Cambridgeshire and Peterborough Clinical Commissioning Group

Cambridge University Hospitals NHS Foundation Trust

Prescribing Support Document

Drug: IVABRADINE for Chronic Heart Failure

http://publications.nice.org.uk/ivabradine-for-treating-chronic-heart-failure-ta267

SPC details:
Current prescribing information is found in the SPC for the product, this includes side effects and interactions along with prescribing information, prescribers should familiarise themselves with the content:
http://www.medicines.org.uk/emc/document.aspx?documentId=17188#INDICATIONS

Additional prescribing information :

- Ivabradine should be initiated by a heart failure specialist with access to a multidisciplinary heart failure team.
- Dose titration and monitoring should be carried out by a heart failure specialist or in primary care by either a GP with a special interest in heart failure or a heart failure specialist nurse.

Starting criteria: Ivabradine should only be initiated after a stabilisation period of 4 weeks on optimised standard therapy with ACE inhibitors, beta-blockers and aldosterone antagonists.

Ivabradine is recommended as an option for treating chronic heart failure for people:

- with New York Heart Association (NYHA) class II to IV stable chronic heart failure with systolic dysfunction and
- who are in sinus rhythm with a heart rate of 75 beats per minute (bpm) or more and
- who are given ivabradine in combination with standard therapy including beta-blocker therapy, angiotensin-converting enzyme (ACE) inhibitors and aldosterone antagonists, or when beta-blocker therapy is contraindicated or not tolerated and
- with a left ventricular ejection fraction of 35% or less.

The usual recommended starting dose of ivabradine is 5 mg twice daily. After two weeks of treatment, the dose can be increased to 7.5 mg twice daily if resting heart rate is persistently above 60 bpm or decreased to 2.5 mg twice daily (one half 5 mg tablet twice daily) if resting heart rate is persistently below 50 bpm or in case of symptoms related to bradycardia such as dizziness, fatigue

or hypotension. If heart rate is between 50 and 60 bpm, the dose of 5 mg twice daily should be maintained.

If during treatment, heart rate decreases persistently below 50 beats per minute (bpm) at rest or the patient experiences symptoms related to bradycardia, the dose must be titrated downward to the next lower dose in patients receiving 7.5 mg twice daily or 5 mg twice daily. If heart rate increases persistently above 60 beats per minute at rest, the dose can be up titrated to the next upper dose in patients receiving 2.5 mg twice daily or 5 mg twice daily.

Stopping criteria: Treatment must be discontinued if heart rate remains below 50 bpm or symptoms of bradycardia persist**.** The patient should be referred back to a cardiologist for further management.

Initiating prescriber:
Name (please print clearly):

Contact telephone number:

e- mail:

Document management

Approval:		**Cambridge University Hospitals Joint Drug and Therapeutics Committee** **Date:** September 2013 **Cambridgeshire Joint Prescribing Group** **Date:** September 2013	
Owning department:		Pharmacy	
Author(s):		Val Shaw	
Pharmacist(s):		Val Shaw	
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