Cambridgeshire and Peterborough Clinical Commissioning Group

Cambridge University Hospitals NHS Foundation Trust

Prescribing Support Document

Drug: IVABRADINE 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/17188/SPC#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:
See additional safety data in : https://www.gov.uk/drug-safety-update/ivabradine-procoralan-in-the-symptomatic-treatment-of-angina-risk-of-cardiac-side-effects

Ivabradine is indicated for symptomatic treatment of chronic stable angina pectoris in coronary artery disease adults with normal sinus rhythm:

- in adults unable to tolerate or with a contra-indication to the use of beta-blockers
- or in combination with beta-blockers in patients inadequately controlled with an optimal beta-blocker dose and whose resting heart rate is > 70 bpm
- do not prescribe ivabradine with other medicines that cause bradycardia, such as verapamil, diltiazem, or strong CYP3A4 inhibitors

- The usual recommended starting dose of ivabradine is 5 mg twice daily (elderly patients over 75 years of age may start at a dose of 2.5mg). After three to four weeks of treatment, the dose may be increased to 7.5mg twice daily depending on the therapeutic response, do not exceed this dose.
- If, during treatment, heart rate decreases persistently below 50 beats per minute (bpm) at rest or the patient experiences symptoms related to bradycardia such as dizziness, fatigue or hypotension, the dose must be titrated downward including the possible dose of 2.5mg twice daily (one half 5mg tablet twice daily).
- Monitor patients regularly for atrial fibrillation. If atrial fibrillation occurs, carefully reconsider whether the benefits of continuing ivabradine treatment outweigh the

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risks

Stopping criteria:

Consider stopping ivabradine if there is no or only limited symptom improvement after 3 months.

Treatment must be discontinued if heart rate falls below 50 bpm or symptoms of bradycardia persist and the patient referred back to the Hospital Consultant for further advice.

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.

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.

Note: for patients with atrial fibrillation ranolazine is the drug of first choice.

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 & Peterborough Joint Prescribing Group Date: July 2013** *****Documented updated March 2015*****
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