



Supply Issues Bulletin

Please Circulate to all Staff

Intermittent supply problems can occur due to either manufacturing issues causing shortages of **branded** products ('Manufacturer Cannot Supply', **MCS**) or supply issues affecting **generic** medicines, resulting in generics being difficult to obtain at Drug Tariff prices, or at all ('**Short Supply**', **SHS**).

Supply issues are constantly in flux and your local Community Pharmacists will be able to give you up to date advice on availability.

The advice in this bulletin is not intended to serve as a standard of medical care or be applicable in every situation. Decisions regarding the treatment of individual patients must be made by the clinician in light of that patient's presenting clinical condition and with reference to current good medical practice.

Valsartan (Diovan®) Capsules Supply Shortage

There is currently a shortage of Valsartan (Diovan®) - generic and brand, currently in 80mg & 160mg strengths. Resolution is not expected until at least April and may not be until July. Please see below for recommended alternatives if appropriate.

Licensed Indications

	Hypertension	Heart Failure	Renal disease including diabetic nephropathy	Post-MI prophylaxis	CV Risk reduction
Valsartan (Diovan®)	√	√		√	
Losartan (Cozaar®)	√	√	√		√
Irbesartan (Aprovel®)	√		√		
Candesartan (Amias®)	√	√			
Eprosartan (Tevetan®)	√				
Olmesartan (Olmotec®)	√				
Telmisartan (Micardis®)	√				√

√ licensed indication (Reference -individual SPCs accessed 20/2/14 www.emc.medicines.org.uk). See BNF and Summary of Product Characteristics (SPC) for full details of specific licensed indications.

Dosage Equivalents

Information on dosing equivalents of A2RAs is not available. If changing a patient from one A2RA to another, where the dose falls within the dosing range should be taken into account (i.e low, maintenance low or maintenance high, or maximum dose) and the equivalent for losartan used. Blood pressure must be closely monitored. Even if rough estimates of equivalent dosing are made, it is prudent to compare where in the dosing range the current A2RA is and start at a lower or similar dose for the new product, e.g. bottom, middle or top of the dosing range. The dose of the drug is usually increased every 2-4 weeks, but can be increased weekly, depending on the severity of the hypertension and how well the patient tolerates the dose increase.

For Elderly patients or patients with renal impairment it is advisable to start on a lower dose than direct equivalent and titrate as required.

Recommendation

Consider switching patients to generic losartan if they are prescribed an A2RA for hypertension, heart failure, and renal disease including diabetic nephropathy. Switch patients to an ACEI if one has not previously been tried or where there is no documented intolerance to an ACEI because of side effects such as cough.

Dosage Comparison for Hypertension

A2RA to be changed based on the work conducted by Daventry & South Northants PCT and N Herts & Stevenage PCTs, SmPCs and BNF	Change to daily*
Valsartan 40mg (Diovan®)	Losartan 25mg
Valsartan 80mg (Diovan®)	Losartan 50mg
Valsartan 160mg (Diovan®)	Losartan 100mg

*Dosages are given as a guide only. Dosages will need to be titrated to meet the needs of individual patients.

Dose Comparison in Heart Failure

	Usual initiation dose	Usual maintenance dose	Maximum dose
Valsartan (Diovan®)	40mg twice daily	80 - 160mg twice daily	320mg in divided doses
Losartan (Cozaar®)	12.5mg daily	50mg daily	

Dose Comparisons in Renal disease including diabetic nephropathy

	Usual initiation dose	Usual maintenance dose(s)
Losartan (Cozaar®)	50mg daily	50 - 100mg daily
Irbesartan (Aprovel®)	150mg daily	300mg daily

References

1. BNF 66 September 2013-March 2014
2. Summary of Product Characteristics for Candesartan (Amias®), Eprosartan (Tevetan®), Irbesartan (Aprovel®), Losartan (Cozaar®), Olmesartan (Olmetec®), Telmisartan (Micardis®), Valsartan (Diovan®). Available at www.emc.medicines.org.uk Accessed 20.2.14
3. NICE CG34 Hypertension full guideline (the new recommendations and the evidence they are based on). NICE, British Hypertension Society, the National Collaborating Centre for Chronic Conditions 2006. Available at <http://www.nice.org.uk/nicemedia/pdf/CG34fullguideline.pdf>