



Corrigendum

De Caterina AR, Harper AR, Cuculi F. Critical evaluation of the efficacy and tolerability of azilsartan. *Vasc Health Risk Manag.* 2012;8:299–305.

Some data were presented incorrectly in the published version of Table 1. The correct Table 1 is as follows:

CORRIGENDUM

Table I Comparison of the eight currently available angiotensin-receptor blockers

Generic name	Brand name	Dose (mg)	Cost (28-tab pack)	Metabolism	Half-life (hours)
Azilsartan	Edarbi (Takeda)	40	£16.80	Hepatic: Mainly CYP2C9 (also CYP2B6 and CYP2C8); no CYP inhibition; inhibits p-glycoprotein	11
Candesartan	Atacand	80 4	£19.95 £9.78	Ester hydrolysis within gastrointestinal wall	9
Eprosartan	Teveten	32 300	£16.13 £7.31	Not metabolized and eliminated unchanged	20
Irbesartan	Aprovel (Bristol-Myers Squibb) (Sanofi-Aventis)	600 75	£14.31 £9.69	Hepatic: glucuronidation and oxidation by CYP2C9	11–15
Losartan	Losartan Potassium, Cozaar	300 25	£15.93 £1.45 £16.18	Hepatic: CYP2C9 and CYP3A4	2
Olmesartan	Olmetec	100 20	£1.47 £16.18 £12.95	Ester hydrolysis within gastrointestinal wall	13
Telmisartan	Micardis (Boehringer Ingelheim)	40 40	£17.50 £8.00	Minimally conjugated, no CYP450 activation	24
Valsartan	Diovan (Novartis)	80 40 160	£17.00 £13.97 £18.41	Minimal metabolism (CYP2C9) and eliminated largely unchanged	6

Primary function	Dosing	AT ₁ /AT ₂ receptor selectivity	Pressor inhibition at 24 hours
Hypertension	40–80 mg once daily for hypertension	>10,000-fold	32 mg 60%
Hypertension, heart failure	8–32 mg once daily over 4-(for hypertension) or 2-(for heart failure) week intervals	>10,000-fold	8 mg 50%
Hypertension	400–800 mg once daily, increase after 2–3 weeks	1000-fold	350 mg 30%
Hypertension, diabetic nephropathy	150–300 mg once daily for hypertension and renal disease in hypertensive type 2 diabetes mellitus	>8500-fold	150 mg 40% 300 mg 60%
Hypertension, diabetic nephropathy	25–100 mg once daily over several weeks for hypertension and diabetic nephropathy; 12.5–150 mg once daily over weekly intervals for chronic heart failure	1000-fold	100 mg 25%–40%
Hypertension	10–40 mg once daily for hypertension	>12,500-fold	20 mg 61% 40 mg 74%
Hypertension	40–80 mg once daily after 4 weeks for hypertension; 80 mg once daily to prevent cardiovascular events	>3000-fold	80 mg 40%
Hypertension, heart failure, myocardial infarction	80–320 mg once daily over 4 weeks for hypertension; 40 mg twice daily, up to 160 mg twice daily, over 2-week intervals for heart failure; 20 mg twice daily, up to 160 mg twice daily, over 2-week intervals for myocardial infarction	20,000-fold	80 mg 30%

Notes: Data drawn from Zaiken K, Cheng JW. Azilsartan medoxomil: a new angiotensin receptor blocker. *Clin Ther.* 2011;33(11):1577–1589.²³

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