CANDESARTAN

Class: Angiotensin II Receptor Blocker;Antihypertensive

Indications:Heart failure, Hypertension

Dosage: **Hypertension:** Oral: **Note:** Antihypertensive effect usually observed within 2 weeks; maximum antihypertensive effect seen within 4-6 weeks. Dosage must be individualized. Initial: 16 mg once daily; titrate to response; usual range: 8-32 mg daily in 1-2 divided doses; maximum daily dose: 32 mg daily.

Heart failure: Initial: 4 mg once daily; double the dose at 2-week intervals, as tolerated; target dose: 32 mg once daily. **Note:** In selected cases, concurrent therapy with an ACE inhibitor may provide additional benefit.

Dosing: Renal Impairment

No initial dosage adjustment necessary; however, in patients with severe renal impairment (Cl_{cr} <30 mL/minute/1.73 m^2) AUC and C_{max} were approximately doubled after repeated dosing.

Dosing: Hepatic Impairment

Mild impairment (Child-Pugh class A): No initial dosage adjustment necessary.

Moderate impairment (Child-Pugh class B): Initial: 8 mg daily (AUC increased by 145%).

Severe impairment (Child-Pugh class C): No dosage adjustment provided in manufacturer's labeling (has not been studied); however, systemic exposure increases significantly in moderate impairment

Available dosage form in the hospital:8MG TAB, 16MG TAB

Common side effect:Cardiovascular: Angina, hypotension (heart failure 19%). Central nervous system: Anxiety, depression. Dermatologic: Angioedema, rash. Endocrine & metabolic: Hyperglycemia, hyperkalemia , hypertriglyceridemia, hyperuricemia. Gastrointestinal: Dyspepsia, gastroenteritis. Neuromuscular & skeletal: Back pain, CPK increased,.Renal: Serum creatinine increased (up to 13% in patients with heart failure with drug discontinuation required in 6%).

Pregnancy Risk Factor:D