Central and Eastern Cheshire Pathway for **Specialist Initiation of Ranolazine Therapy**

Patients with stable angina and symptoms who are inadequately controlled or intolerant to first and second line therapies can be considered for ranolazine treatment by a cardiologist.

- **Review ECG and consider contraindications (see SPC for full list):**
  - Renal function - calculate creatinine clearance (CrCl) avoid if creatinine clearance <30mL/min
  - Moderate to severe hepatic impairment
  - Pregnant
  - Hypersensitivity to active substance or excipients

- **Caution if CrCl is 30-80mL/min – patient will require slow up-titration. State in patient letter to GP the pre-treatment CrCl value and guidance regarding up-titration**

- **If no contraindications, then counsel patient:**
  a) Explain diagnosis and risks and benefits of ranolazine
  b) First treatment will be provided from hospital pharmacy in line with established inpatient / outpatient agreement
  c) Patient advised to see GP in 4-12 weeks to consider up-titration

Patient will be initiated on ranolazine 375mg twice a day with a routine cardiology follow-up arranged. The letter from the hospital specialist will request a review of effectiveness in primary care and monitoring of renal function as required - likely annually as with patients who are on medicines for chronic heart disease (e.g. diuretics, ACEi). The patient will receive a copy of the letter.

Patient to make an appointment with GP for review to take place (ideally after 4 weeks but can be up to 3 months)

- **Clinical review of ranolazine**
  Any clinically significant side-effects present? (see SPC for full list)
  - YES
    - Consider stopping treatment
      - Re-assess angina. Have the symptoms resolved?
        - YES
          - Stay on the current dose
        - NO
          - Increase the dose to 500mg BD
          - Re-assess patient in three months but can be longer
  - NO

Next clinical review
Any clinically significant side-effects present? (see SPC for full list)
- YES
  - Reduce the dose to 375mg BD
  - Re-assess angina. Have the symptoms resolved?
    - YES
      - Stay on the current dose
    - NO
      - Increase the dose to 750mg BD
- NO

**Cautions and Considerations:**
- Cautious initiation and slow up-titration if elderly, low body weight, renal impairment
- If no improvement in symptoms on 750mg BD, stop treatment and contact secondary care.
- Patient will be scheduled for review in out-patient clinic in 3-6 months from initial appointment.