

## Prescribing information for sacubitril valsartan (Entresto®▼) for treating symptomatic chronic heart failure with reduced ejection fraction

This prescribing information document outlines the prescribing responsibilities between the specialist and GP. GPs are invited to participate. If the GP feels that such prescribing is outside their area of expertise or have clinical concerns about the safe management of the drug in primary care, then he or she is under no obligation to do so. In such an event, clinical responsibility for the patient's health remains with the specialist.

**If a specialist asks the GP to prescribe but the GP is not happy to continue prescribing, they must inform the specialist within 2 weeks of receiving the request.**

Consultant details	GP details	Patient details
Name:	Name:	Name:
Address:	Address:	NHS Number:
Email:	Email:	Date of birth:
Contact number:	Contact number:	Contact:

### Licensed Indication

Sacubitril valsartan (Entresto®) is indicated in adult patients for treatment of symptomatic chronic heart failure with reduced ejection fraction.

NICE<sup>1</sup> support the use of Sacubitril valsartan (Entresto®) under the following criteria:

It is recommended as an option for treating symptomatic chronic heart failure with reduced ejection fraction, only in people:

- with New York Heart Association (NYHA) class II to IV symptoms and
- with a left ventricular ejection fraction of 35% or less and
- who are already taking a stable dose of angiotensin-converting enzyme (ACE) inhibitors or angiotensin II receptor-blockers (ARBs).

### Dosage and administration<sup>2</sup>

Sacubitril valsartan is administered orally. The recommended starting dose is one 49/51 mg tablet, twice daily (each tablet contains 48.6 mg sacubitril and 51.4 mg valsartan). The dose should be doubled at 2 to 4 weeks to the target dose of one 97/103 mg tablet (97.2 mg sacubitril and 102.8 mg valsartan) twice daily, as tolerated by the patient.

Treatment should not be initiated in patients with serum potassium level >5.4 mmol/l or with SBP <100 mmHg. A starting dose of 24 mg/26 mg twice daily should be considered for patients with SBP ≥100 to 110 mmHg.

### Specialist responsibilities

- Discuss the benefits and side effects of treatment with the patient.
- Initiate and stabilise treatment with sacubitril valsartan (Entresto®).
- Correct sodium and volume depletion before starting treatment and monitor BP, U&Es during initiation and dose titration.
- Ask the GP whether he or she is willing to participate in sharing prescribing responsibilities.
- Continue to prescribe until GP has agreed to take over prescribing.
- Communicate to the GP re-established regimen; follow up arrangements and when to refer back.
- Communicate promptly with the GP when treatment is changed.
- Review patient annually, and give advice on stopping treatment.
- Have a mechanism in place to receive referral of a patient from the GP in the event of rare or severe side-effects.
- Ensure that clear backup arrangements exist for GPs to obtain advice and support
- Report adverse events to the MHRA (via Yellow Card)  
[www.mhra.gov.uk/Safetyinformation/Reportingsafetyproblems/index.htm](http://www.mhra.gov.uk/Safetyinformation/Reportingsafetyproblems/index.htm)

### Primary Care responsibilities

- Reply to the request for shared care as soon as practicable by faxing back signed form. If declining the request, please indicate the reason for declining.
- Prescribe the sacubitril valsartan (Entresto®) at the dose recommended, from the agreed date.
- Adjust the dose as advised by the specialist.
- Monitor serum potassium and renal function every three months and report significant findings to the specialist.
- Report to & seek advice from the specialist on any aspect of patient care of concern to the GP that may affect treatment.
- Refer back to specialist if the patient's condition deteriorates.
- Stop treatment on the advice of the specialist or immediately if an urgent need to stop treatment arises..
- Report adverse events to the MHRA (via Yellow Card)  
[www.mhra.gov.uk/Safetyinformation/Reportingsafetyproblems/index.htm](http://www.mhra.gov.uk/Safetyinformation/Reportingsafetyproblems/index.htm)

### Communication

#### BACK-UP ADVICE AND SUPPORT

Contact details	Telephone No.	Bleep:	Fax:	Email address:
<b>Specialist:</b>				
<b>Hospital Pharmacy Dept:</b>				
<b>Other:</b>				

### Monitoring

Correct sodium and volume depletion before starting treatment and monitor BP during initiation and dose titration. Monitor serum potassium and renal function every three months. Consider dose reduction if hypotension, hyperkalaemia or renal impairment occurs

### Contra-indications, Special warnings/precautions & adverse effects

#### Contra-indications:

**ACEI or ARB should be stopped before starting sacubitril valsartan (Entresto®). Ensure 48 hour washout period if switching from ACEI (but not ARB.)**

Severe hepatic impairment, biliary cirrhosis or cholestasis, end-stage renal disease, history of angioedema associated with ACE inhibitors or angiotensin II antagonists, hereditary or idiopathic angioedema, systolic BP <100mmHg, serum potassium >5.4mmol/l, pregnancy, lactation.

#### Special warnings/precautions:

Moderate to severe renal impairment (CrCl <60ml/min), moderate hepatic impairment. Renal artery stenosis; monitor renal function. History of angioedema, black patients. NYHA class IV heart failure.

#### Adverse Effects

Anaemia, hyperkalaemia, hypokalaemia, hypoglycaemia, dizziness, headache, syncope, vertigo, hypotension, cough, GI upset, renal impairment, fatigue, asthenia. Reports of angioedema (discontinue immediately).

### Drug Interactions

ACE inhibitors, aliskiren, angiotensin II antagonists, NSAIDs, inhibitors or substrates of OATP1B1 or OATP1B3 (e.g., statins), inhibitors of OAT3 (e.g., rifampicin, ciclosporin), OAT1 (e.g., tenofovir, cidofovir) or MRP2 (e.g., ritonavir), PDE5 inhibitors, K<sup>+</sup> supplements, K<sup>+</sup>-sparing diuretics, aldosterone antagonists, lithium.

**This information is not inclusive of all prescribing information, potential adverse effects and drug interactions. Please refer to full prescribing data in the Summary of Product Characteristics or the British National Formulary.**

<sup>1</sup> NICE TA388 April 2016

<sup>2</sup> Summary of Product Characteristics [www.medicines.org.uk/emc/medicine/31244](http://www.medicines.org.uk/emc/medicine/31244) Accessed 06/04/2016