

ACE Inhibitors

NOTE: See also *Antihypertensive Combinations*. Contraindicated in pregnancy; with history of angioedema; with aliskiren in patients with DM; or with neprilysin inhibitor (e.g., sacubitril). Do not give ACE inhibitor within 36 h of switching to or from sacubitril/valsartan. In general, avoid combined use with renin-angiotensin system inhibitors (i.e., angiotensin receptor blockers, aliskiren); increases risk of renal impairment, hypotension, and hyperkalemia. Hyperkalemia possible, especially if used concomitantly with other drugs that increase K⁺ (including K⁺ containing salt substitutes) and in patients with DM or renal impairment. Concomitant mTOR inhibitor (e.g., everolimus, temsirolimus, sirolimus) or neprilysin inhibitor (e.g., sacubitril) may increase angioedema risk. Concomitant NSAID, including celecoxib, may further deteriorate renal function and decrease antihypertensive effects.

PERINDOPRIL (Aceaon, *Coversyl) **HTN:** Start 4 mg PO daily, usual maintenance dose 4 to 8 mg PO daily or divided two times per day, max 16 mg/day. **Reduction of cardiovascular events in stable CAD:** Start 4 mg PO daily for 2 weeks, max 8 mg/day. Elderly (age older than 65 yo): 4 mg PO daily, max 8 mg/day. [Generic/Trade: Tabs, scored 2, 4, 8 mg.] ▶K ⊗ ♀X/X/X, Neonatal harm: Potential anuria, hypotension, renal failure, skull hypoplasia, death. ◀ Do not breastfeed while taking an ACE inhibitor. \$\$\$ ■

BENAZEPRIL (Lotensin) **HTN:** Start 10 mg PO daily, usual maintenance dose 20 to 40 mg PO daily or divided two times per day, max 80 mg/day. [Generic/Trade: Tabs, unscored 5, 10, 20, 40 mg.] ▶LK ⊗ ♀X/X/X, Neonatal harm: Potential anuria, hypotension, renal failure, skull hypoplasia, death. ◀ Do not breastfeed while taking an ACE inhibitor. \$ ■

CAPTOPRIL (Capoten) **HTN:** Start 25 mg PO two to three times per day, usual maintenance dose 25 to 150 mg two to three times per day, max 450 mg/day. **Heart failure:** Start 6.25 to 12.5 mg PO three times per day, usual dose 50 to 100 mg PO three times per day, max 450 mg/day. **Diabetic nephropathy:** 25 mg PO three times per day. [Generic only: Tabs, scored 12.5, 25, 50, 100 mg.] ▶LK ⊗ ♀X/X/X, Neonatal harm: Potential anuria, hypotension, renal failure, skull hypoplasia, death. ◀ Captopril is excreted into human milk. The manufacturer recommends considering the potential for serious adverse reactions in the infant when deciding to use this drug during breastfeeding. The American Academy of Pediatrics Committee on Drugs considered this drug compatible with breastfeeding (Pediatrics 2001;108:776-89). Adverse reactions should be reported to the FDA. \$\$\$ ■

CILAZAPRIL (*Inhibace) Canada only. **HTN:** 1.25 to 10 mg PO daily. [Generic/Trade: Not available in US. Tabs, scored 1, 2.5, 5 mg.] ▶LK ⊗ ♀X/X/X, Neonatal harm: Potential anuria, hypotension, renal failure, skull hypoplasia, death. ◀ Do not breastfeed while taking an ACE inhibitor. \$ ■

ENALAPRIL (enalaprilat, Vasotec, Epaned) **HTN:** Start 5 mg PO daily, usual maintenance dose 10 to 40 mg PO daily or divided two times per day, max 40 mg/day. If oral therapy not possible, can use enalaprilat 1.25 mg IV q 6 h over 5 min,

(cont.)