

Position statement on prescribing of aliskiren for hypertension

South West London CCGs* do not support the routine prescribing of aliskiren for hypertension (in line with NHS England's guidance on medicines which should no longer be routinely prescribed)

Aliskiren should only be initiated under hospital or specialist supervision and no new patients should be initiated on aliskiren in primary care.¹

Rationale

- 1. The **National Institute for Health and Care Excellence (NICE)** does not recommend the use of aliskiren due to insufficient evidence of its effectiveness in resistant hypertension. Whilst it has shown comparable efficacy to other antihypertensive agents in terms of blood pressure reduction, its effects on mortality and long-term morbidity are currently unknown. In updated NICE guidance for hypertension 2019, step 4 treatment now consists of low dose spironolactone and/or beta/alpha- blockers.²
- 2. The **Scottish Medicines Consortium (SMC)** does not recommend aliskiren for use in NHS Scotland, due to insufficient clinical and cost-effective information for mortality and long-term morbidity.³
- 3. The **Medicines and Healthcare products Regulatory Agency (MHRA)** in 2014 recommended caution with aliskiren following the ALTITUDE study for the following patients: 4,5
 - Patients taking aliskiren in combination with an ACE inhibitor or an ARB.
 - Patients with severe renal impairment—ie. eGFR <30mL/min per 1.73 m2
- 4. There have also been reports of angioedema and acute renal impairment in patients taking aliskiren through the yellow card reporting system: 20 reports of renal disorders with 1 fatal case, plus 12 cases of angioedema to Sept 2019.⁶

References

- 1. NHS England. Items which should not routinely be prescribed in primary care: Guidance for CCGs. https://www.england.nhs.uk/publication/items-which-should-not-be-routinely-prescribed-in-primary-care-guidance-for-ccgs/ (updated August 2019)
- 2. NICE guidance: Hypertension in adults, diagnosis and management NG136, August 2019; https://www.nice.org.uk/guidance/NG136
- 3. Scottish Medicines Consortium, Jan 2010: aliskiren is not recommended for use in NHS Scotland for the treatment of essential hypertension. https://www.scottishmedicines.org.uk/medicines-advice/aliskiren-rasilez-resubmission-46208/
- 4. H.Parving et al; Cardiorenal End Points in a Trial of Aliskiren for Type 2 Diabetes; NEJM 2012; 367:2204-2213; https://www.nejm.org/doi/pdf/10.1056/NEJMoa1208799?articleTools=true
- 5. MHRA 2014; https://www.gov.uk/drug-safety-update/aliskiren-rasilez-risk-of-cardiovascular-and-renal-adverse-reactions
- 6. Interactive drug analysis profile for aliskiren/rasilez: <a href="https://info.mhra.gov.uk/drug-analysis-profiles/dap.html?drug=./UK_EXTERNAL/NONCOMBINED/UK_NON_000330303774.zip&agency=MHR_A

On line references accessed 13/11/2019



Guidance for clinicians

Recommendations:

- No new patients should be started on aliskiren.
- Use of aliskiren (either as monotherapy or in combination with other medicines) is no longer recommended.
- In all patients where aliskiren treatment is continued or initiated by hospital specialists, renal function (creatinine clearance or eGFR) and glucose tolerance should be monitored at appropriate intervals.
- Review patients prescribed aliskiren and change to an alternative hypertensive agent in line with:
 - NICE guidance: Hypertension in adults, diagnosis and management NG136, August 2019; https://www.nice.org.uk/guidance/NG136
 - Caution: If a patient is under the care of a hospital specialist please seek advice and guidance before doing so.

Guidance for patients, carers and guardians

- Your GP will review your antihypertensive therapy and may offer you a suitable alternative agent(s) based on current local and national guidance.
- You should have an annual review with your GP practice to monitor your blood pressure, kidney function and blood glucose and to discuss lifestyle and measures to support medication adherence.

A patient information leaflet is also available: https://www.prescqipp.info/items-which-should-not-routinely-be-prescribed-patient-leaflets

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