Sacubitril/Valsartan (Entresto®) Frequently Asked Questions (FAQs)

What is sacubitril/valsartan? Sacubitril/valsartan is an angiotensin receptor-neprilysin Inhibitor (ARNI) also know as Entresto ®. It is licensed and approved by NICE for use in heart failure in patients with reduced ejection fraction (LVEF ≤35%) who remain symptomatic despite a stable dose of ACEI or ARB.

What strengths are available? Sacubitril/valsartan (SPC) is available in three different strengths and the dose is taken twice a day: 24/26mg twice daily or 49/51mg twice daily or 97/103mg twice daily

Who will initiate sacubitril/valsartan? Sacubitril/valsartan will be initiated by the patient's heart failure team (***amber 2*** *on SEL formulary*). Prescribing will then transfer to primary care when the patient is on a maintenance dose, and the patient will be monitored by the heart failure team until the patient is titrated to the maximum tolerated dose of sacubitril valsartan.

Which patients are not suitable for dose up titration? There may be a cohort of patients who do not engage with the heart failure team but have been initiated on sacubitril/valsartan and these patients should only receive dose escalations if appropriate monitoring is available. The following patients should also not receive further dose titrations:

- If systolic blood pressure (SBP) ≤95mmHg and/or the patient is experiencing hypotensive symptoms
- If potassium is > 5mmol/l (continue the same dose if the potassium is stable and ≤5.4mmol/l)
- If eGFR < 30ml/min or a change of creatinine ≥ 50% from baseline since the previous dose titration

How do we safeguard patients prescribed sacubitril valsartan? **Never** prescribe an angiotensin converting enzyme inhibitor (ACE-I) or angiotensin II receptor blocker (ARB) at the same time as sacubitril/valsartan

What ongoing monitoring is required? The monitoring requirements of sacubitril/valsartan are the same as an ACE-I or ARB. Baseline blood pressure, heart rate and a renal profile will be checked and at 2 to 4 weeks following each dose change. This will be undertaken by the heart failure teams at initiation and following uptitration of dosing. NICE guidance recommends that patients with heart failure are reviewed 6 monthly; this includes a physical assessment, medication review, observations and blood tests.

When should we seek specialist advice? Review medication and refer to the HF team if concerned about:

- Symptomatic hypotension or SBP ≤ 90mmHg
- Angioedema (stop sacubitril/valsartan)
- Pregnancy/breastfeeding (sacubitril/valsartan is contra-indicated)
- Serum potassium >5.4mmol/L (may need to consider discontinuation)
- Severe hepatic impairment, biliary cirrhosis or cholestasis (Child-Pugh C classification- contra-indicated)
- eGFR <30ml/min or increased serum Cr by >50% or CrCl reduced by >50% from baseline
- Dehydration, worsening HF symptoms, fluid overload/weight gain
- The patient is experiencing psychiatric events as an adverse effect

What are the contact details for HF teams in SEL?

Borough	Heart Failure Community Team contact details
Bexley	Email: oxl-tr.cardiac@nhs.net; Tel: 020 7188 8952 or 0208 3197060
Bromley	Email: kch-tr.PRUHheartfailurenurses@nhs.net Tel: 01689866097 and Bleep number is 739 Email: kch-tr.br-bromleyintegratedheartfailurenurses@nhs.net Tel: 0797 1484 508
Greenwich	Email: oxl-tr.cardiac@nhs.net Tel: 0208 3197060
Lambeth & Southwark	Email: Gst-tr.KHPcommunityHF@nhs.net Tel: 020 3049 4652
Lewisham	Email: LH.commuhfreferrals@nhs.net Tel: 0203 049 3473