Northern Lincolnshire
Area Prescribing Committee

Ranolazine Prescribing Guideline

Author: Dr Simon Thackray
Review date: February 2022
Reviewed by: Dr. Matthew Balerdi, Clinical lead for NLaG Cardiology & Andrew Karvot, NL Interface Pharmacist.
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Contact: matthew.balerdi@nhs.net
Dr. M. Balerdi MD, FRCP

Consultant Cardiologist / Clinical lead for Cardiology, Northern Lincolnshire and Goole NHS Foundation Trust

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Background

Ranolazine (Ranexa®) is a novel anti-anginal drug that works without clinically significant effects on heart rate or blood pressure. It has a novel mechanism of action, involving selective inhibition of the late sodium current. Ranolazine is licensed for use as an add-on therapy for the symptomatic treatment of patients with stable angina pectoris who are inadequately controlled or intolerant to first-line therapies. The recommended initial dose of Ranolazine in adults is 375mg twice-daily (titrated to a maximum 750mg twice-daily), as per BNF avoid if GFR < 30 mls/min. The APC have approved Ranolazine for initiation by consultant cardiologists only, for those patients whose angina is inadequately controlled on standard antianginals and who are not suitable for revascularisation.

This shared care agreement outlines suggested ways in which the responsibilities for managing the prescribing of Ranolazine for stable angina pectoris can be shared between the specialist and GP. GPs are invited to participate. If the GP is not confident to undertake these roles, then he or she is under no obligation to do so. In such an event, the total clinical responsibility for the patient for the diagnosed condition remains with the specialist. If a specialist asks the GP to prescribe this drug, the GP should reply to this request as soon as practicable. The doctor who prescribes the medication legally assumes clinical responsibility for the drug and the consequences of its use.

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Specialist Responsibilities:

Communicate to Primary Care Prescriber regarding outcome of cardiac investigation and treatment to date. Then:-

- Initiate treatment with ranolazine
- Suitable patient selection (note contraindications) Initial dose of 375mg twice daily (bd).
- Explain possible benefits and risks of ranolazine to the patient
- Provide diagnosis to GP and Patient
- Highlight risk factors to the GP
- Provide lifestyle advice to the patient
- Explain the process of review to the patient
- Agree treatment plan with the patient, in a written format
- Assess symptom relief 2-4 weeks after treatment initiation
- Up-titrate dose from 375mg bd to 500mg bd 2-4 weeks after treatment initiation if angina persists
- After a further 2-4 weeks if angina persists up-titrate dose from 500mg bd to 750mg bd (maximum dose)
- Ensure careful titration at 4-6 weeks in elderly, those with renal impairment (as per BNF) avoid if GFR is below 30ml/min , hepatic impairment, low weight, on those on interacting drugs, including diltiazem, verapamil, erythromycin.
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GP Responsibilities:

- Transfer of care should only take place after the treatment plan is stable.

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- Acknowledge prescribing request and confirm commitment to ongoing prescribing
- Down-titrate if side effects are experienced (see SPC) e.g. dizziness, headache, nausea, discontinue treatment if side effects do not resolve after dose reduction.
- Stop medication if there is no reduction in angina after dose titration.
- Notify specialist of treatment failures.
- Assess the patient after six months and then annually
- Review the patient at least annually according to guidance

Patient Responsibilities:

- Report deterioration in symptoms to the GP
- Seek immediate medical advice if experiencing a prolonged episode of angina
- Report possible side effects to the GP
- If unable to take medication as prescribed, then discuss with GP
- Follow lifestyle modification activities agreed with health care professionals

Prescribing Information

This information should be read in conjunction with the current BNF and Summary of Product Characteristics (SPC).

Presentation: Prolonged-release tablets containing 375 mg; 500 mg; 750mg.

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