Ivabradine (Procoralan)

Summary of therapeutic value

Favourable effects. For patients with angina pectoris who do not tolerate or have a contraindication for ß-blockers, ivabradine monotherapy increases the duration of exertion at least as much as the calcium antagonist amlodipine. Comparison with long-working nitrates is not possible.
For the indication 'insufficient efficacy of an optimally dosed ß-blocker', sufficient data are not available to be able to assess the efficacy of adding ivabradine in comparison to the efficacy of the standard treatment which is comprised of adding a calcium antagonist or a long-working nitrate. The available data suggest extremely limited efficacy of ivabradine.
Unfavourable effects. The side effects of ivabradine are partly comparable with those of similar treatments. Specific to ivabradine are bradycardia and transitory visual disorders.
Experience. Experience obtained with ivabradine is sufficient and experience with calcium antagonists and long-working nitrates is ample.
Applicability. The applicability of ivabradine is the same as that of calcium antagonists and, due to possible interactions with CYP3A4-inhibitors and inductors, less than that of long-working nitrates.
Ease of use. The ease of use of ivabradine is the same as that of the comparable treatments.
Final conclusion. For patients who have stable angina pectoris and do not tolerate ß-blockers or have a contraindication to ß-blockers, ivabradine monotherapy has a therapeutic added value for a limited sub-group of patients, i.e., those who do not benefit from a calcium antagonist or a long-working nitrate.
For patients with stable angina pectoris in whom ß-blockers are insufficiently effective, the addition of ivabradine (combination therapy) has – because of a lack of clinical research data and limited efficacy in placebo-controlled research – a lower therapeutic value than the standard treatment, which is comprised of adding a dihydropyridine calcium antagonist or a long-working nitrate.