Cambridgeshire and Peterborough Clinical Commissioning Group

Cambridge University Hospitals NHS Foundation Trust

Prescribing Support Document

Drug: RANOLAZINE for stable angina

http://guidance.nice.org.uk/CG126

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/medicine/21402/SPC/Ranexa+prolonged-release+tablets/#PRODUCTINFO

Additional prescribing information :

Before referring consider:

- Have all Primary Care drugs for the treatment of angina been tried at optimum doses?
- Has compliance with treatment been checked?
- Has the patient had repeated hospitalisations for angina symptoms?
- Is the patient still symptomatic?

Starting criteria:

Ranolazine is indicated in adults as add-on therapy for the symptomatic treatment of patients with stable angina pectoris who are inadequately controlled or intolerant to first-line anti anginal therapies (such as beta-blockers and/or calcium antagonists) and who have bradycardia, or for those patients with atrial fibrillation.

The recommended initial dose of ranolazine is 375 mg twice daily. After 2–4 weeks, the dose should be titrated to 500 mg twice daily and, according to the patient's response, further titrated to a recommended maximum dose of 750 mg twice daily.

If a patient experiences treatment-related adverse events (e.g. dizziness, nausea, or vomiting), down-titration of ranolazine to 500 mg or 375 mg twice daily may be required. If symptoms do not resolve after dose reduction, treatment should be discontinued.

Dose titration can be undertaken by the GP; alternatively the patient can be referred back to the hospital for up titration until stable, with the resulting cost of follow up appointments until this is achieved.

Stopping criteria:

If treatment related adverse effects do not resolve after dose reduction, treatment should be discontinued (see above).

If symptoms are not controlled with the maximum tolerated dose there is no alternative

drug treatment currently available, the drug should be stopped and the patient advised on the next steps.

Initiating prescriber:
Name (please print clearly):

Contact telephone number: Bleep:

e- mail:

Document management

Approval:

Cambridge University Hospitals Joint Drug and Therapeutics Committee **Date:** March 2013

Cambridgeshire Joint Prescribing Group

Date: July 2013

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