



Valsartan Recall

Due to the presence of a potentially carcinogenic contaminant in valsartan, Health Canada has [recalled](#) many valsartan products. Various brands, strengths and lots are affected of single-ingredient products; at least one brand of combination valsartan/hydrochlorothiazide has also been affected.

Patients currently taking valsartan will need to be switched to another agent as no uncontaminated brands of valsartan are available. Alternative angiotensin receptor II blockers (ARBs) are appropriate choices in most cases. Valsartan is indicated for hypertension, heart failure and post-myocardial infarction (MI). While all ARBs are indicated for hypertension, not all are indicated (or have data to support their use) for heart failure and post-MI. The table below indicates dosing of ARBs based on outcome data. As indicated, these are estimated equivalencies and patients will need to be monitored following the switch.

Doses of Angiotensin Receptor Blockers for Various Indications						
ARB	HYPERTENSION Approximate Equivalent Daily Dose ¹⁻³	HYPERTENSION Daily Dose Range ^{4,5}	HEART FAILURE Target Dose ^{6,7}	POST-MI Target Dose ^{8,9}	DIABETIC NEPHRO- PATHY Usual Dose ^{4,5}	CV RISK REDUCTION Usual Dose ^{4,5}
valsartan	80 mg	80-320 mg	160 mg BID	160 mg BID		
azilsartan	40 mg	20-80 mg				
candesartan	8-16 mg	4-32 mg	32 mg daily	32 mg daily*		
eprosartan	600 mg	400-800 mg				
irbesartan	150 mg	75-300 mg	No difference from placebo		300 mg daily	
losartan	50 mg	25-100 mg	150 mg daily*		50-100 mg daily	
olmesartan	20 mg	10-40 mg				
telmisartan	40 mg	40-80 mg				80 mg daily

*no official indication ARB= angiotensin II receptor blocker; CV = cardiovascular; MI= myocardial infarction

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