

ALISKIREN tablets (Rasilez®) for Hypertension

The Pan Mersey Area Prescribing Committee does not recommend the prescribing of ALISKIREN tablets (Rasilez®).

BLACK

The NHS England document 'Items which should not routinely be prescribed in primary care: Guidance for CCGs' contains the following advice.¹

Recommendation	<ul style="list-style-type: none"> ➤ Advise CCGs that prescribers in primary care should not initiate aliskiren for any new patient. ➤ Advise CCGs to support prescribers in de-prescribing aliskiren in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change.
Exceptions and further recommendations	No routine exceptions have been identified.
Category	Products which are clinically effective but where more cost-effective products are available this includes products that have been subject to excessive price inflation.
Annual spend in Pan Mersey (Epaact Jan. 2020)	£7,267
Background and Rationale	<p>Aliskiren is a renin inhibitor which inhibits renin directly; renin converts angiotensinogen to angiotensin.</p> <p>It is indicated for essential hypertension either alone or in combination with other antihypertensives.</p> <p>Whilst aliskiren 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.</p>
Further Resources and Guidance for CCGs	<p>PrescQIPP CIC Drugs to REVIEW for Optimised Prescribing</p> <p>Patient information leaflet</p>

Note: Patients who are not eligible for treatment under this statement may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. In this situation, follow locally defined processes.

De-prescribing Support Information

All patients who are currently on aliskiren should be reviewed face to face and have their blood pressure monitored. Consider switching to an antihypertensive as [recommended by NICE](#) and monitor BP until controlled to target:

Prescribers may wish to use the Prescipp [patient information leaflet](#):

Patients should not be switched to or started on aliskiren because evidence supporting its use is lacking.

NICE CG136 states “Prescribe non-proprietary drugs if these are appropriate and minimise cost.”²

Aliskiren is licensed for the treatment of hypertension either alone or in combination with other antihypertensives. It should not be prescribed for any unlicensed indication, including heart failure.

It is contraindicated:

- In patients who are on an ACE inhibitor or an angiotensin-II receptor antagonist and have an eGFR of less than 60ml/min/1.73m²
- In patients with diabetes mellitus who are already on an ACE inhibitor or an angiotensin-II receptor antagonist
- In patients with hereditary or idiopathic angioedema.

Use of aliskiren is not recommended in patients with an eGFR < 30ml/min/1.73m²³

The ALTITUDE study was halted early in December 2011 following an interim analysis that showed:

- study patients were unlikely to benefit from aliskiren; and
- an increased incidence of non-fatal strokes, renal complications (including acute renal failure), hyperkalaemia and hypotension in patients randomised to the aliskiren group³

References

1. NHS Clinical Commissioners. [Items which should not routinely be prescribed in primary care: Guidance for CCG Version 2, June 2019](#). NHS England and NHS Improvement.
2. National Institute for Health and Care Excellence. [Hypertension in Adults: diagnosis and management. NICE Guidance NG 136](#): August 2019
3. Medicines and Healthcare products Regulatory Agency. [MHRA Drug Safety Update 11 December 2014. Aliskiren \(Rasilez®\): Risk of cardiovascular and renal adverse reactions](#).