

## COMBINATION HYPERTENSION TREATMENTS (Part 1 of 2)

Generic	Brand	Strength	Form	Usual Adult Dose
<b>ACE INHIBITOR + THIAZIDE DIURETIC</b>				
benazepril/HCTZ	<b>Lotensin HCT</b>	10mg/12.5mg, 20mg/12.5mg, 20mg/25mg	scored tabs	<i>Switching from monotherapy with either component:</i> initially 10/12.5mg once daily; may increase after 2–3wks as needed up to max 20/25mg daily. Or, substitute for individually titrated components.
captopril/HCTZ	—	25mg/15mg, 25mg/25mg, 50mg/15mg, 50mg/25mg	scored tabs	Take 1hr before meals. <i>As initial therapy:</i> one 25/15 tab daily; adjust at 6wk intervals. <i>Previously titrated:</i> use same doses as individual components. Usual max 150mg captopril, 50mg HCTZ daily.
enalapril/HCTZ	<b>Vaseretic</b>	10mg/25mg	tabs	<i>Switching from monotherapy with either component:</i> start with 10/25 once daily, then adjust; max 20mg enalapril/day and 50mg HCTZ/day. Allow 2–3wks for titration of HCTZ component. Or, substitute for individually titrated components.
fosinopril/HCTZ	—	10mg/12.5mg, 20mg/12.5mg	tabs	Not for initial therapy. Give once daily. Usual range: fosinopril: 10–20mg; HCTZ: 12.5–50mg. <i>CrCl &lt;30mL/min:</i> not recommended.
lisinopril/HCTZ	—	10mg/12.5mg, 20mg/12.5mg+	tabs	Not for initial therapy. Initially 10mg/12.5mg or 20mg/12.5mg; increase HCTZ dose 2–3wks after. Max 80mg/50mg daily. <i>CrCl &lt;30mL/min:</i> not recommended.
	<b>Zestoretic</b>	10mg/12.5mg, 20mg/12.5mg, 20mg/25mg	tabs	<i>Switching from monotherapy with either component:</i> initially 10/12.5 or 20/12.5 once daily, then after 2–3wks titrate HCTZ component. <i>If on diuretic:</i> if possible, suspend diuretic for 2–3 days, then adjust. Or, substitute for individually titrated components. <i>CrCl ≤30mL/min:</i> not recommended.
moexipril/HCTZ	—	7.5mg/12.5mg, 15mg/12.5mg, 15mg/25mg	scored tabs	Not for initial therapy. Take 1hr before a meal. <i>Switching from monotherapy with either component:</i> 1 tab once daily; allow 2–3wks before titrating HCTZ component. Usual max 30mg/50mg per day. Or, substitute for individually-titrated components. <i>CrCl ≤40mL/min:</i> not recommended.
quinapril/HCTZ	<b>Accuretic</b>	10mg/12.5mg+, 20mg/12.5mg+, 20mg/25mg	tabs	Not for initial therapy. <i>Previously titrated:</i> use same doses as individual components. <i>Switching from quinapril monotherapy:</i> initially one 10/12.5 tab or one 20/12.5 tab once daily; allow 2–3wks before increasing HCTZ component. <i>Switching from HCTZ 25mg/day monotherapy:</i> initially one 10/12.5 tab daily or one 20/12.5 tab once daily. Adjust based on response and serum potassium. <i>CrCl ≤30mL/min:</i> not recommended.
<b>ACE INHIBITOR + CALCIUM CHANNEL BLOCKER (DIPHENYLALKYLAMINE)</b>				
trandolapril/verapamil (ext-rel)	—	1mg/240mg, 2mg/180mg, 2mg/240mg, 4mg/240mg	tabs	Titrate individual components. Take with food. 1 tab daily.
<b>ANGIOTENSIN II RECEPTOR BLOCKER + CALCIUM CHANNEL BLOCKER (DIHYDROPYRIDINE) + THIAZIDE DIURETIC</b>				
