

Oregon's Drug Review: **Evidence on CCBs (Calcium Channel Blockers)**

CCBs control high blood pressure. These drugs also reduce chest pain (angina) and irregular heartbeats. CCBs block calcium from moving out of the cells of the heart and blood vessels. This reduces work for the heart and arteries.

Which Drugs Were Included In This Review?

This review looked at the following oral CCBs.

(It did not include CCBs in fixed combination with other drugs.)

<ul style="list-style-type: none">• amlodipine (Norvasc)• diltiazem (Cardizem, Cardizem CD, Cardizem LA, Cardizem XT, Cartia XT, Dilacor XR, Diltia XT, Taztia XT, Tiazac)• felodipine (Plendil)	<ul style="list-style-type: none">• isradipine (Dynacirc, Dynacirc CR)• nicardipine (Cardene, Cardene SR)• nifedipine (Adalat CC, Procardia, Procardia XL)• nisoldipine (Sular)• verapamil (Calan, Covera HS, Isoptin, Isoptin SR, Verelan, Verelan PM)
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What Do These Drugs Have In Common?

- Amlodipine, diltiazem, isradipine, nicardipine, nifedipine, nisoldipine, and verapamil lower blood pressure effectively.
- Amlodipine, diltiazem, nicardipine, nifedepine, and nisoldipine reduce chest pain effectively.
- No difference among CCBs has been shown for effects related to age, race, or sex.

What Are the Key Differences Among These Drugs?

- Amlodipine and felodipine can be used in people with heart failure.
- People with heart problems should ask their doctor about the preferred CCB.

Ask Your Health Care Practitioner During Your Next Visit:

- Am I taking the most effective drug for my condition?
- Are alternative drugs available that are equally effective?
- Are alternatives drugs available that are effective, but less costly?
- Is there a generic available for my brand name drug?
- Will this drug interact with other medications I take?