Captopril tablets discontinued: ACE inhibitor alternatives

A recall has been issued for stock of the currently funded captopril tablets: 12.5 mg, 25 mg and 50 mg m-Captopril. A continued, long-term supply of captopril tablets has been unable to be secured so captopril tablets will no longer be funded via the Pharmaceutical Schedule. Captopril oral liquid 5 mg/mL will remain fully subsidised for children aged under 12 years.

Nationally, approximately 1300 patients are currently taking captopril, out of a total of 290 000 patients currently taking an ACE inhibitor.

There are few differences in efficacy between ACE inhibitors available for the management of people with hypertension. However, while captopril is typically given in divided doses, most other ACE inhibitors are able to be given as once-daily dosing. An exception to this is quinapril, which is recommended to be given twice daily for strengths of 40 mg and higher.¹

Table 1 (below) suggests equivalent doses of other subsidised ACE inhibitors. These figures are approximate, based on FDA-approved ranges and clinical trials for hypertension treatment. When titrating ACE inhibitors, monitoring renal function and blood pressure is important; check blood pressure one week after switching medicines.

Clinical judgement should be taken into account when transitioning patients taking captopril to another ACE inhibitor, as well as considering individual patient risks. Dosing equivalents may be more complex to estimate for patients taking captopril for conditions such as congestive heart failure and diabetic nephropathy.

References

Table 1: Suggested equivalent doses of ACE inhibitors for treatment of hypertension, adapted from PHARMAC, 2013²

<table>
<thead>
<tr>
<th>Current captopril daily dosing</th>
<th>Suggested cilazapril daily dosing</th>
<th>Suggested enalapril daily dosing</th>
<th>Suggested lisinopril daily dosing</th>
<th>Suggested quinapril daily dosing</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 mg</td>
<td>1 mg</td>
<td>2.5 mg</td>
<td>5 mg</td>
<td>5 mg</td>
</tr>
<tr>
<td>50 mg</td>
<td>2 mg</td>
<td>5 - 7.5 mg</td>
<td>10 mg</td>
<td>10 mg</td>
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<tr>
<td>100 mg</td>
<td>4 mg</td>
<td>20 mg</td>
<td>20 mg</td>
<td>20 mg</td>
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<tr>
<td>150 mg</td>
<td>5 mg</td>
<td>40 mg</td>
<td>40 mg</td>
<td>40 mg</td>
</tr>
</tbody>
</table>
**Removal of Special Authority for combination inhaler Seretide**

The combination inhaler Seretide no longer requires Special Authority for subsidy as of 1 January, 2014, improving access for patients who can potentially benefit. Previously, patients were required to be treated with an inhaled corticosteroid (ICS) before Special Authority was approved for Seretide – this requirement still applies to other combination ICS and LABA inhalers. Seretide is a combination of fluticasone and salmeterol, available as a metered dose inhaler (MDI) and Accuhaler in various strengths for asthma and chronic obstructive pulmonary disorder (COPD).

**Rotavirus and varicella vaccines on immunisation schedule from 1 July 2014**

As of 1 July, 2014, the rotavirus vaccine RotaTeq will be available on the National Immunisation Schedule as an oral suspension, indicated for infants aged 32 weeks and younger. It is given in three doses, with the first dose given between age six to twelve weeks, and the subsequent two doses at least four weeks apart, usually alongside the routine immunisation schedule, and completed by age 32 weeks.¹ The vaccine protects against gastroenteritis caused by rotavirus. Infants and young children have the highest risk of contracting rotavirus, which can cause severe diarrhoea and vomiting.

PHARMAC has also announced the addition of the varicella zoster (chicken pox) vaccine (Varilrix) to the Immunisation Schedule, from 1 July, 2014.² This live vaccine for injection will be funded for people most at-risk of infection, including immunosuppressed children and those in direct contact with these children.

For further information on eligibility for funding of the varicella vaccine, see: [www.pharmac.health.nz/news/item/national-immunisation-schedule-changes](http://www.pharmac.health.nz/news/item/national-immunisation-schedule-changes)

Other changes to the National Immunisation Schedule from 1 July 2014 include:²

- Replacement of the pneumococcal vaccine Synflorix with Prevenar 13, which protects against three additional strains of pneumococcal disease
- Change of eligibility for funded HPV vaccine (Gardasil), restricting it to females aged up to 18 years (previously funded up to age 20 years)
- Addition of hepatitis A vaccines (Havrix and Havrix Junior), for people who have undergone a transplant and children who met specific eligibility criteria

**References**


**Oral ketoconazole tablets discontinued worldwide**

Medsafe announced the discontinuation of oral ketoconazole 200 mg tablets (Nizoral) from 1 December, 2013, due to the manufacturer ceasing production.¹ Oral ketoconazole is prescribed for fungal infections, but has been discontinued worldwide due to an unsatisfactory adverse reaction profile, including the potential for liver damage. Topical forms of ketoconazole, including shampoos and creams, are not associated with this adverse reaction, and are still available as prescription medicines.

At present, ketoconazole tablets have not been delisted, and can still be prescribed under Section 29 of the Medicines Act 1981. However, Medsafe recommends that prescribers review patients taking oral ketoconazole who require long-term antifungal treatment, and change to an alternative treatment wherever possible.¹ Itraconazole is a suitable alternative, however, while the incidence of liver damage is much lower than for oral ketoconazole, other potential risks should be taken into account, including patients at high risk of heart failure, and drug interactions.², ³ For patients currently taking oral ketoconazole, monitor carefully for symptoms of liver damage, including jaundice, dark urine, anorexia, vomiting and abdominal pain.

**References**