Medicines Management Programme

Prescribing Tips and Tools

Angiotensin II receptor blockers (ARBs) – Guidance for Prescribers

The Health Products Regulatory Authority (HPRA) is undertaking a precautionary recall of a number of medicines containing the active ingredient **valsartan** which is used to treat hypertension and heart failure and occasionally post myocardial infarction. The list of valsartan products being recalled include **Valtan, Vatan, Co-Vatan, Valsartan Actavis and Valsartan/Hydrochlorothiazide Actavis**. The recall follows the identification of an impurity called N-nitrosodimethylamine (NDMA) which is classified as a probable human carcinogen. The HPRA statement indicates that there is no evidence to date that any harm has come to patients.

As a result of this development prescribers may experience a shortage of valsartan for the foreseeable future. This may have implications as over 25,000 patients are currently being treated with valsartan.

Therefore many prescribers may be required to discontinue valsartan products and prescribe alternative antihypertensive agents which will frequently mean a change to an alternative ARB.

The HSE-Medicines Management Programme has reviewed this drug class and recommends Candesartan as the preferred ARB. Candesartan may be used for hypertension and heart failure and approximate daily dose conversions are shown in the table below.

Table: Licensed Indications and Daily Dose Equivalencies for Valsartan and Candesartan

ARB	Licensed indications	Approximate daily dose conversion			
Valsartan	-Hypertension -Heart Failure -Post-MI**	40mg*	80mg*	160mg*	320mg*
Candesartan	-Hypertension -Heart Failure	4mg once daily	8mg once daily	16mg once daily	16 – 32 mg once daily

*Prescribers should note that valsartan may be administered twice daily.
**Should valsartan be prescribed for the post-MI indication then specialist advice should be sought.

Where it is necessary to switch patients from valsartan to candesartan, blood pressure and U&Es should be monitored following the switch and the dose adjusted where necessary.

See link below to Prescribing Tips for Candesartan:
https://www.hse.ie/eng/services/publications/clinical-strategy-and-programmes/arb-prescribing-tips-for-candesartan.pdf.

The finding of NDMA in valsartan products has prompted a review of all ARBs and the outcome of this wider review may alter our prescribing advice here. However, given the current information available we recommend that if prescribers are switching from valsartan to another ARB then **Candesartan** is the preferred ARB.