



CORRIGENDUM

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:

Vascular Health and Risk Management downloaded from <https://www.dovepress.com/> on 02-Dec-2022
For personal use only.

Table 1 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 | Olmotec | 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

Vascular Health and Risk Management

Dovepress

Publish your work in this journal

Vascular Health and Risk Management is an international, peer-reviewed journal of therapeutics and risk management, focusing on concise rapid reporting of clinical studies on the processes involved in the maintenance of vascular health; the monitoring, prevention and treatment of vascular disease and its sequelae; and the involvement of

metabolic disorders, particularly diabetes. This journal is indexed on PubMed Central and MedLine. The manuscript management system is completely online and includes a very quick and fair peer-review system, which is all easy to use. Visit <http://www.dovepress.com/testimonials.php> to read real quotes from published authors.

Submit your manuscript here: <http://www.dovepress.com/vascular-health-and-risk-management-journal>