Sacubitril/Valsartan Amber-G

Further details are available at:
http://www.dbh.nhs.uk/our_services/pharmacy_medicines_management/Medicines_Formulary_Section2.aspx

- Sacubitril/Valsartan (Entresto) is a black triangle drug ▼. Any suspected adverse reaction must be reported to MHRA Yellow Card Scheme
- Sacubitril/Valsartan will be initiated by either a member of the Specialist service defined as the DBH FT Cardiology department or of the RDASH FT Heart Failure Specialist Nursing Team.
- The Heart Failure Specialist nurses will manage the titration, monitoring, stabilization and initial prescribing of the drug.
- The first three prescriptions will be provided by the Specialist service, after which the Specialist service will write to Primary Care to request transference of prescribing
- The 4th prescription onwards will be provided by Primary Care
- The patient will remain within the care of the Specialist service for a minimum of six months, after which they may be discharged depending upon their individual clinical status.
- On-going monitoring will be undertaken in Primary Care and include the following:
    - BP – 6 monthly
    - Renal Function – 6 monthly
- The Specialist service will ensure that their communication to Primary Care colleagues is clear regarding:
    - advice on ensuring ACE inhibitors or ARBs are not concomitantly prescribed on the patient's repeat prescription.
    - The monitoring schedule appropriate to the patient's clinical condition
- Primary Care should ensure a robust mechanism is in place to prevent patients being co-prescribed an ACE inhibitor or ARBs along with Sacubitril/Valsartan on the GP clinical system.

If prescribing Sacubitril/Valsartan in a patient on optimal dose of ACEI or ARB

1. Stop the ACEI/ARB for at least 36hours before commencing treatment (as Sacubitril/Valsartan contains an ARB-need to ensure cleared from system before commencing further agent)
2. If on an ARB stop this and commence the sacubitril/valsartan at the next scheduled dose
3. Start dose at 49mg/51mg bd for 2-4 weeks increasing to 97/103mg after this should BP/renal function and potassium allow

If starting treatment in patients not on optimal stable dose of ACEI/ARB or with BP 100-110 mmHg

1. Stop the ACEI/ARB for at least 36hours before commencing treatment
2. If on an ARB stop this and commence the sacubitril/valsartan at the next scheduled dose
3. Start dose at 24mg/26mg bd for 3-4 weeks, increasing to 49mg/51mg after 3-4 weeks if BP/potassium/renal function allows and again after a further 3-4 weeks to 97mg/103mg BD (target dose) should BP, renal function/potassium levels allow

NICE TA388 Sacubitril valsartan for treating symptomatic chronic heart failure with reduced ejection fraction

Sacubitril valsartan
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This document will be reviewed in the light of new or emerging evidence or by January 2024