Ivabradine for treating chronic heart failure: NICE technology appraisal guidance 267 – Information for East Kent GPs – *revised July 2015*

In November 2012 NICE recommended that:

"1.1 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.*

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

1.3 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."

Implementation in East Kent

Initiation	Ivabradine will only be initiated on the advice of a consultant cardiologist ,a cardiovascular GPSI with a specialist interest in heart failure, or a cardiac nurse specialist who has reached the competency for initiating ivabradine. The cardiac specialist nurse team will refer any patients of concern back to the cardiologist or heart Failure multidisciplinary team (MDT) for approval of treatment. Pre initiation ECGs will be performed to check for QT prolongation by the initiating clinician. They will assess and interpret for clinical significance.
Prescribing	Ivabradine treatment does not require long term specialist follow up. It is therefore considered suitable for GP prescribing. Following an outpatient appointment the hospital will provide the first 28 days' supply of medication. For patients initiated by the cardiac nurse specialist team, the nurse will prescribe 28 days supply, or if they are not an independent prescriber make a recommendation to the GP to prescribe.

Approved by: East Kent Prescribing Group (Representing Ashford CCG, Canterbury and Coastal CCG, South Kent Coast CCG and Thanet CCG)
Date: July 2015
Address: c/o Canterbury and Coastal CCG, Ground Floor, Council Offices, Military Road, Canterbury, Kent,CT1 1YW

Titration	The cardiac nurse specialists will follow up all patients initiated on ivabradine and support GPs with the dose titration regime as per the SPC: • The usual recommended starting dose of ivabradine is 5 mg twice daily. (2.5mg bd if >75years) **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.
Ongoing treatment	The cardiac nurse specialist team will also be available to offer advice to GPs during ongoing treatment. • If during treatment, heart rate decreases 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 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. Treatment must be discontinued if heart rate remains below 50 bpm or symptoms of bradycardia persist.

Prescribing Guidance

For full information please consult the summary of product characteristics at http://www.medicines.org.uk/emc/medicine/17188/SPC

Renal impairment	Use cautioned if e GFR<15ml/min
Common side effects	Headache Flaring of lights in dark; EKHFT recommends to avoid night driving until the patient has tried walking from dark into brightly lit room to find out if they get flares.

Drug Interactions	Drugs causing QT prolongation – *bradycardia can exacerbate risk of arrhythmias* *List of drugs that prolong QT Interval available at www.torsades.org* Potassium depleting drugs - *in the presence of hypokalaemia bradycardia can exacerbate risk of arrhythmias.* *Monitor potassium 4 weeks after starting these drugs & then 6 monthly.* Cytochrome P450 inhibitors – *macrolides, azoles & protease inhibitors* Diltiazem & verapamil – *increase ivabradine exposure* Grapefruit juice - increase ivabradine exposure Fluconazole - - increase ivabradine exposure St John's Wort & Phenytoin – decrease exposure to ivabra

Kent Community Health NHS
NHS Foundation Trust

Recommending Medication Change

Community Cardiac Office
Long Term Conditions Team
Whitstable & Tankerton Hospital
Northwood Road
Whitstable
CT5 2HN
Tel 0300 123 1412
paul.whyte@nhs.net
kcht.canterburycardiacrespteam@nhs.net

Heart Failure Nursing Service
Information to GP Recommending Medication Change by Specialist Nurse

For the attention of Dr

Please could the request be considered and the patient advised. Appropriate monitoring and review will be undertaken by the team following this medication change

Patient name	
Address	
Date of birth	
NHS number	

Recommended change *(Drug, dose and frequency)*	
Reason	Evidence based medicine ☐ Symptom management ☐
Comments	*Will include clinical findings and blood results*

Name of specialist nurse	
Signature	
Date	

Cc: *Patient*

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Notification of Prescription

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Heart Failure Nursing Service
Information to GP Regarding Medication Change by Independent Nurse Prescriber

For the attention of Dr
Please could the repeat prescription be updated accordingly. Appropriate monitoring and review will be undertaken by the team following this medication change

Patient name	
Address	
Date of birth	
NHS number	

Prescription issued *(Drug, dose and frequency)*	
Reason	Evidence based medicine ☐ Symptom management ☐
Comments	*Will include clinical findings and blood results*

Name of prescriber	
Signature	
Date	

Cc *Patient*