Position statement on the prescribing of aliskiren in primary care

**SW London CCGs** do not support routine prescribing of aliskiren for hypertension

**Rationale**

- The National Institute for Health and Care Excellence (NICE) does not recommend the use of aliskiren due to insufficient evidence of its effectiveness to determine its suitability for use in resistant hypertension.¹

- The Scottish Medicines Consortium does not recommend aliskiren for use in NHS Scotland, due to insufficient clinical and cost-effective information.²

- The Medicines and Healthcare products Regulatory Agency (MHRA) reported that adverse drug reactions data confirm a risk of adverse outcomes (hypotension, syncope, stroke, hyperkalaemia and change in renal function including acute renal failure) when aliskiren is combined with angiotensin converting enzyme (ACE) inhibitor or angiotensin II receptor blockers (ARBs), especially in diabetic patients and those with impaired renal function.³

**References**


*SWL CCGs (NHS Croydon CCG, NHS Kingston CCG, NHS Merton CCG, NHS Richmond CCG, NHS Sutton CCG and NHS Wandsworth CCG)*

*position statement on prescribing of aliskiren*
**Guidance for clinicians**

**Recommendations:**

- No new patients should be started on aliskiren.
- Review patients prescribed aliskiren and switch to an alternative hypertensive agent in line with:
  - South London guidelines for managing uncomplicated hypertension (2014). Available at: [http://www.swlmcg.nhs.uk/Clinical/Pages/Cardiovascular.aspx](http://www.swlmcg.nhs.uk/Clinical/Pages/Cardiovascular.aspx)

**Guidance for patients, carers and guardians**

- Your GP will review your antihypertensive therapy and may offer you 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 and discuss lifestyle and support with medications.