

Common Medications for Stable IHD¹

Please refer to HSG whitelist for the full list of subsidised drugs

Drug class / Drug	Pharmacology	Recommended dose	Contraindication Side Effect	Remarks
Non-steroidal Anti-inflammatory drug (NSAID) Aspirin	Acts via irreversible inhibition of platelet cyclooxygenase-1 (COX-1) and thus thromboxane production.	75–100mg OD	Contraindications: <ul style="list-style-type: none"> Hypersensitivity to NSAIDs Patients with asthma, rhinitis and nasal polyps Common side effects: <ul style="list-style-type: none"> Bleeding Tinnitus 	<ul style="list-style-type: none"> Low-dose aspirin is recommended in all stable IHD patients. (Class 1, Level A)
P2Y₁₂ inhibitors Clopidogrel	Acts as antagonists of the platelet adenosine diphosphate (ADP) receptor P2Y ₁₂ , thereby inhibiting platelet aggregation.	75mg OD	Contraindications: <ul style="list-style-type: none"> Active pathological bleeding (e.g. peptic ulcer, intracranial haemorrhage) Common side effects: <ul style="list-style-type: none"> Gastrointestinal (GI) bleeding Haemorrhage 	<ul style="list-style-type: none"> Clopidogrel is indicated as an alternative in case of aspirin intolerance. (Class 1, Level B)
Short-acting nitrates Sublingual Glyceryl Trinitrate	Relax vascular smooth muscle in arteries and veins and also reduced preload, leading to reduction in myocardial oxygen demand. Onset of action: <ul style="list-style-type: none"> Sublingual tablet / Translingual spray: 1–3 min 	Sublingual Glyceryl Trinitrate: 0.3–0.6mg every 5 min until the pain goes or maximum of 1.2mg within 15 min	Contraindications: <ul style="list-style-type: none"> Hypertrophic obstructive cardiomyopathy Common side effects: <ul style="list-style-type: none"> Headache Flushing Hypotension Syncope Reflex tachycardia 	<ul style="list-style-type: none"> Short-acting nitrates are recommended for immediate relief of angina in patients with stable IHD. (Class 1, Level B) For 2nd-line treatment, long-acting nitrates are recommended according to heart rate, blood pressure and tolerance. Avoid concurrent use of phosphodiesterase-5 (PDE-5) inhibitors (e.g. sildenafil) due to risk of severe hypotension.
Translingual Glyceryl Trinitrate Spray		Translingual Glyceryl Trinitrate Spray: 0.4mg (1 spray) every 5 min up to 3 doses within 15 min		
Long-acting nitrates Isosorbide Mononitrate		Isosorbide Mononitrate: Initial: 30–60mg OM, may titrate to 120mg OM		

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Isosorbide Dinitrate		Isosorbide Dinitrate: Initial: 5–20mg BD–TDS, may titrate to 10–40mg BD–TDS		
Trimetazidine	Improve cellular tolerance to ischemia by inhibiting fatty acid metabolism and secondarily by stimulating glucose metabolism.	Immediate-release trimetazidine: 20mg TDS Modified-release trimetazidine: 35mg BD	Contraindications: <ul style="list-style-type: none"> • Parkinson's disease • Tremors and movement disorders • Severe renal impairment Common side effects: <ul style="list-style-type: none"> • Gastric discomfort • Nausea • Headache • Movement disorders 	<ul style="list-style-type: none"> • For 2nd-line treatment, trimetazidine may be considered. (Level 2b, Class B)
Beta blocker Metoprolol	Acts directly on the heart to reduce heart rate, contractility, AV condition and ectopic activity. They may increase perfusion of ischaemic areas by prolonging the diastole and increasing vascular resistance in non-ischemic areas.	Immediate-release metoprolol tartrate: Initial: 50mg BD, may titrate dose up to 200mg BD Extended-release metoprolol succinate: Initial: 100mg OD, may titrate up to 400mg OD	Contraindications: <ul style="list-style-type: none"> • Severe bradycardia • Sick sinus syndrome • 2nd- or 3rd-degree heart block • Cardiogenic shock • Refractory heart failure • Asthma Common side effects: <ul style="list-style-type: none"> • Bradycardia • Fatigue • Depression • Bronchospasm • Peripheral vasoconstriction • Postural hypotension • Impotence • Hypoglycaemia 	<ul style="list-style-type: none"> • 1st-line therapy for relief of symptoms. (Level 1, Class A)
Bisoprolol		Bisoprolol: 2.5–10mg OD		
Atenolol		Atenolol: 50–100mg OD		
Carvedilol		Carvedilol: Initial: 12.5mg BD, may titrate to 25mg BD		

