



XSTAN-AM TABLETS

Issue IX, No.30,2026

Effectiveness and Safety of Telmisartan Plus Amlodipine Compared to Telmisartan Plus Cilnidipine in Indian Patients with Hypertension and Renal Impairment: A Randomized, Open Label, Post Marketing Study (START Renal)

Jadhav U, et al., Int J Nephrol Renovasc Dis. 2026 Apr 16;19:555573.

- To assess the effectiveness and safety of telmisartan-amlodipine (TA) versus telmisartan-cilnidipine (TC) fixed-dose combinations (FDCs) in patients with hypertension and renal impairment.
- This open label, randomized, multicentric, post-marketing study was conducted in India. Adult patients with hypertension and renal impairment, receiving a stable dose of telmisartan and not on calcium channel blockers, were enrolled. Participants were randomized (1:1) to receive the TA or TC FDC for 12 months.
- At 12 months, the TA and TC groups showed significant reductions in UACR by 119 ± 157.7 mg/g and 97.5 ± 128.6 mg/g, respectively ($p < 0.0001$ for both). Improvements in eGFR and serum creatinine were comparable between groups ($p > 0.05$). SBP reduction was significantly greater with TA at both 9 months (20.74 ± 12.75 vs. 16.9 ± 13.66 mmHg, ($p = 0.0430$)] and 12 months (25.4 ± 14.25 vs. 20.6 ± 10.94 mmHg, ($p = 0.0397$)], while DBP reductions were similar.
- The diabetic subgroup showed a superior SBP reduction favoring the TA group -24.5 (± 13.75) mmHg ($p \leq 0.0001$) Vs -18.9 (± 10.68) mmHg ($p \leq 0.0001$) while the renal parameters were similar between the two groups.

Both the Telmisartan +Amlodipine and Telmisartan+ Cilnidipine FDCs were effective and well tolerated when treating hypertension with renal impairment. The Telmisartan +Amlodipine FDC may provide better BP reduction with similar reno-protective benefits than the Telmisartan+ Cilnidipine FDC.

