

17 October 2002

Dear Doctor/Pharmacist

This letter is sent on behalf of Medsafe, the Cardiac Society and PHARMAC and is designed to clarify the supply problems with Betaloc CR (metoprolol succinate) tablets and provide some guidance as to switching and dose equivalence if necessary.

**What has happened?**

Over recent weeks you may have found that supplies of some strengths of Betaloc CR have been unavailable or difficult to obtain.

**Is this just a New Zealand problem?**

No. We have been told by the supplier, AstraZeneca, that supply problems are a worldwide issue and not restricted to New Zealand.

**How long is this problem likely to continue?**

As we understand it, there have been problems with supplies of all doses including the 23.75mg, 47.5mg, 95mg and 190mg. AstraZeneca have informed the market that supply problems are likely to occur until mid 2003 with the possibility of shortages of various doses throughout that time.

**Clinical issues**

The two lowest doses of Betaloc (23.75 and 47.5mg) are used predominantly for the treatment of heart failure while the higher doses (95 and 190mg) are generally prescribed for raised blood pressure and angina.

If patients are being treated for raised blood pressure there are a number of treatment options available. If supplies of Betaloc are likely to be limited then restricting the prescribing of low dose Betaloc only to patients with heart failure may assist with stock management.

**What alternatives are available?**

A list of fully funded beta blockers is attached as appendix 1.

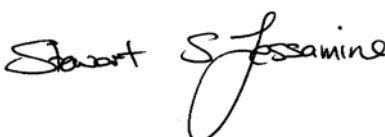
**Dose equivalence**

Clinical advice on strategies for switching, where necessary, to alternative beta-blockers and dose equivalence has been obtained from the Cardiac Society and is attached as appendix 1. However this is not definitive and is for guidance only and dose titration and clinical monitoring may be required.

Yours sincerely



Peter Moodie  
Medical Director, PHARMAC



Stewart Jessamine  
Senior Clinical Advisor, Medsafe



Stewart Mann  
Chairman, Cardiac Society

## **Appendix 1**

Clinical advice on strategies for switching, where necessary, to alternative beta-blockers and dose equivalence has been obtained from the Cardiac Society. This advice is **for guidance only** and dose titration and patient monitoring may be required should you choose to transfer patients to alternative beta-blockers.

As a general rule patients can be changed from one beta-blocker to another over a 24 hour period and there is no need to allow a wash-out period before commencing a new beta-blocker. Minimising the medication free period is particularly important for patients with angina and cardiovascular disease, as rebound tachycardia associated with a prolonged period off medication can induce anginal attacks.

**Betaloc 95 mg (metoprolol succinate)**

**Atenolol 100mg  
Metoprolol tartrate 100mg  
Nadolol 80mg**

**Betaloc 190 mg**

**Metoprolol tartrate 200mg**

**Betaloc 23.75 and 47.5 (for hypertension/angina)**

**Atenolol 50 mg  
Metoprolol tartrate 50mg  
Nadolol 40mgs**

**Betaloc 23.75 and 47.5 (for heart failure)**

**Carvedilol tabs. Subject to Special Authority. Discuss with cardiologist**