



UPDATE:

Update to communications issued 18th March 2021

Material updates are shown in **bold**.

Medicine Supply Notification

MSN/2021/014-U

Irbesartan/hydrochlorothiazide 150mg/12.5mg **and 300mg/12.5mg** tablets

Tier 2 – medium impact*

Date of issue: 11/05/2021

Summary

- Irbesartan/hydrochlorothiazide 150mg/12.5mg tablets are out of stock until **early June 2021**.
- **Irbesartan/hydrochlorothiazide 300mg/12.5mg tablets are out of stock from mid-May until early June 2021.**
- Irbesartan/hydrochlorothiazide 300mg/25mg tablets are unscored oval shaped tablets and not suitable for halving.
- Of the separate components, only irbesartan **150mg and 300mg** tablets are available and can support an uplift in demand. Hydrochlorothiazide tablets were discontinued many years ago.
- An alternative thiazide diuretic, bendroflumethiazide 2.5mg, is available and can support an uplift in demand.
- A switch to separate components but using bendroflumethiazide in place of hydrochlorothiazide, is an option for patients who run out of irbesartan/hydrochlorothiazide tablets.

Actions Required

Where patients have insufficient supplies to last until the re-supply date, clinicians should:

- review patients to determine if irbesartan/hydrochlorothiazide 150mg/12.5mg or **300mg/12.5mg** tablets remain the most suitable therapy;
- consider prescribing irbesartan **150mg or 300mg** tablets and bendroflumethiazide 2.5mg tablets;
- consider prescribing an alternative fixed-dose antihypertensive combination product containing an angiotensin II receptor blocker with hydrochlorothiazide if the above option is not appropriate or adherence to separate components is in doubt (see supporting information);
- ensure appropriate counselling is provided if a change is made to patients' prescription; and
- monitor patients' blood pressure within four weeks after switching product to ensure it remains controlled and treatment is tolerated.

*Classification of Tiers can be found at the following link:

<https://www.england.nhs.uk/publication/a-guide-to-managing-medicines-supply-and-shortages/>

Supporting information

If there is a need to consider an alternative once daily fixed-dose antihypertensive combination product, local formularies/guidance should be consulted to aid product selection. There is a lack of dose equivalence data.

Based on 150mg being the starting dose of irbesartan, the following preparations contain usual starting doses of other angiotensin II receptor blockers in combination with 12.5mg hydrochlorothiazide:

- Losartan 50mg/hydrochlorothiazide 12.5mg
- Valsartan 80mg/hydrochlorothiazide 12.5mg
- Telmisartan 40mg/hydrochlorothiazide 12.5mg
- Olmesartan 20mg/hydrochlorothiazide 12.5mg

Higher strength versions of these products are also available for patients on irbesartan/hydrochlorothiazide 300mg/12.5mg tablets who require a combination product:

- Losartan 100mg/hydrochlorothiazide 12.5mg
- Valsartan 160mg/hydrochlorothiazide 12.5mg (dose can be doubled to maximum dose of two tablets daily)
- Telmisartan 80mg/hydrochlorothiazide 12.5mg
- Olmesartan 40mg/hydrochlorothiazide 12.5mg

In all cases, blood pressure should be monitored within 4 weeks of switching and the dose titrated accordingly.

Please refer to guidelines from [NICE](#) on management of hypertension for further information.

See links below to SPCs:

- [Irbesartan and hydrochlorothiazide tablets SmPC](#)
- [Irbesartan tablets SmPC](#)
- [Bendroflumethiazide 2.5mg tablets SmPC](#)

Enquiries

If you have any queries, please contact DHSCmedicinesupplyteam@dhsc.gov.uk.