

The information provided is intended to help prescribers select an alternative agent from the angiotensin II receptor antagonist (ARB) class.

Doses should be individualized to optimally control the patient's health condition. Close monitoring of blood pressure, potassium and renal function may be required during the transition period.

Drug	Indication	Initial Dose	Usual Maintenance Dose	Recommended Maximum Daily Dose	Single-Entity Products	Combination Products
Azilsartan	Hypertension	20 mg once daily ^{a,b,c}	40-80 mg once daily	80 mg	40 mg, 80 mg	azilsartan/chlorthalidone: 40/12.5 mg, 80/12.5 mg, 40/25 mg
Candesartan	Hypertension	8 mg once daily ^{a,b}	8-32 mg once daily	32 mg	4 mg, 8 mg, 16 mg, 32 mg	candesartan/HCTZ: 16/12.5 mg, 32/12.5 mg, 32/25 mg
	Heart failure	4 mg once daily ^b	Double the dose at 2 week intervals, as tolerated, to a target dose of 32 mg once daily	32 mg		
Eprosartan	Hypertension	600 mg once daily ^{a,b,c,d}	600 mg once daily	600 mg	400 mg, 600 mg	eprosartan/HCTZ: 600/12.5 mg
Irbesartan	Hypertension	75 mg once daily ^{a,b}	150-300 mg once daily	300 mg	75 mg, 150 mg, 300 mg	irbesartan/HCTZ: 150/12.5 mg, 300/12.5 mg
	Diabetic nephropathy	150 mg once daily ^b	300 mg once daily	300 mg		
Losartan	Hypertension	25 mg once daily ^{a,b}	50-100 mg once daily ^b	100 mg	25 mg, 50 mg, 100 mg	losartan/HCTZ: 50/12.5 mg, 100/25 mg
	Diabetic nephropathy	50 mg once daily ^b	50-100 mg once daily depending on BP	100 mg		
	Heart failure (60 years of age or older) (not a Health Canada-approved use)	12.5 mg once daily ^b	50 mg once daily	100 mg		
Olmesartan	Hypertension	20 mg once daily ^{a,b}	20-40 mg once daily	40 mg	20 mg, 40 mg	olmesartan/HCTZ: 20/12.5 mg, 40/12.5 mg, 40/25 mg
Telmisartan	Hypertension	40 mg once daily	40-80 mg once daily	80 mg	40 mg, 80 mg	telmisartan/HCTZ: 80/12.5 mg, 80/25 mg
	Cardiovascular risk reduction	80 mg once daily	80 mg once daily	80 mg		
Valsartan	Hypertension	80 mg once daily ^{a,b}	80-320 mg once daily	320 mg	40 mg, 80 mg, 160 mg, 320 mg	valsartan/HCTZ: 80/12.5 mg, 160/12.5 mg, 160/25 mg
	Heart failure	40 mg BID	Increase dose at 2-week intervals to 80 mg BID then 160 mg BID if tolerated	160 mg BID		
	Post-MI	Beginning at least 12 hours post-MI, 20 mg BID if clinically stable with careful monitoring of blood pressure	Within 7 days, increase dose to 40 mg BID, then gradually increase dose to a target of 160 mg BID as tolerated	160 mg BID Usually given with beta-blockers		

^a As monotherapy in the treatment of hypertension, in patients with no additional risk factors such as renal failure, liver impairment, heart failure, advanced age or concomitant diuretic therapy.

^b If volume depleted, such as those on diuretics, correct volume depletion prior to administration or start with a low initial dose.

^c Adjust initial dose in geriatric patients.

^d Some patients may experience a diminished antihypertensive effect toward the end of a 24-hour dosing interval. Splitting the daily dose into 2 equal 12-hourly doses or increasing the once daily dose may be considered.

Abbreviation: BP = blood pressure; HCTZ = hydrochlorothiazide; MI = myocardial infarction

Information adapted from Angiotensin II Receptor Antagonists (CPhA Monograph) and Hypertension, available from www.myrxtx.ca.