Benazepril

(Benazecare Flavour (c,d), Benefortin (c,d), Cardalis (d), Fortekor (c,d), Fortekor-Plus (d), Kelapril (c,d), Nelio (c,d), Prilben (c,d), Vetpril) POM-V

- **Formulations**

Oral: 2.5 mg, 5 mg, 20 mg tablets; 2.5 mg benazepril + 20 mg spironolactone, 5 mg benazepril + 40 mg spironolactone, 10 mg benazepril + 80 mg spironolactone (Cardalis); 2.5 mg benazepril + 1.25 mg pimobendan, 10 mg benazepril + 5 mg pimobendan (Fortekor-Plus).

- **Action**

Inhibits conversion of angiotensin I to angiotensin II and inhibits the breakdown of bradykinin. Overall effect is a reduction in preload and afterload via venodilation and arteriodilation, decreased salt and water retention via reduced aldosterone production and inhibition of the angiotensin–aldosterone-mediated cardiac and vascular remodelling. Efferent arteriolar dilation in the kidney can reduce intraglomerular pressure and therefore glomerular filtration. This may decrease proteinuria.

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- **Use**
    - Treatment of CHF in dogs and cats. Often used in conjunction with diuretics when heart failure is present. Can be used in combination with other drugs to treat heart failure (e.g. pimobendan, furosemide, spironolactone, digoxin).
    - Management of proteinuria associated with chronic renal insufficiency, glomerular disorders and protein-losing nephropathies.
    - May reduce blood pressure in hypertension and may be more potent in dogs. Less potent than amlodipine in reducing blood pressure in cats but sometimes used together.

Benazepril undergoes significant hepatic metabolism and may not need dose adjustment in renal failure. ACE inhibitors are more likely to cause or exacerbate prerenal azotaemia in hypotensive animals and those with poor renal perfusion (e.g. acute, oliguric renal failure). Use cautiously if hypotension, hyponatraemia or outflow tract obstruction are present. Regular monitoring of blood pressure, serum creatinine, urea and electrolytes is strongly recommended with ACE inhibitor treatment. The use of ACE inhibitors in cats with cardiac disease stems from extrapolation from theoretical benefits and studies showing a benefit in other species with heart failure and different cardiac diseases (mainly dogs and humans) and is not proven.

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- **DOSES**
    - **Dogs** Heart failure: 0.25–0.5 mg/kg p.o. q12–24h. Additional benefit may be seen with twice daily dosing. Monitor blood pressure. Adjunctive treatment of hypertension/proteinuria: 0.25–0.5 mg/kg p.o. q12–24h. Increase by 0.25–0.5 mg/kg to a maximum daily dose of 2 mg/kg.

- **Cats** Chronic renal insufficiency: 0.5–1.0 mg/kg p.o. q24h. Adjunctive therapy in heart failure: 0.25–0.5 mg/kg p.o. q24h.