Best Practice Message

UPDATED 6th of July 2022

Focus on Efficacy: Blood pressure lowering therapy options due to disruptions in Accuretic® supply

Practice changing moments

- PHARMAC notified 29th June 2022, there will be disruption in supply of Accuretic® and current patients will need to be switched to alternative medicine.
- The choice of alternative medicine depends on the indication and co-morbidities.

Background

The COVID Pandemic has placed extreme strain on global supply chains for medicines. As well as this, certain Accuretic® batches are being recalled overseas due to the presence of impurities. From August 2022, this will cause disruption to supply in New Zealand for at least 12 months. Accuretic® accounts for 42% of prescriptions for quinapril in Hawke's Bay. To try to reduce this risk nationally, PHARMAC has placed a restriction to only fund Accuretic® for patients who were taking it prior to 1 May 2022. Prescriptions need to be endorsed accordingly(1).

Patients currently on Accuretic

PHARMAC have advised patients will need to switch from Accuretic® to alternative therapy when a patient's prescription next falls due. Advice from Medsafe is there is no immediate risk and patients should continue Accuretic® until reviewed. Please see tables 1 and 2 below for ACEi/ARB dose equivalence and starting doses for thiazide-like diuretics. PHARMAC will fund primary care through Health Hawke's Bay for the initial consultation for patients transitioning from Accuretic® to an alternative treatment. Funding will be available for any patient:

- Is currently using the Accuretic® brand of medication
- Is transitioning to a suitable alternative treatment
- Is not charged for the initial consultation
- Requires an additional appointment with a prescriber in primary care to support a change from Accuretic® to an alternative medicine(s).

New patients needing antihypertensive therapy

Estimates suggest that 75% of patients with essential hypertension will require combination therapy to reach their blood pressure target(2). It is now recommended to start an additional agent to improve blood pressure control prior to increasing the initial agent to maximum tolerated dose to reduce the risk for adverse drug reactions (ADRs) from initial agent. Patients who have not had Accuretic® previously will no longer be able to be initiated on this combination tablet. Losartan with Hydrochlorothiazide 50/12.5 is now the only combination antihypertensive agent available for new patients, however there is a lack of evidence that single pill combination tablets provide a long term benefit in systolic blood pressure control over multi pill combinations(3).

An alternate strategy is to prescribe separate agents when requiring dual therapy. There is little evidence to suggest a benefit over ACEi/ARB, Thiazide/Thiazide-like, or Calcium channel blocker therapy, Health Pathways suggests effective combinations and condition specific recommendations(4,5). This is similar with the 2018 ESC and 2020 ISH guidelines with the exception of preferring a combination of ACEi/ARB with thiazide-like diuretic in patients over 80 years old or post stroke(6,7).

Figure 1. Recommendation for NICE[4] combining blood pressure lowering drugs (also see table 1 for potential precautions)

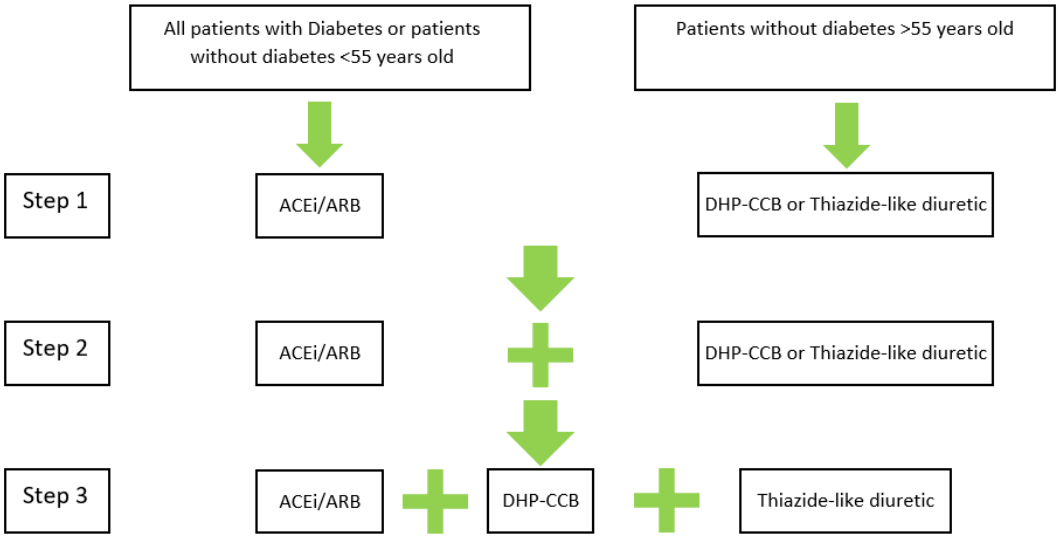

Table 1. ACE-I/ARB dose equivalence

	ACE inhibitors					ARBs	
	cilazapril	lisinopril	perindopril	enalapril	quinapril	losartan	candesartan
Dose	0.5mg	5mg	2mg-4mg	5mg	5mg	25mg	4mg-8mg
	2.5mg	10mg	4mg	10mg	10mg	50mg	8mg-16mg
	5mg	20mg	4-8mg	20mg	20mg-40mg	100mg	16mg-32mg

Table 2. Thiazide-like diuretic doses for hypertension

	chlorthalidone	*indapamide*
Starting dose	*12.5mg*	*1.25- 2.5mg*
Titrate to	*25mg*	*2.5mg*

Table 3. Factors for consideration as precautions to the use of specific antihypertensive agents

Drug	Precautions for use	
	Compelling	Possible
Thiazide/Thiazide-like diuretics e.g. Indapamide, Chlortalidone	• Gout – NB dose dependent risk. Risk highest for doses >25mg Hydrochlorothiazide, Chlortalidone and bendroflumethiazide >2.5mg daily	• Metabolic syndrome • Glucose intolerance • Pregnancy • Hypercalcaemia • Hypokalaemia
Dihydropyridine Calcium Channel blockers		• Tachyarrhythmia • HFrEF • Pre-existing severe leg oedema
Non-Dihydropyridine Calcium channel blockers	• High grade sinoatrial or AV block • HFrEF with EF <40% • Bradycardia	• Constipation
ACE inhibitors	• Pregnancy • Previous angioneurotic oedema • Hyperkalaemia • Bilateral renal artery stenosis	• Women of child bearing potential without reliable contraception
ARB	• Pregnancy • Hyperkalaemia • Bilateral renal artery stenosis	• Women of child bearing potential without reliable contraception

References

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