

Date: November 17, 2005

Subject: DRC Recommendations to DCC and DHS

To: DHS, DCC, Dean's Office

From: Henry F. Simmons, Jr., MD, Ph.D.
Chairman DRC

At its 11/17/05 meeting, the Drug Review Committee considered the potential toxicity and therapeutic roles of seven angiotensin receptor blockers in the management of adult patients with various indications as listed below.

ARBs under consideration

Candesartan [Atacand]
Eprosartan [Teveten]
Irbesartan [Avapro]
Losartan [Cozaar]
Olmesartan [Benicar]
Telmisartan [Micardis]
Valsartan [Diovan]

Indications under consideration

Essential hypertension
High cardiovascular risk
Recent myocardial infarction
Heart failure
Nephropathy

Throughout its deliberations various Committee members remarked that there is a paucity of head to head data to use in making decisions regarding these drugs.

Based upon the bulk of the best available evidence pertaining to the aforementioned drugs the Committee concluded the following:

There is insufficient evidence to exclude completely any of the agents from therapeutic consideration on the basis of either toxicity or an increased frequency of adverse effects.

All of the agents are efficacious in reducing blood pressure.

Losartan should be available to patients with left ventricular hypertrophy who are not African-American.

Valsartan should be available to patients who have sustained myocardial infarctions.

Candesartan and valsartan should be available to patients with congestive heart failure.

Either irbesartan or losartan should be available to patients with nephropathy, type unspecified.

An alternative to losartan should be available to African-American patients.