HYPERTENSION TREATMENTS: ACE INHIBITORS (Part 1 of 2)

Generic	Brand	Strength	Form	Usual Dose
ACE INHIBITORS				
benazepril HCl	**Lotensin**	5mg, 10mg, 20mg, 40mg	tabs	**Adults:** If not on diuretic: initially 10mg daily. Usual maintenance: 20–40mg daily in 1 or 2 divided doses; usual max 80mg/day. If on diuretic: initially 5mg once daily. If BP not controlled on benazepril alone, may add low dose diuretic. CrCl <30mL/min/1.73m^2: initially 5mg daily; max 40mg/day. **Children: <6yrs or CrCl <30mL/min/1.73m^2: not recommended.** ≥6yrs: initially 0.2mg/kg daily; usual max 0.6mg/kg/day (or 40mg/day).
captopril	—	12.5mg, 25mg, 50mg, 100mg	scored tabs	**Adults:** Take 1hr before meals. Initially 25mg 2–3 times daily. After 1–2wks may increase to 50mg 2–3 times daily. If control unsatisfactory, see full labeling. Titrate to usual dose after several days. Monitor closely for 1st 2wks and if dose increased; max 450mg/day. Renal impairment: See full labeling. **Children: Not established.**
enalapril maleate	**Epaned**	150mg/150mL	pwd for oral soln	**Adults:** If on diuretics, CrCl ≤30mL/min, or on dialysis (give on dialysis days): initially 2.5mg daily; max 40mg. Others: initially 5mg daily; may titrate up to max 40mg daily in 1–2 divided doses. *Vasotec:* if on diuretics, suspend diuretic for 2–3 days before initiation if possible. Monitor closely for 1st 2wks. **Children: Neonates, preterm infants, or CrCl <30mL/min: not recommended.** Initially 0.08mg/kg (up to 5mg) once daily; max 0.58mg/kg (or 40mg) daily. Suspension form may be prepared if unable to swallow tabs: see full labeling.
	Vasotec	2.5mg, 5mg, 10mg, 20mg	scored tabs	
fosinopril sodium	—	10mg+, 20mg, 40mg	tabs	**Adults:** Initially 10mg once daily. Usual maintenance: 20–40mg daily in 1–2 divided doses; max 80mg/day. If on diuretic: suspend diuretic for 2–3 days before starting if possible; resume diuretic if pressure not controlled with fosinopril alone. If diuretic cannot be discontinued: give 10mg and monitor carefully. **Children: <6yrs (≤50kg): not recommended.** ≥6yrs (>50kg): 5–10mg once daily.
lisinopril	**Prinivil**	5mg, 10mg, 20mg	scored tabs	**Adults:** Initially and if not on diuretics: 10mg once daily. Usual range: 20–40mg once daily. Doses up to 80mg have been used. If BP not controlled by lisinopril alone, may add low-dose diuretic. After adding diuretic, may need to reduce lisinopril dose. If on diuretics: initially 5mg daily. CrCl 10–30mL/min: initially 5mg daily; max 40mg daily as tolerated. CrCl <10mL/min or hemodialysis: initially 2.5mg once daily. **Children: <6yrs or CrCl <30mL/min/1.73m^2: not recommended.** ≥6yrs: initially 0.07mg/kg (max 5mg) once daily; usual max 0.61mg/kg (40mg) once daily.
	Qbrelis	1mg/mL	oral soln	
	Zestril	2.5mg, 5mg+, 10mg, 20mg, 30mg, 40mg	tabs	
moexipril HCl	—	7.5mg, 15mg	scored tabs	**Adults:** Take 1hr before meals. Initially and if not on diuretics: 7.5mg once daily; usual range 7.5–30mg/day in 1–2 divided doses. If on diuretic: suspend diuretic for 2–3 days before starting therapy; resume diuretic if BP not controlled by moexipril alone. If diuretic cannot be discontinued: initially 3.75mg once daily. CrCl <40mL/min: initially 3.75mg once daily; max 15mg/day. **Children: Not established.**
perindopril erbumine	—	2mg, 4mg, 8mg	scored tabs	**Adults:** If not on diuretic: initially 4mg once daily; may increase to max 16mg/day. Usual maintenance 4–8mg daily in 1–2 divided doses. If on diuretic: consider reducing diuretic dose prior to starting therapy. Elderly: usual max 8mg/day. CrCl <30mL/min: not recommended; CrCl ≥30mL/min: initially 2mg/day: max 8mg/day. **Children: Not established.**
quinapril HCl	**Accupril**	5mg+, 10mg, 20mg, 40mg	tabs	**Adults:** Initially and if not on diuretics: 10 or 20mg once daily; may adjust dose at intervals of ≥2wks. Usual maintenance: 20–80mg daily in 1–2 divided doses. If on diuretics: suspend diuretic for 2–3 days before starting; resume diuretic if BP not controlled by quinapril alone. If diuretic cannot be discontinued, or if CrCl 30–60mL/min: initially 5mg daily. CrCl 10–30mL/min: initially 2.5mg daily. Elderly: initially 10mg once daily. **Children: Not established.**
ramipril	**Altace**	1.25mg, 2.5mg, 5mg, 10mg	gel caps	**Adults:** Initially and if not on diuretics: 2.5mg once daily. Maintenance: 2.5–20mg daily in 1–2 divided doses. May add a diuretic if BP is not controlled. CrCl <40mL/min: 1.25mg once daily; max 5mg/day. **Children: Not established.**
trandolapril	—	1mg+, 2mg, 4mg	tabs	**Adults:** If not on diuretic: initially 1mg once daily in non-black patients; 2mg in black patients. If on diuretic: suspend diuretic for 2–3 days before starting therapy; resume diuretic if BP not controlled with trandolapril alone. If diuretic cannot be discontinued (supervise closely until stabilized), or in renal impairment (CrCl <30mL/min) or hepatic cirrhosis: initially 0.5mg once daily. For all: adjust at 1-week intervals; usual range 2–4mg once daily; usual max 8mg/day; may give in 2 divided doses. **Children: Not established.**
ACE INHIBITOR + DIURETIC				
benazepril HCl/ hydrochlorothiazide	**Lotensin HCT**	10mg/12.5mg, 20mg/12.5mg, 20mg/25mg	scored tabs	**Adults:** *Switching from monotherapy with either component:* initially 10/12.5mg once daily; may increase after 2–3wks as needed up to max 20/25mg daily. Or, substitute for individually titrated components. **Children: Not established.**

