

Acebutolol Tablet Shortage

Several brands of acebutolol 100 mg, 200 mg and 400 mg tablets are approved for marketing by Health Canada¹ and are on the Saskatchewan Drug Plan Formulary.²

Health Canada approved indications^{3,4}:

- hypertension, mild to moderate
- angina pectoris

Off-label uses^{3,4}:

- arrhythmias
- post myocardial infarction

Use Table 1 to determine alternate agents according to indication and patient needs. In most cases, metoprolol will likely be a suitable alternative. Use Table 2 to find dose ranges of the different indications.

| | Acebutolol | Implications | Alternative β B |
|-----------------|------------|---|---|
| Indication | HTN | | bisoprolol, carvedilol, labetalol, metoprolol, nadolol, nebivolol, pindolol, propranolol, timolol |
| | Angina | | atenolol, bisoprolol, carvedilol, labetalol, metoprolol, nadolol, pindolol, propranolol, timolol |
| | Arrhythmia | | metoprolol, nadolol (SVA), propranolol (SVA, VA), sotalol (SVA, VA) |
| | Post MI | | atenolol, bisoprolol, carvedilol, metoprolol, nadolol, propranolol, timolol |
| Cardioselective | Yes | Preferred for patients at risk of hypoglycemia. Preferred for patients with mild-moderate reversible airway disease. | atenolol, bisoprolol, metoprolol, nebivolol* |
| ISA | Yes | May have less negative effects on heart rate (e.g. if bradycardia on other β Bs) | pindolol |
| Lipophilic | No (low) | Possibly may be associated with fewer CNS effects | atenolol, labetalol, nadolol, sotalol |

*At doses <10 mg daily and not in poor 2D6 metabolizers.
AF = atrial fibrillation; β B= beta-blockers; HTN = hypertension; ISA = intrinsic sympathomimetic activity; SVA= supraventricular arrhythmia; VA= ventricular arrhythmia

| Table 2: Dose Ranges of Beta Blockers by Indication ^{3,5-7} | | | | |
|--|---|--------------------------------------|---|---|
| Beta Blocker | Hypertension | Angina Pectoris | Arrhythmia | Post-MI Target Dose |
| Acebutolol | 100 to 400 mg BID | 200 to 300 mg BID | VA 200 mg to 600 mg BID | 200 mg BID |
| Atenolol | | 50 to 200 mg QD | | 100 mg QD |
| Bisoprolol | 5 to 20 mg QD | 2.5 to 20 mg QD | | 10 mg QD |
| Carvedilol | 3.125 to 25 mg BID | 3.125 to 25 mg BID | | 25 mg BID |
| Labetalol | 100 to 600 mg BID | 100 mg QD to 600 mg BID | | |
| Metoprolol | RR 50 to 200 mg BID | RR 50 to 200 mg BID | RR 50 mg BID or TID up to 300 mg/day | RR 100 mg BID |
| | SR 100 to 200 mg QD | SR 100 to 200 mg QD | | SR 100 to 200 mg QD |
| Nadolol | 40 to 320 mg QD | 40 mg to 160 mg BID | 40 mg to 160 mg/day in 1 or 2 doses | 40 mg to 160 mg/day in 1 or 2 doses |
| Nebivolol | 5 to 20 mg QD | | | |
| Pindolol | 5 to 15 mg BID or TID up to 45 mg daily | 15 mg to 40 mg daily in 3 to 4 doses | | |
| Propranolol | RR 40 mg BID up to 320 mg daily in 3 or 4 doses | RR 10 to 40 mg BID up to 160 mg BID | RR 10 to 30 mg TID or QID up to 160 mg/day in divided doses | RR 40 to 60 mg TID up to 240 mg/day in 2 to 4 doses |
| | LA 60 to 320 mg QD | LA 80 mg to 320 mg QD | LA 80 to 160 mg QD | |
| Sotalol | | | VA & SVA: 80 mg BID up to 320 mg/day | |
| Timolol | 5 to 10 mg BID up to 60 mg daily | 5 mg BID up to 15 mg TID | | 10 mg BID |

BID= twice daily; LA= long acting; MI= myocardial infarction; QD= once daily; RR= regular release; SR = slow release; SVA= supraventricular arrhythmia; TID = three times daily; VA=ventricular arrhythmia

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