Aliskiren

QIPP projects in this area are aimed at reviewing the continued need for aliskiren and switching to an alternative antihypertensive with better safety and efficacy and a lower acquisition cost.

Key recommendations

- Ensure that prescribing of antihypertensives is in line with NICE guidance for hypertension in adults.¹
- Commence new patients requiring an antihypertensive on a treatment recommended by NICE.
- Review all patients taking aliskiren and discontinue treatment, switching to an appropriate alternative antihypertensive.
- As with all switches, these should be tailored to the individual patient.

Costs and switch savings

- There is a significant difference in cost between aliskiren and alternative antihypertensives, including reninangiotensin system drugs.
- In England, Scotland and Wales, over £586k (£554k England, £17k Scotland, 15k Wales) is spent on aliskiren per year.
- Switching from aliskiren to an alternative antihypertensive could release savings of up to £513k nationally.
- This equates to savings of £801 per 100,000 patients nationally.

National guidance

The current NICE guideline for diagnosis and management of hypertension in adults [NG136] does not recommend aliskiren, a direct renin inhibitor, as a treatment option for resistant hypertension.¹

NHS England advise that aliskiren is an item that should not be routinely prescribed in primary care, based on the insufficient evidence of its effectiveness to determine its suitability for use in the treatment of resistant hypertension.²

The All Wales Medicines Strategy Group have also identified aliskiren as an item of low value for prescribing in NHS Wales as there are more cost-effective alternatives available.³ Aliskiren is not recommended for use in NHS Scotland for the treatment of essential hypertension.⁴

Clinical effectiveness

A Cochrane Clinical Answer prepared in December 2020 stated that very low- to low-certainty evidence suggests little to no difference between renin inhibitors and ACE inhibitors for control of mild to moderate primary hypertension in adults.⁵

A systematic review and meta-analysis of the role of aliskiren in the management of hypertension and major cardiovascular outcomes concluded that data from 37 RCTs showed aliskiren did not reduce mortality or cardiovascular death. In patients with diabetes, aliskiren add-on therapy may have the potential to increase total mortality and cardiovascular deaths.⁶

A Drug Safety Update in 2009 highlighted that aliskiren may rarely cause angioedema and patients should be advised that they should stop aliskiren and seek medical advice straight away if they develop symptoms of angioedema, such as swelling of the face, eyes, lips or tongue (or both), hands and feet, or difficulty breathing or swallowing.⁷

References

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Additional resources available	Bulletin **Tools	https://www.prescgipp.info/our-resources/bulletins/bulletin-247-aliskiren/
available	Data pack	https://data.prescqipp.info/views/B247_NHSELPPAliskiren/ FrontPage?:iid=1&:isGuestRedirectFromVizportal=y&:embed=y

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