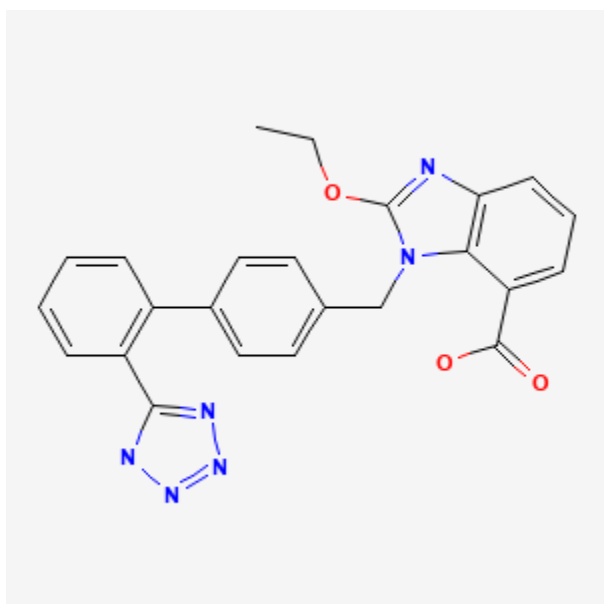




Candesartan

Revised: July 20, 2020.

CASRN: 139481-59-7



Drug Levels and Effects

Summary of Use during Lactation

Preliminary evidence suggests that candesartan passes poorly into milk and is barely detectable in the plasma of breastfed infants. Use of candesartan is not a reason to discontinue nursing, but use caution in newborn and preterm infants.

Drug Levels

Maternal Levels. Three women taking candesartan for at least 2 weeks donated several milk samples, either as fore-and hindmilk samples or as a total milk collection at each time, over a 24-hour period after taking a dose of the drug. Two women were taking 8 mg daily and one was taking 32 mg daily. The peak milk level was 3.78

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mcg/L with the 32 mg dose and 0.69 and 1.05 mcg/L with the 8 mg doses. Peak milk times were about 7.75, 8, and 9.25 hours after the dose. The authors estimated that the infant would receive a weight-adjusted maternal dosage between 0.8 and 1%.[1]

Infant Levels. Two infants aged 8 and 13 months were breastfed (extent not stated) by mothers taking candesartan 8 mg daily. Blood samples were taken at about 2.5 and 3.5 hours after the maternal doses (time of nursing not reported). Plasma candesartan concentrations were less than 0.2 mcg/L in both infants.[1]

Effects in Breastfed Infants

Relevant published information was not found as of the revision date.

Effects on Lactation and Breastmilk

Relevant published information was not found as of the revision date.

Alternate Drugs to Consider

Captopril, Benazepril, Enalapril, Quinapril

References

1. Coberger ED, Jensen BP, Dalrymple JM. Transfer of candesartan into human breast milk. *Obstet Gynecol.* 2019;134:481–4. PubMed PMID: 31403599.

Substance Identification

Substance Name

Candesartan

CAS Registry Number

139481-59-7

Drug Class

Breast Feeding

Lactation

Antihypertensive Agents

Angiotensin II Type 1 Receptor Blockers

Angiotensin Receptor Blockers

ARBs