olmesartan/amlodipine/HCTZ	<b>Tribenzor</b>	20mg/5mg/12.5mg, 40mg/5mg/12.5mg, 40mg/5mg/25mg, 40mg/10mg/12.5mg, 40mg/10mg/25mg	tabs	Not for initial therapy. 1 tab once daily. May titrate at 2-week intervals; max one 40/10/25mg tab daily. <i>≥75yrs or severe hepatic impairment:</i> use individual components (amlodipine 2.5mg). <i>CrCl ≤30mL/min:</i> avoid.
valsartan/amlodipine/HCTZ	<b>Exforge HCT</b>	160mg/5mg/12.5mg, 160mg/5mg/25mg, 160mg/10mg/12.5mg, 160mg/10mg/25mg, 320mg/10mg/25mg	tabs	Not for initial therapy. 1 tab daily. Titrate at 2-week intervals; max one 320mg/10mg/25mg tab daily. May be substituted for individually titrated components. <i>Add-on/switch therapy:</i> may be used to provide additional BP lowering for patients not adequately controlled on doses of any two antihypertensive classes: ARBs, CCBs, and diuretics.
<b>ANGIOTENSIN II RECEPTOR BLOCKER + THIAZIDE DIURETIC</b>				
azilsartan/chlorthalidone	<b>Edarbyclor</b>	40mg/12.5mg, 40mg/25mg	tabs	Initially 40/12.5mg once daily. May increase to 40/25mg after 2–4wks as needed. <i>Max:</i> 40/25mg. <i>Patients titrated to the individual components:</i> may give corresponding dose of Edarbyclor. See full labeling.
candesartan/HCTZ	<b>Atacand HCT</b>	16mg/12.5mg, 32mg/12.5mg, 32mg/25mg	scored tabs	Not for initial therapy. May be substituted for titrated components. <i>BP not controlled on HCTZ 25mg once daily, or controlled but serum potassium decreased:</i> one 16/12.5 tab once daily. <i>BP not controlled on candesartan 32mg per day:</i> initially one 32/12.5 tab once daily; may increase to 32/25 once daily. <i>CrCl ≤30mL/min:</i> not recommended.
irbesartan/HCTZ	<b>Avalide</b>	150mg/12.5mg, 300mg/12.5mg	tabs	Take once daily. <i>Not controlled on monotherapy:</i> initially 150/12.5mg, titrate to 300/12.5mg then 300/25mg if needed. <i>Initial therapy:</i> start at 150/12.5mg for 1–2wks, then titrate as needed up to max 300mg/25mg. May be substituted for titrated components. <i>CrCl ≤30mL/min:</i> not recommended.
losartan/HCTZ	<b>Hyzaar</b>	50mg/12.5mg, 100mg/12.5mg, 100mg/25mg	tabs	Initially 50/12.5mg once daily (100/12.5mg if BP not controlled on losartan 100mg alone); may increase after 3wks as needed to max 100/25mg daily. <i>HTN with LVH (BP not controlled on losartan alone):</i> initially 50/12.5mg once daily; increase as needed to 100/12.5mg, then to max 100/25mg daily.
olmesartan/HCTZ	<b>Benicar HCT</b>	20mg/12.5mg, 40mg/12.5mg, 40mg/25mg	tabs	<i>BP not controlled on olmesartan alone:</i> initially 40/12.5mg once daily. <i>Intolerant to or BP not controlled on HCTZ alone:</i> initially 20/12.5mg once daily. <i>Both:</i> may titrate at 2–4wk intervals up to max 40mg/25mg once daily. May substitute for individually titrated components.
telmisartan/HCTZ	<b>Micardis HCT</b>	40mg/12.5mg, 80mg/12.5mg, 80mg/25mg	tabs	Not for initial therapy. May be substituted for titrated components. <i>BP not controlled on telmisartan 80mg/day:</i> 80mg/12.5mg once daily. <i>BP not controlled on HCTZ 25mg/day or BP controlled but hypokalemic:</i> 80mg/12.5mg once daily. <i>Both:</i> may titrate up to 160mg/25mg after 2–4wks. <i>Hepatic insufficiency or biliary obstruction:</i> initially 40mg/12.5mg once daily; monitor closely. <i>Severe renal or hepatic impairment:</i> not recommended.

