5.5. Hyperkalemia

5.4. Impaired Renal Function

5.2. Morbidity in Infants

WARNINGS AND PRECAUTIONS

for candesartan cilexetil.

These highlights do not include all the information needed to use candesartan cilexetil. See full prescribing information for complete prescribing information.

•  Dual inhibition of the renin-angiotensin system: Increased risk of renal function impairment, including possible acute renal failure, and hyperkalemia.

[see DRUG INTERACTIONS (7)]

6.1. Clinical Studies Experience

6.4. Pregnancy

•  When pregnancy is detected, discontinue candesartan cilexetil as soon as possible. (5.1)

6.1. Clinical Studies Experience

The recommended initial dose for treating heart failure is 4 mg once daily. The target dose is 12 mg once daily. The maximum recommended dose is 32 mg once daily. Do not use more than 32 mg of candesartan cilexetil once daily.

6.1. Clinical Studies Experience

If oliguria or hypotension occurs, direct attention toward support of blood pressure and renal function, including the possibility of dialysis. Do not use the diuretics or NSAIDs in patients allergic to these medications.

6.2. Nursing Mothers

The milk of nursing mothers may contain sufficient amounts of candesartan cilexetil for a premature infant to receive 1% of the mother’s daily dose.

6.3. Pediatric Use

Pediatrics:

•  Candesartan cilexetil may be administered with or without food.

6.4. Pregnancy

6.5. Drug Interactions

Do not co-administer aliskiren with candesartan cilexetil in patients with renal impairment or renal artery stenosis. (5.1)

6.5. Drug Interactions

Candesartan cilexetil may be administered with or without food.

8.4. Pediatric Use

Pediatrics:

•  Candesartan cilexetil may be administered with or without food.

8.4. Pediatric Use

Candesartan cilexetil can be used in pediatric patients 12 years of age and older who are unable to take renin-angiotensin system inhibitors, taking into account the importance of the drug to the mother.

8.5. Laboratory Tests

•  Monitor serum lithium levels.

9.8. Information for Patients

•  Treat high blood pressure in adults and children, 1 to 17 years of age (5.1)

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10. OVERDOSAGE

•  If you take more candesartan cilexetil than prescribed, call your doctor, local poison control center, or go to the nearest emergency room.

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•  If you take more candesartan cilexetil than prescribed, call your doctor, local poison control center, or go to the nearest emergency room.
Candesartan cilexetil 32 mg once daily significantly reduced the rate of CV death or heart failure hospitalization in patients with LV systolic dysfunction when compared with placebo (see Table 1). CV death or heart failure hospitalization rates in the candesartan cilexetil group were 8% lower than in the placebo group (p = 0.029) in the primary analysis (Figure). This lower rate of events was consistent across subgroups defined by baseline characteristics and required no dose adjustment (see Table 1).

Table 1. CV Death or Heart Failure Hospitalization Rates in Subgroups

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>Candesartan Cilexetil</th>
<th>Placebo</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>Yes 2484</td>
<td>252</td>
<td>0.85</td>
</tr>
<tr>
<td>Age &lt;65 years</td>
<td>Yes 1891</td>
<td>219</td>
<td>0.029</td>
</tr>
<tr>
<td>Male</td>
<td>Yes 2484</td>
<td>219</td>
<td>0.85</td>
</tr>
<tr>
<td>Female</td>
<td>Yes 2484</td>
<td>219</td>
<td>0.85</td>
</tr>
<tr>
<td>Black</td>
<td>Yes 2484</td>
<td>219</td>
<td>0.85</td>
</tr>
<tr>
<td>Non-black</td>
<td>Yes 2484</td>
<td>219</td>
<td>0.85</td>
</tr>
<tr>
<td>LVEF &lt;0.25</td>
<td>Yes 2484</td>
<td>219</td>
<td>0.85</td>
</tr>
<tr>
<td>LVEF ≥0.25</td>
<td>Yes 2484</td>
<td>219</td>
<td>0.85</td>
</tr>
</tbody>
</table>

The antihypertensive effect was similar in men and women and in patients older and younger than 1 year of age. The effect of candesartan cilexetil on LV systolic dysfunction was consistent in patients aged ≥50 years and in those aged <50 years. In the controlled trials, the antihypertensive effect was similar in men and women (see Table 1). The antihypertensive effect was similar in patients older (≥50 years) and younger (<50 years) than 1 year of age (see Table 1).

The pharmacokinetics of candesartan were linear in patients with heart failure (NYHA class II to IV). The AUC and Cmax values were not altered in healthy subjects after repeated candesartan cilexetil administration. The pharmacokinetics of candesartan have been studied in the elderly (≥75 years old). The pharmacokinetics of candesartan were linear in patients with renal impairment (creatinine clearance ≥30 to <120 mL/min/1.73m²). The plasma concentrations of candesartan were not different in patients with mild to moderate renal impairment (creatinine clearance ≥30 to <60 mL/min/1.73m²). The pharmacokinetics of candesartan were linear in patients with severe renal impairment (creatinine clearance <30 mL/min/1.73m²). The pharmacokinetics of candesartan were linear in patients with heart failure (NYHA class II to IV).

Rats received the drug by gavage, whereas mice received the drug by dietary administration. Following an oral dose of 14C-labeled candesartan cilexetil, approximately 33% of the dose was excreted in urine. Candesartan cilexetil pharmacokinetics have not been determined in children with renal or hepatic impairment or in children below the age of 1 year. The pharmacokinetics of candesartan have been studied in the elderly (≥75 years old).

Candesartan cilexetil pharmacokinetics have not been determined in children with renal or hepatic impairment or in children below the age of 1 year.