children</b>: <b>Not recommended</b>.</p>
valsartan	<b>Diovan</b>	40mg+, 80mg, 160mg, 320mg	tabs	<p><b>Adults</b>: <i>Monotherapy and not volume-depleted</i>: Initially 80mg or 160mg once daily; max 320mg once daily. Or, add a diuretic (more effective than increasing dose above 80mg).</p> <p>&lt;<b>6yrs or CrCl&lt;30mL/min</b>: <b>Not recommended</b>. <b>6–16yrs</b>: 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 tab strengths, use suspension.</p>
<b>ARB + CALCIUM CHANNEL BLOCKER (DIHYDROPYRIDINE) + THIAZIDE DIURETIC</b>				
olmesartan/amlodipine/HCTZ	<b>Tribenzor</b>	20mg/5mg/12.5mg, 40mg/5mg/12.5mg, 40mg/5mg/25mg, 40mg/10mg/12.5mg, 40mg/10mg/25mg	tabs	<p><b>Adults</b>: 1 tab once daily. May titrate at 2-week intervals; max one 40/10/25mg tab daily. ≥<b>75yrs or severe hepatic impairment</b>: start amlodipine 2.5mg.</p> <p><b>Children</b>: <b>Not established</b>.</p>
valsartan/amlodipine/HCTZ	<b>Exforge HCT</b>	160mg/5mg/12.5mg, 160mg/5mg/25mg, 160mg/10mg/12.5mg, 160mg/10mg/25mg, 320mg/10mg/25mg	tabs	<p><b>Adults</b>: 1 tab once daily. May titrate at 2-week intervals; max one 320mg/10mg/25mg tab daily. May be substituted for individually titrated components. Add-on/switch therapy: may be used to provide additional BP lowering if not adequately controlled on doses of any two antihypertensive classes: ARBs, CCBs, and diuretics.</p> <p><b>Children</b>: <b>Not established</b>.</p>
<b>ARB + THIAZIDE DIURETIC</b>				
azilsartan medoxomil/chlorthalidone	<b>Edarbyclor</b>	40mg/12.5mg, 40mg/25mg	tabs	<p>≥<b>18yrs</b>: Initially 40/12.5mg once daily. May increase to 40/25mg after 2–4wks as needed. <i>Max</i>: 40/25mg. <i>Patients titrated to the individual components</i>: may give corresponding dose of Edarbyclor. See full labeling.</p> <p>&lt;<b>18yrs</b>: <b>Not established</b>.</p>

(continued)