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Angiotensin converting enzyme (ACE) inhibitors Captopril	Blocking formation of angiotensin II formation: <ul style="list-style-type: none"> • Cause dilation of arteries and veins, thus reducing arterial pressure, preload and afterload on heart. • Down regulate sympathetic adrenergic activity. • Promote renal excretion of sodium and water and thus reducing blood volume, venous pressure and arterial pressure. • Inhibit cardiac and vascular remodelling associated with chronic hypertension, heart failure, and myocardial infarction. 	Captopril: Initial: 6.25mg TDS, may titrate up to 50mg TDS	Contraindications: <ul style="list-style-type: none"> • History of angioedema • Bilateral renal artery stenosis • Pregnancy Common side effects: <ul style="list-style-type: none"> • Cough • Hypotension • Hyperkalaemia • Dizziness • Headache 	<ul style="list-style-type: none"> • ACE inhibitors should be prescribed in all patients with Stable IHD who also have hypertension, diabetes mellitus, Left Ventricular Ejection Fraction (LVEF) 40% or less, or Chronic Kidney Disease (CKD) unless contraindicated. (Level 1, Class A)
Enalapril		Enalapril: Initial: 2.5mg BD, may titrate to 20mg BD		
Lisinopril		Lisinopril: Initial: 2.5–5mg OD, may titrate to 40mg OD		
Perindopril		Perindopril: Initial: 4mg OD, may titrate to 16mg OD		
Angiotensin Receptor Blockers (ARB) Losartan	Blocking of angiotensin II receptors on blood vessels and other tissues. They have similar actions as ACE inhibitors.	Losartan: 50–100mg OD	Contraindications: <ul style="list-style-type: none"> • History of angioedema • Bilateral renal artery stenosis • Pregnancy Common side effects: <ul style="list-style-type: none"> • Hypotension • Hyperkalaemia • Dizziness • Headache 	<ul style="list-style-type: none"> • ARBs should be prescribed in all patients with Stable IHD who also have hypertension, diabetes mellitus, left ventricular systolic dysfunction, or Chronic Kidney Disease (CKD) and have indications for, but are intolerant of ACE inhibitors. (Level 1, Class A)
Irbesartan		Irbesartan: 150–300mg OD		
Candesartan		Candesartan: 8–32mg OD		
Valsartan		Valsartan: Initial: 20mg BD, may titrate to 160mg BD		
Telmisartan		Telmisartan: Initial: 40mg OD, may titrate to 80mg OD		

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Non-dihydropyridine (DHP) calcium channel blocker Verapamil	Acts by vasodilation and reduction of the peripheral vascular resistance.	Immediate-Release verapamil: 80–160mg TDS Extended-release verapamil: 240mg OD–BD	Contraindications: <ul style="list-style-type: none"> • 2nd-or 3rd-degree AV block • Sick sinus syndrome • Hypotension Common side effects: <ul style="list-style-type: none"> • Headache • Gingival hyperplasia • Constipation • Hypotension • Bradycardia 	<ul style="list-style-type: none"> • Long-acting non-DHP calcium channel blockers instead of a beta-blocker as initial therapy for relief of symptoms is reasonable. (Class 2a, Level B) • Combination of non-DHP calcium channel blockers (Verapamil, Diltiazem) with beta-blockers not recommended due to risk of heart block and bradycardia.
Diltiazem		Immediate-release diltiazem: Initial: 30mg QDS, may titrate to 80mg QDS Extended-release diltiazem: Initial: 100mg OD, may titrate to 200mg OD		
Dihydropyridine calcium channel blocker Long-acting Nifedipine		Long-acting Nifedipine: Initial: 30–60mg OD, titrate as clinically indicated up to 120mg OD	Contraindications: <ul style="list-style-type: none"> • Severe aortic stenosis • Cardiogenic shock • Obstructive cardiomyopathy Common side effects: <ul style="list-style-type: none"> • Headache • Peripheral oedema • Flushing • Reflex tachycardia 	<ul style="list-style-type: none"> • Calcium channel blockers should be prescribed for relief of symptoms when beta blockers are contraindicated or cause unacceptable side effects. (Class 1, Level B) • Calcium channel blockers, in combination with beta blockers, should be prescribed for relief of symptoms when initial treatment with beta blockers is unsuccessful. (Class 1, Level B)
Amlodipine		Amlodipine: 5–10mg OD		

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Statins Atorvastatin	Acts by competitively inhibiting HMG-CoA reductase, the enzyme that catalyses the rate-limiting step in cholesterol biosynthesis.	Atorvastatin: Moderate-intensity: 10–20mg High-intensity: 40–80mg	Contraindications: <ul style="list-style-type: none"> • Active liver disease • Unexplained persistent elevation of serum transaminases • Pregnancy • Breastfeeding 	<ul style="list-style-type: none"> • In addition to therapeutic lifestyle changes, a moderate or high dose of a statin therapy should be prescribed, in the absence of contraindications or documented adverse effects. (Class 1, Level B) • For patients with established IHD, high intensity statin therapy (atorvastatin or rosuvastatin) is recommended, should there be difficulty achieving the LDL target.
Lovastatin	HMG-CoA reductase inhibitors also possess pleiotropic properties including improved endothelial function, reduced inflammation at the site of the coronary plaque, inhibition of platelet aggregation and anticoagulant effects.	Lovastatin: Moderate-intensity: 40mg	Common side effects: <ul style="list-style-type: none"> • Myalgia • Headache • GI discomfort 	
Rosuvastatin		Rosuvastatin: Moderate-intensity: 5–10mg High-intensity: 20–40mg	Rare side effects: <ul style="list-style-type: none"> • Rhabdomyolysis 	
Simvastatin		Simvastatin Moderate intensity: 20–40mg High-intensity: 40–80mg		