(continued)

HYPERTENSION TREATMENTS: ACE INHIBITORS (Part 2 of 2)

Generic	Brand	Strength	Form	Usual Dose
ACE INHIBITOR + DIURETIC *(continued)*				
enalapril maleate/ hydrochlorothiazide	**Vaseretic**	10mg/25mg	tabs	**Adults:** Switching from monotherapy with either component: start 10/25 once daily; max 20mg/day enalapril and 50mg/day HCTZ. Titrate HTCZ after 2–3wks. Or, substitute for individually titrated components. **Children: Not established.**
fosinopril sodium/ hydrochlorothiazide	—	10mg/12.5mg, 20mg/12.5mg	tabs	**Adults:** Not for initial therapy. Give once daily. Usual range: fosinopril: 10–20mg; HCTZ: 12.5–50mg. Severe renal impairment (CrCl<30mL/min): not recommended. **Children: Not recommended.**
lisinopril/ hydrochlorothiazide	—	10mg/12.5mg, 20mg/12.5mg+	tabs	**Adults:** Not for initial therapy. Initially 10/12.5 or 20/12.5; titrate HCTZ dose after 2–3wks. Max 80/50mg daily. CrCl <30mL/min: not recommended. **Children: Not recommended.**
	Zestoretic	10mg/12.5mg, 20mg/12.5mg, 20mg/25mg	tabs	**Adults:** Switching from monotherapy with either component: start 10/12.5 or 20/12.5 once daily; titrate HTCZ after 2–3wks. If on diuretic: if possible, suspend diuretic for 2–3 days, then adjust. Or, substitute for individually titrated components. CrCl ≤30mL/min: not recommended. **Children: Not established.**
moexipril HCl/ hydrochlorothiazide	—	7.5mg/12.5mg, 15mg/12.5mg, 15mg/25mg	scored tabs	**Adults:** Not for initial therapy. Take 1hr before a meal. Switching from monotherapy with either component: 1 tab once daily, then adjust; usual max 30mg/50mg per day. Allow 2–3wks for titration of HCTZ component. Or, substitute for individually-titrated components. **Children: Not established.**
quinapril HCl/ hydrochlorothiazide	**Accuretic**	10mg/12.5mg+, 20mg/12.5mg+, 20mg/25mg	tabs	**Adults:** Not for initial therapy. Previously titrated: use same doses as individual components. Switching from quinapril monotherapy: initially one 10/12.5 tab or one 20/12.5 tab once daily; allow 2–3wks before increasing HTCZ component. Switching from HTCZ 25mg/day monotherapy: initially one 10/12.5 or 20/12.5 tab once daily. Adjust based on response and serum potassium. Renal impairment (CrCl ≤30mL/min): not recommended. **Children: Not established.**
CALCIUM CHANNEL BLOCKER + ACE INHIBITOR				
amlodipine besylate/ benazepril HCl	**Lotrel**	2.5mg/10mg, 5mg/10mg, 5mg/20mg, 5mg/40mg, 10mg/20mg, 10mg/40mg	caps	**Adults:** Not for initial therapy. Not adequately controlled with amlodipine or benazepril monotherapy, or unable to achieve BP control with amlodipine without developing edema: initially 2.5mg/10mg once daily; may titrate up to 10mg/40mg once daily if BP uncontrolled. Or, substitute for individually titrated components. CrCl ≤30mL/min: not recommended. Hepatic impairment, elderly: consider lower doses. **Children: Not recommended.**
perindopril arginine/ amlodipine	**Prestalia**	3.5mg/2.5mg, 7mg/5mg, 14mg/10mg	tabs	**Adults:** Initially 3.5mg/2.5mg once daily. Adjust at 7–14 day intervals; max 14mg/10mg once daily. Renal impairment (CrCl 30–80mL/min): max 7mg/5mg; (CrCl <30mL/min): not recommended. **Children: Not established.**
trandolapril/ verapamil HCl ER	—	1mg/240mg, 2mg/180mg, 2mg/240mg, 4mg/240mg	tabs	**≥18yrs:** Not for initial therapy. 1 tab daily. Titrate individual components. Take with food. **<18yrs: Not established.**

NOTES

Key: + = scored

Not an inclusive list of medications, official indications, and/or dosing details. Please see drug monograph at www.eMPR.com and/or contact company for full drug labeling.

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