Mid and South Essex Health and Care Partnership

Prescribing sacubitril valsartan (Entresto®)

NHS

Sacubitril valsartan may be considered for initiation by a **Heart Failure Specialist** with access to a HFMDT. The initiating clinician is responsible for ensuring the patient is stabilised on sacubitril valsartan, providing any necessary follow up and corresponding with the patient's primary care physician.

SELECTION CRITERIA

- Symptomatic chronic heart failure with:
- New York Heart Association (NYHA) class II to IV symptoms
- A left ventricular ejection fraction of 35% or less
- On optimal medical therapy for HF including ACEI or ARB, beta-blocker and MRA for at least 3 months
- Systolic blood pressure (SBP) ≥100 mmHg
- eGFR ≥30 ml/min/1.73 m^2
- Serum potassium <5.4 mmol/l
- No contraindications to treatment

CONTRAINDICATIONS

- Known history of angioedema related to previous ACEI or ARB therapy or hereditary or idiopathic angioedema
- Pregnancy
- Serum potassium level >5.4 mmol/l or SBP <100 mmHg
- eGFR <30 ml/min/1.73 m^2
- Severe hepatic impairment, biliary cirrhosis and cholestasis
- Sacubitril valsartan should not be co-administered with an ACEI or an ARB
- Concomitant use with aliskiren-containing medicinal products in patients with diabetes mellitus or in patients with renal impairment (eGFR <60 ml/min/1.73 m^2)
- Hypersensitivity to the active substances or to any of the excipients

HEART FAILURE SPECIALIST INITIATION

Cardiologist or Hospital HF Nurse Specialist | **Community HF Nurse Specialist** | **GP with HF Specialist Interest**

INITIATION (refer to prescribing advice and guidance)

- Sacubitril valsartan should not be co-administered with an ACEI or an ARB.
- ACEI should be discontinued 36 hours before starting.
- For those taking an ARB, discontinue ARB and start sacubitril valsartan at next scheduled dose of ARB.
- Prescription provided to the patient for 28 days.
- Counselling provided to the patient to improve adherence and manage any early adverse effects.
- Correspondence to be sent to patient's GP ensuring they are informed about the cessation of any ACEI/ARB.

MANAGEMENT

- Patient to be seen by HF specialist at 2 to 4 week intervals for a full symptom review and consideration of dose optimisation.
- Monitoring of renal function, electrolytes and blood pressure to be undertaken and reviewed by the HF specialist after each dose titration.
- Repeat prescriptions to be issued by the HF specialist until maximally tolerated stable dose has been achieved.

DISCONTINUE

- If patient becomes pregnant.
- If patient experiences any adverse reactions such as hypotension, hyperkalaemia, renal impairment, angioedema. (Yellow Card to be submitted to MHRA, record in patient's notes, complete incident reporting)

PRIMARY CARE

TRANSFER TO PRIMARY CARE AND MONITORING

- Prescribing to continue in primary care following titration to maximally tolerated stable dose.
- GP to review treatment and monitor blood pressure, serum sodium, potassium, renal function and liver function every 6 months for adverse effects including hyperkalaemia and renal impairment.

PRIMARY CARE SUPPORT

GP to refer back to initiating HF Specialist or HFMDT if there are concerns about contraindications, cautions or monitoring results.

References	Summary of Product Characteristics (SPC): http://www.medicines.org.uk/emc/medicine/31244, NICE TA388 (April 2016) Sacubitril valsartan for treating symptomatic chronic heart failure with reduced ejection fraction: https://www.nice.org.uk/guidance/ta388, NICE guideline NG106 (September 2018) Chronic heart failure in adults: diagnosis and management: https://www.nice.org.uk/guidance/ng106		
Author	Dr H O Savage HF Lead BTUH. CTC/MSE, Felix Lo, Senior Cardiothoracic Pharmacist CTC. HCPMSEMOC working group		
Version	1.0	**Approved by**	MSEMOC
Date Approved	October 2021	**Review Date**	October 2026 or earlier subject to any new updates nationally