(continued)

## COMBINATION HYPERTENSION TREATMENTS (Part 2 of 2)

Generic	Brand	Strength	Form	Usual Adult Dose
<b>ANGIOTENSIN II RECEPTOR BLOCKER + THIAZIDE DIURETIC (continued)</b>				
valsartan/HCTZ	<b>Diovan HCT</b>	80mg/12.5mg, 160mg/12.5mg, 160mg/25mg, 320mg/12.5mg, 320mg/25mg	tabs	<i>Add-on or initial therapy and not volume-depleted:</i> initially 160mg/12.5mg once daily; may increase after 1–2wks up to max 320mg/25mg daily. May be substituted for the titrated components.
<b>BETA-BLOCKER + THIAZIDE DIURETIC</b>				
atenolol/ chlorthalidone	<b>Tenoretic</b>	50mg/25mg+, 100mg/25mg	tabs	<i>Switching from monotherapy:</i> initially one 50mg/25mg tab daily; may increase to one 100mg/25mg tab daily. <i>CrCl 15–35mL/min:</i> max 50mg atenolol/day. <i>CrCl &lt;15mL/min:</i> max 50mg atenolol every other day.
bisoprolol/HCTZ	<b>Ziac</b>	2.5mg/6.25mg, 5mg/6.25mg, 10mg/6.25mg	tabs	Initially one 2.5mg/6.25mg tab once daily. Adjust at 14-day intervals; max 20mg/12.5mg once daily.
metoprolol tartrate/ HCTZ	<b>Lopressor HCT</b>	50mg/25mg, 100mg/25mg	scored tabs	Titrate individual components. Give in 1–2 divided doses. Max 50mg/day HCTZ.
nadolol/ bendroflumethiazide	<b>Corzide</b>	40mg/5mg, 80mg/5mg	scored tabs	Initially 40mg/5mg once daily; may increase to 80mg/5mg once daily. <i>Renal impairment:</i> increase dosing interval (see full labeling).
propranolol/HCTZ	—	40mg/25mg, 80mg/25mg	scored tabs	Titrate individual components. Max 50mg/day HCTZ.
<b>CALCIUM CHANNEL BLOCKER (DIHYDROPYRIDINE) + ACE INHIBITOR</b>				
amlodipine/ benazepril	<b>Lotrel</b>	2.5mg/10mg, 5mg/10mg, 5mg/20mg, 5mg/40mg, 10mg/20mg, 10mg/40mg	caps	<i>Not adequately controlled with dihydropyridine CCB, ACE inhibitor, unable to achieve BP control with amlodipine without developing edema:</i> Initially 2.5mg/10mg once daily; may titrate up to 10mg/40mg once daily if BP remains uncontrolled. <i>Replacement therapy:</i> may be substituted for titrated components. <i>CrCl ≤30mL/min:</i> not recommended.
amlodipine/ perindopril	<b>Prestalia</b>	2.5mg/3.5mg, 5mg/7mg, 10mg/14mg	tabs	Initially 3.5mg/2.5mg once daily. Adjust at 7–14 day intervals; max 14mg/10mg once daily. <i>Renal impairment:</i> (CrCl 30–80mL/min): max 7mg/5mg; (CrCl <30mL/min): not recommended.
<b>CALCIUM CHANNEL BLOCKER (DIHYDROPYRIDINE) + ANGIOTENSIN II RECEPTOR BLOCKER</b>				
amlodipine/ olmesartan	<b>Azor</b>	5mg/20mg, 5mg/40mg, 10mg/20mg, 10mg/40mg	tabs	Individualize. Initially 5mg/20mg once daily; may increase after 1–2 weeks up to max 10mg/40mg daily. <i>≥75yrs or hepatic impairment:</i> initial therapy not recommended.
amlodipine/ telmisartan	<b>Twynsta</b>	5mg/40mg, 5mg/80mg, 10mg/40mg, 10mg/80mg	tabs	Take once daily. <i>Initial therapy:</i> 5/40mg or 5/80mg; may titrate at 2-week intervals to max 10/80mg. <i>Add-on therapy:</i> may be used if not controlled on monotherapy; if dose-limiting adverse reactions with amlodipine 10mg, switch to 5/40mg tab. <i>Replacement therapy:</i> may be substituted for the titrated components. <i>Severe renal impairment:</i> titrate slower. <i>≥75yrs, or hepatic impairment:</i> not for initial use (initially use amlodipine alone, or add amlodipine 2.5mg to telmisartan; titrate slowly).
amlodipine/ valsartan	<b>Exforge</b>	5mg/160mg, 5mg/320mg, 10mg/160mg, 10mg/320mg	tabs	Take once daily. <i>Initial therapy and not volume depleted:</i> Initially 5/160mg; may increase after 1–2wks up to max 10/320mg. <i>Add-on therapy:</i> may be used if not controlled on monotherapy; if inadequate response after 3–4wks, may titrate up to max 10/320mg. <i>Replacement therapy:</i> may be substituted for the titrated components. Maximum effects within 2wks after dose change. <i>Elderly, hepatic impairment:</i> initial therapy not recommended.
<b>CENTRAL ALPHA-AGONIST + THIAZIDE DIURETIC</b>				
methyl dopa/HCTZ	—	250mg/15mg, 250mg/25mg	tabs	Titrate individual components. Initially one 250mg/15mg tab 2–3 times daily or one 250mg/25mg tab 2 times daily. Max 3g/day methyl dopa and 50mg/day HCTZ.
<b>DIRECT RENIN INHIBITOR + THIAZIDE DIURETIC</b>				
aliskiren/HCTZ	<b>Tekturna HCT</b>	150mg/12.5mg, 150mg/25mg, 300mg/12.5mg, 300mg/25mg	tabs	Take consistently with regard to meals. 1 tab once daily. <i>Add-on or initial therapy and not volume-depleted:</i> initially 150mg/12.5mg; may increase after 2–4wks up to max 300mg/25mg. <i>Replacement therapy:</i> substitute for the titrated components.
<b>K<sup>+</sup> SPARING DIURETIC + THIAZIDE DIURETIC</b>				
amiloride/HCTZ	—	5mg/50mg	scored tabs	Initially 1 tab daily with food. May increase to 2 tabs daily in single or divided doses.
spironolactone/HCTZ	<b>Aldactazide</b>	25mg/25mg, 50mg/50mg+	tabs	Not for initial therapy. <i>Usual maintenance:</i> 50–100mg each of spironolactone and HCTZ daily in single or divided doses.
triamterene/HCTZ	—	37.5mg/25mg	caps	1–2 caps once daily.
	<b>Maxzide</b>	37.5mg/25mg, 75mg/50mg	scored tabs	1–2 tabs of 37.5/25 daily or 1 tab of 75/50 daily.

### NOTES

**Key:** HCTZ = hydrochlorothiazide; + = scored.

Not an inclusive list of medications, official indications, and/or dosing details. Please see drug monograph at [www.eMPR.com](http://www.eMPR.com) and/or contact company for full drug labeling. (Rev. 9/2021)