**ACE Inhibitors (ACEI)/Angiotensin Receptor Blocker (ARBs)**

First line medication choice for patients with Chronic Kidney Disease

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage and Directions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lisinopril (Prinivil®, Zestril®)</td>
<td>Start 2.5-5mg daily; usually 20-40mg daily; max 80mg daily</td>
</tr>
<tr>
<td>Losartan (Cozaar®)</td>
<td>Start 25-50mg daily; max 100mg daily. Consider if unable to tolerate ACEI</td>
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</tbody>
</table>

**Diuretics**

<table>
<thead>
<tr>
<th>Medication</th>
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<tbody>
<tr>
<td>HCTZ</td>
<td>Start 12.5mg daily; usually 25-50mg daily; Can ↓ K+</td>
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<tr>
<td>Chlorothalidone</td>
<td>Start 12.5mg daily; usually 25-50mg daily; Can ↓ K+</td>
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</tbody>
</table>

**Calcium Channel Blockers**

<table>
<thead>
<tr>
<th>Medication</th>
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<tbody>
<tr>
<td>Amlodipine (Norvasc®)</td>
<td>Start 2.5-5mg daily; usually 5-10mg daily. Consider in patients with angina or CHF</td>
</tr>
<tr>
<td>Diltiazem (Cardizem®)</td>
<td>Note: multiple formulations exist: Immediate Release (TID-QID), SR/Sustained Release (BID), CD/Controlled Delivery (daily), and LA/Long Acting (daily) Consult your local formulary to assure appropriate selection and dosing For diltiazem CD start 180-240mg daily; usually 240-360mg daily; max 480mg daily</td>
</tr>
<tr>
<td>Nifedipine XL (Adalat®/Procardia®)</td>
<td>Start 30mg daily; usually 30-90mg daily; max dose 120mg daily Caution edema, CHF, and MI</td>
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</table>

**Beta Blockers**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage and Directions</th>
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<tbody>
<tr>
<td>Atenolol (Tenormin®)</td>
<td>Start 25-50mg daily in 1-2 divided doses; usually 50-100mg/day Eliminated renally (caution Renal Failure)</td>
</tr>
<tr>
<td>Metoprolol (Lopressor®)</td>
<td>Start 50-100mg daily in 1-2 divided doses; usually 100-200mg/day. Max 450mg daily XR formulation dosed once daily. Eliminated hepatically (caution in Liver Failure)</td>
</tr>
<tr>
<td>Propranolol (Inderal®)</td>
<td>Start Long Acting 80mg daily or Immediate release 40mg BID; usually 120-240mg daily; max 640mg daily</td>
</tr>
<tr>
<td>Carvedilol (Coreg®)</td>
<td>Start 6.25mg BID; usually 12.5-25mg BID. CR formulation dosed once daily. Also indicated for heart failure (start at 3.125mg BID)</td>
</tr>
</tbody>
</table>

**Alpha Blockers**

<table>
<thead>
<tr>
<th>Medication</th>
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<tbody>
<tr>
<td>Doxazosin (Cardura®)</td>
<td>Start 1mg immediate release at bedtime; Max dose 16mg daily Titrate up slowly; Can cause dizziness, drowsiness, and weakness</td>
</tr>
<tr>
<td>Prazosin (Minipress®)</td>
<td>Start 1mg PO BID-TID (first dose at bedtime); Max dose 15mg daily Titrate up slowly; Can cause dizziness, drowsiness, and weakness</td>
</tr>
</tbody>
</table>

**Central Acting**

<table>
<thead>
<tr>
<th>Medication</th>
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<tbody>
<tr>
<td>Clonidine (Captopres®)</td>
<td>Start 0.1mg BID (first dose at bedtime); usually 0.1-0.3mg BID; max 1.2mg BID Titrate up slowly; Can cause sedation/dizziness/weakness; Do not stop abruptly</td>
</tr>
</tbody>
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**Therapeutic Lifestyle Changes**

1. **ACE Inhibitor or ARB**
   - If ACE Inhibitor not tolerated, consider ARB: Losartan

2. **Diuretic**
   - HCTZ, Chlorothalidone

3. **Calcium Channel Blocker**
   - Diltiazem, Amlodipine, Nifedipine

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**Consider Additional Medication Classes**

If BP not at goal or unable to tolerate the first-line medication classes above, consider adding medications from additional drug classes. Base selection on individual patient indications.

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**Beta Blocker**

- Metoprolol, Atenolol

**Alpha Blocker**

- Prazosin, Doxazosin

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**Treat BP to targets as tolerated:**

- **Systolic BP target < 140**
- **Diastolic BP target < 90**

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**Note:** This is not a complete prescribing reference. This algorithm is not intended for treatment selection in children or in women who are or could become pregnant; some antihypertensive medications can cause fetal damage.

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ADA 2015 Clinical Practice Recommendations: http://care.diabetesjournals.org/content/38/Supplement_1.