



27 April 2026

Medicine Supply Alert Notice

Ramipril 1.25mg capsules

Priority: Level 2*

Valid until: end of May 2026

Issue

1. There are intermittent supply issues with ramipril 1.25mg capsules until the end of May 2026.
2. Ramipril 1.25mg and 2.5mg tablets and ramipril oral solution remain available but cannot support increased demand.
3. A Serious Shortage Protocol (SSP) for ramipril 1.25mg capsules was issued on 22 April 2026. This SSP allows community pharmacists to limit supply to one month. Please refer to [PCA\(P\)\(2026\)07](#) for further information.
4. Other low dose formulations of angiotensin-converting enzyme (ACE) inhibitors and angiotensin-II receptor blockers (ARBs) remain available, some of which can support increased demand (see Additional information section).

Advice and Actions

5. Prescribers should not initiate new patients on ramipril 1.25mg capsules until the supply issue has resolved.
6. Where supplies of ramipril 1.25mg capsules are available, community pharmacists and dispensing doctors should:
 - consider limiting supply to one month of supply in accordance with [SSP087](#) for eligible patients presenting with a prescription for more than one month's supply of ramipril 1.25mg capsules (see Additional information section).
7. Where patients have insufficient supply to last until the resupply date and community pharmacies are unable to source ramipril 1.25mg capsules, prescribers should:
 - consider prescribing an alternative ACE inhibitor or ARB that can support increased demand (see Additional information section), establishing if a dose lower than the usual starting dose is required, taking into account the indication for use, treatment history, comorbidities, as well as local guidance/formularies, ensuring that the patient is not intolerant to any of the excipients and is counselled on the appropriate dose; and
 - monitor patients to ensure blood pressure remains controlled and the new agent is tolerated, titrating dose as needed, advising them to seek medical advice if they experience dizziness or light-headedness after switching.

Additional Information

Clinical Information

8. Ramipril capsules are licensed for the treatment of hypertension, renal disease, and symptomatic heart failure, and for cardiovascular prevention, including after an acute myocardial infarction. An initial starting dose of 1.25 mg once daily is recommended for certain indications, which is then titrated upwards, if a higher dose is tolerated.
9. There are limited data on dose equivalence of ACE inhibitors and ARBs. For patients unable to access ramipril 1.25mg capsules, who require a lower starting dose of an alternative agent, the lowest strength formulations **available that can support increased demand** are:
 - Lisinopril 2.5 mg tablets
 - Losartan 25 mg tablets
 - Candesartan 4 mg tablets (can support from late April 2026)
10. Please note, other low/lower strength formulations of ACE inhibitors and ARBs remain available but if not listed above, they cannot support increased demand.
11. If a lower starting dose is not considered necessary, the following higher strength formulations can also support demand, if appropriate: lisinopril 5 mg, perindopril erbumine 4 mg, candesartan 8 mg and losartan 50 mg tablets.
12. Refer to CKS table of [ACE inhibitors](#) and [ARBs](#) in hypertension and [ACE inhibitors in heart failure](#) and [ARBs in heart failure](#) for dosing guidance. SPCs should be consulted for full information on licensed indications and dosing regimens.

Links to further information

- [SmPC Ramipril 1.25mg capsules](#)
- [BNF Ramipril](#)
- [NICE CKS guidance: Hypertension- ACE inhibitors](#)
- [NICE CKS guidance: Hypertension- ARBs](#)
- [NICE CKS guidance: Chronic heart failure- ACE inhibitors](#)
- [NICE CKS guidance: Chronic heart failure- ARBs](#)
- [Serious shortage protocols \(SSPs\) | NHSBSA](#)
- [PCA\(P\)\(2026\)07 - Serious Shortage Protocol: Ramipril 1.25mg capsules](#)

Specialist Pharmacy Service (SPS) website

13. The UK Department of Health and Social Care (DHSC) in conjunction with the Specialist Pharmacy Service (SPS) have launched an online Medicines Supply Tool, which provides up to date information about medicine supply issues. To access the online Medicines Supply Tool you need to register with the [SPS website](#). Registration for access to the website is available to UK healthcare professionals and organisations providing NHS healthcare. The tool is located under the Tools tab and then click on the Medicines Supply option.
14. Prescribers, pharmacy professionals, and pharmacy procurement leads in Scotland are encouraged to register with the SPS website and use its Medicine Supply Tool to stay up to date concerning medicines supply disruptions. Please be aware that while medicines supply

issues will appear on the SPS website, some of the recommended actions may not always be appropriate / relevant within the Scottish context.

Enquiries

15. Enquiries from Health Boards or healthcare professionals should be directed in the first instance to PharmacyTeam@gov.scot (primary care) or NSS.NHSSMedicineShortages@nhs.scot (secondary care).