

Memo - shortage of supply

Re: Labetalol tablets

Description of product affected

Labetalol is a non-selective beta-blocker with additional alpha blocking properties. It is licensed for the treatment of mild to severe hypertension, hypertension in pregnancy and angina pectoris with existing hypertension.¹ Labetalol is primarily used for hypertension in pregnancy.

Background

Mylan and Recipharm are the two UK suppliers of labetalol tablets. DHSC have been informed there is going to be a supply issue affecting all strengths of labetalol tablets until early-mid May. Supply of labetalol IV is not affected.

Alternative agents and management options

Hypertension and angina

Other commonly used beta-blockers licensed for hypertension and angina

	Hypertension	Angina
Atenolol	√	√
Bisoprolol	√	√
Propranolol	√	√
Carvedilol*	√	√
Metoprolol**	√	√

* Manufacturer of carvedilol have indicated that they cannot support the market with the additional demand

**There are current intermittent supply issues affecting metoprolol 50mg and 100mg as some manufacturers have recently discontinued these products and others are having supply difficulties

Hypertension in pregnancy

NICE guidelines state that where clinically appropriate, labetalol is recommended as the first line antihypertensive treatment for hypertension in pregnancy. NICE guidelines recommend nifedipine or methyldopa as alternatives to labetalol for hypertension in pregnancy taking into account the side effect profiles:²

- Nifedipine is second line choice after labetalol.^{2,3}
- Use a modified release preparation of nifedipine, usually a twice daily (MR) preparation.^{3,4}
- If clinically appropriate, start nifedipine on a low dose: nifedipine 10mg MR twice a day, and if necessary increase to 20mg MR twice a day, then to 30mg MR twice a day and possibly up to 40mg MR twice a day.⁴
- Third line treatment is methyldopa but it is less well tolerated with increased side effects such as sedation at higher doses.^{2,4}

- Methyldopa is contraindicated in depression.⁵
- Nifedipine and methyldopa are not licensed specifically for hypertension in pregnancy.^{5,6}

Expert opinion suggests that if switching from labetalol to nifedipine, labetalol 300mg tds is considered equivalent to nifedipine 20mg MR bd. Careful monitoring would be needed with escalation of dose depending on patient response, and it is important to bear in mind that non-response may represent worsening hypertension rather than a non-equivalent dose.

Hypertension in lactation

It is important that women are managed on an individual basis in consultation with a specialist, if appropriate. Current NICE guidance suggests the following drugs may be considered: labetalol, nifedipine, enalapril, captopril, atenolol, and metoprolol².

The UK Medicines Information (UKMi) Drugs in Lactation Advisory Service also suggests propranolol as an alternative beta-blocker⁷. It advises that drugs from different pharmacological sections may be used in combination with, or as a replacement for, each other for both hypertension and other cardiovascular indications. Choice of drug in a breastfeeding mother may therefore, be dependent on a number of issues, including patient-specific clinical conditions and local/national guidelines, which will impact on the choice of drug for a breastfeeding mother and the alternatives that may be considered or are appropriate.

References

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5. Aspen. Aldomet (methyldopa) 250mg tablets. SPC, date of revision of the text, 22 Sept 2016: <https://www.medicines.org.uk/emc/product/4667>
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Laura Kearney, Regional Principal Medicines Information Pharmacist, Trent and Leicestershire Medicines Information Centre & UK Drugs in Lactation Advisory Service

Original document prepared by:

Hina Radia and Diane Bramley, London and South East Regional Medicines Information, Guy's and St Thomas' NHS Foundation Trust, 11 April 2019; email: medicinesinformation@gstt.nhs.uk

Document modified by:
Emma Fleck, Senior Pharmacy Technician, Dorset CCG

For all correspondence please contact:
Medicine.question@dorsetccg.nhs.uk

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