InterfacePrescribing & NewTherapies Subgroup

GMMMG Greater Manchester Medicines Management Group

NHS

March 2011

Ivabradine (Procoralan®▼) for use in chronic, systolic heart failure in patients in sinus rhythm

The Interface Prescribing and New Therapies Subgroup (IPNTS) discussed the above drug at a meeting on the 22nd March 2011. The recommendation of this subgroup is as follows:*

The Interface Prescribing & New Therapies Subgroup of the GMMMG considered the use of ivabradine in heart failure patients.

The group recommends that ivabradine therapy should be restricted to those patients who fulfill the same criteria as those use in the pivotal trial (i.e LVEF ≤ 35% and a heart rate above 70bpm)

Ivabradine may be appropriate in addition to optimal beta-blocker/ACE inhibitor therapy in those unable to achieve sufficient heart rate reduction or in those patients in whom beta blockers are contraindicated or not tolerated but who still have a high pulse rate.

Use in patients with NYHA class IV remains unproven and unlike betablockers ivabradine did not have a significant effect on CV or all cause mortality (n.b. the trial was not powered to show a mortality benefit) however ivabradine in addition to usual therapy did show a reduction in hospital admissions.

Patients with a baseline heart rate of less than 77bpm did not benefit from ivabradine in SHIFT.

Patients who do not meet the above SHIFT criteria should not receive Ivabradine as efficacy in this patient group is unproven.

According to set criteria this was deemed to be a low priority for funding.

Review date: March 2013

* Unless superseded by NICE guidance or substantial and significant new evidence becomes available.
▼ Newly marketed drugs and vaccines are intensively monitored for a minimum of two years, in order to confirm the risk / benefit profile of the product. Healthcare professionals are encouraged to report all suspected adverse drugreactions regardless of the severity of the reaction.