



## Ranolazine

### Prescribing guidance for GPs

#### Indications:

BNF: Ranolazine is licensed as an adjunctive therapy in the treatment of stable angina in patients inadequately controlled or intolerant of first-line anti-anginal therapies.

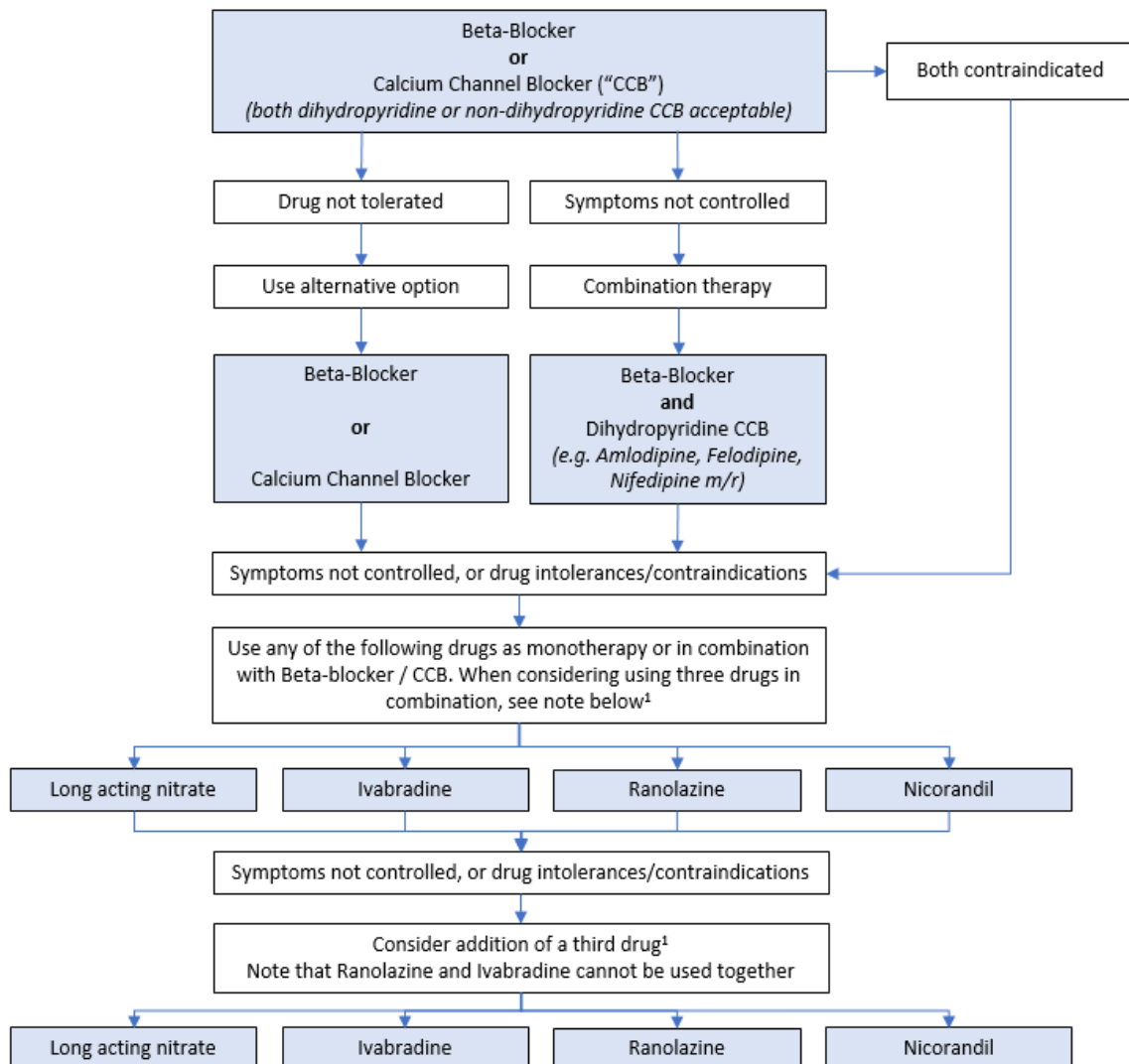
#### Unique benefits:

Ranolazine may be particularly beneficial in patients with microvascular angina.

#### Tolerability:

Ranolazine is generally well tolerated. Common side effects include asthenia (lack of energy), constipation, headache and GI side effects.

#### How Ranolazine fits into the management of stable angina (based on NICE CG126 Stable Angina):



<sup>1</sup>Add a third drug only when:

- Symptoms are not controlled with two anti-anginals **and**
- The patient is awaiting revascularisation, or revascularisation is not appropriate



Cautions with Ranolazine:

BNF: Body-weight <60kg, elderly, moderate to severe CCF, QT interval prolongation

Interactions with other common cardiac drugs:

**Amiodarone/Dronedarone:** QT Prolongation – avoid

**Dabigatran:** Ranolazine increases exposure to Dabigatran – consider switching to an alternate NOAC

**Digoxin:** Ranolazine increases the concentration of digoxin – monitor digoxin levels

**Diltiazem/Verapamil:** Non-Dihydropyridine Calcium channel blockers increase exposure to Ranolazine – use with caution

**Diuretics (Furosemide/Bumetanide/Bendroflumethiazide/Indapamide):** Hypokalaemia associated with diuretics potentially increase the risk of arrhythmias with Ranolazine– consider checking U&E before commencing.

**Flecainide:** QT Prolongation – avoid.

**Ivabradine:** Increases risk of Torsades de Pointes – avoid

**Statins:** Increases exposure to statins – consider reducing Atorvastatin to 40mg daily and Simvastatin to 20mg daily.

**Ticagrelor:** Ranolazine increases exposure to Ticagrelor – use with caution or avoid.