## HYPERTENSION TREATMENTS: ARBs (Part 2 of 2)

Generic	Brand	Strength	Form	Usual Dose
<b>ARB + THIAZIDE DIURETIC (continued)</b>				
candesartan cilexetil/ HCTZ	<b>Atacand HCT</b>	16mg/12.5mg, 32mg/12.5mg, 32mg/25mg	scored tabs	<b>Adults:</b> Not for initial therapy. May be substituted for titrated components. <i>BP not controlled on HCTZ 25mg once daily, or controlled but serum potassium decreased:</i> one 16/12.5 tab once daily. <i>BP not controlled on candesartan 32mg per day:</i> initially one 32/12.5 tab once daily; may increase to 32/25 once daily. <i>Moderate-to-severe hepatic impairment or CrCl ≤30mL/min:</i> not recommended. <b>Children:</b> Not established.
irbesartan/ HCTZ	<b>Avalide</b>	150mg/12.5mg, 300mg/12.5mg	tabs	<b>Adults:</b> Take once daily. <i>Not controlled on monotherapy:</i> initially 150/12.5mg, titrate to 300/12.5mg then 300/25mg if needed. <i>Initial therapy:</i> start at 150/12.5mg for 1–2wks, then titrate as needed up to max 300mg/25mg. May be substituted for titrated components. <i>CrCl ≤30mL/min:</i> not recommended <b>Children:</b> Not established.
losartan potassium/ HCTZ	<b>Hyzaar</b>	50mg/12.5mg, 100mg/12.5mg, 100mg/25mg	tabs	<b>Adults:</b> Initially 50/12.5mg once daily (100/12.5mg if BP not controlled on losartan 100mg alone); may increase after 3wks as needed to max 100/25mg daily. <i>HTN with LVH (BP not controlled on losartan alone):</i> initially 50/12.5mg once daily; increase as needed to 100/12.5mg, then to max 100/25mg daily. <b>Children:</b> Not established.
olmesartan medoxomil/ HCTZ	<b>Benicar HCT</b>	20mg/12.5mg, 40mg/12.5mg, 40mg/25mg	tabs	<b>Adults:</b> <i>BP not controlled on olmesartan alone:</i> initially 40/12.5mg once daily. <i>Intolerant to or BP not controlled on HCTZ alone:</i> initially 20/12.5mg once daily. <i>Both:</i> may titrate at 2–4wk intervals up to max 40mg/25mg once daily. May substitute for individually titrated components. <b>Children:</b> Not established.
telmisartan/ HCTZ	<b>Micardis HCT</b>	40mg/12.5mg, 80mg/12.5mg, 80mg/25mg	tabs	<b>Adults:</b> Not for initial therapy. May be substituted for titrated components. <i>BP not controlled on telmisartan 80mg/day:</i> 80mg/12.5mg once daily. <i>BP not controlled on HCTZ 25mg/day or BP controlled but hypokalemic:</i> 80mg/12.5mg once daily. <i>Both:</i> may titrate up to 160mg/25mg after 2–4wks. <i>Hepatic insufficiency or biliary obstruction:</i> initially 40mg/12.5mg once daily; monitor closely. <i>Severe renal or hepatic impairment:</i> not recommended. <b>Children:</b> Not established.
valsartan/ HCTZ	<b>Diovan HCT</b>	80mg/12.5mg, 160mg/12.5mg, 160mg/25mg, 320mg/12.5mg, 320mg/25mg	tabs	<b>Adults:</b> <i>Add-on or initial therapy and not volume-depleted:</i> initially 160mg/12.5mg once daily; may increase after 1–2wks up to max 320mg/25mg daily. May be substituted for the titrated components. <b>Children:</b> Not established.
<b>CALCIUM CHANNEL BLOCKER (DIHYDROPYRIDINE) + ARB</b>				
amlodipine besylate/ olmesartan medoxomil	<b>Azor</b>	5mg/20mg, 5mg/40mg, 10mg/20mg, 10mg/40mg	tabs	<b>Adults:</b> Initially 5/20mg once daily; may increase after 1–2wks up to max 10/40mg daily. <i>≥75yrs or hepatic impairment:</i> initial therapy not recommended. <b>Children:</b> Not established.
amlodipine besylate/ telmisartan	<b>Twynsta</b>	5mg/40mg, 5mg/80mg, 10mg/40mg, 10mg/80mg	tabs	<b>Adults:</b> Take once daily. <i>Initial therapy:</i> 5/40mg or 5/80mg; may titrate at 2-week intervals to max 10/80mg. <i>Add-on therapy:</i> may be used if not controlled on monotherapy; if dose-limiting adverse reactions with amlodipine 10mg, switch to 5/40mg tab. <i>Replacement therapy:</i> may be substituted for the titrated components. <i>Severe renal impairment:</i> titrate slower. <i>≥75yrs, or hepatic impairment:</i> not for initial use (initially use amlodipine alone, or add amlodipine 2.5mg to telmisartan; titrate slowly). <b>Children:</b> Not established.
amlodipine besylate/ valsartan	<b>Exforge</b>	5mg/160mg, 5mg/320mg, 10mg/160mg, 10mg/320mg	tabs	<b>Adults:</b> Take once daily. <i>Initial therapy and not volume depleted:</i> Initially 5/160mg; may increase after 1–2wks up to max 10/320mg. <i>Add-on therapy:</i> may be used if not controlled on monotherapy; if inadequate response after 3–4wks, may titrate up to max 10/320mg. <i>Replacement therapy:</i> may be substituted for the titrated components. Maximum effects within 2wks after dose change. <i>Elderly, hepatic impairment:</i> initial therapy not recommended. <b>Children:</b> Not established.

### NOTES

**Key:** + = scored tablets

Not an inclusive list of medications, official indications, and/or dosing details. Please see drug monograph at [www.eMPR.com](http://www.eMPR.com) and/or contact company for full drug labeling.

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