Sacubitril/Valsartan

Sacubitril/Valsartan is an angiotensin-receptor-neprilysin Inhibitor (ARNI)

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

- With a New York Heart Association (NYHA) class II to IV symptoms and
- With 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-blocker (ARB)

Prescribing

Sacubitril/valsartan should be started by a heart failure specialist with access to a multidisciplinary heart failure team; this includes heart failure nurses with a non-medical prescribing qualification. Dose titration and monitoring should be performed by the most appropriate team member as defined in NICE guideline on chronic heart failure in adults: management.

Dosage

- Sacubitril/valsartan 24mg/26mg twice daily
- Sacubitril/valsartan 49mg/51mg twice daily
- Sacubitril/valsartan 97mg/103mg twice daily

If the eGFR is less than 30 mL/min or the systolic blood pressure is less than 100 mmHg then Sacubitril/valsatan should not be commenced.

If systolic blood pressure is 100 – 110 mmHg or the patient is on less than half the target dose of ACE/ARB then the starting dose should be 24mg/26mg

If the systolic blood pressure is over 110 mmHg or on half the target dose of ACE/ARB then the starting dose should be 49mg/51mg

The dose can be titrated at 2 to 4 weekly intervals (dependent on starting dose) to the target dose of 97mg/103mg providing the blood pressure and renal blood tests allow. Patients should have an assessment at 2 weeks including renal function, BP and review of any side effects.

This document has been approved by the DTC [September 2016].

Patients taking an ACE prior to commencing treatment will require a wash our period of 48 hours. Patients need to be given an alert card to show health professionals advising that they should not be started on an ACE inhibitor.

Side effects

These are as traditional treatment with ACE/ARB such as renal demise, elevated potassium levels, hypotension and angio-oedema.

Initiation by the specialist nurse and ongoing titration

1. Patients can only be initiated on this drug when they are clinically stable. It is therefore anticipated that patients will be initiated in primary care. The decision to be prescribe will be made by the specialist nurse and if appropriate in liaison with the multidisciplinary team, taking into account all cautions and contra-indications.
2. Non medical independent prescribers will prescribe the first dose of the Sacubitril/Valsartan as per dosage advice above.
3. GP's will be given advice on providing a repeat prescription or increasing the dose of the Sacubitril/Valsartan.
4. The specialist nurse is responsible to ensure the patient understands they should no longer take their current ACE inhibitor or ARB, now and in the future.
5. The specialist nurse must inform the GP to stop prescribing current ACE inhibitor or ARB.
6. The specialist nurse is responsible to ensure the 48 hour washout period for patient taking ACE inhibitors.
7. Adverse reactions should be reported via yellow card system.

GP responsibility

To ensure that patients started on Sacubitril/Valsartan are not con-currently prescribed an ACE inhibitor or an ARB. – inform Pharmacies to check

GP's are able to titrate the dose of the Sacubitril/Valsartan monitoring the renal function, blood pressure and patient symptoms.

Please note that Sacubitril/Valsartan cannot be put in a blister pack.- inform p'cies

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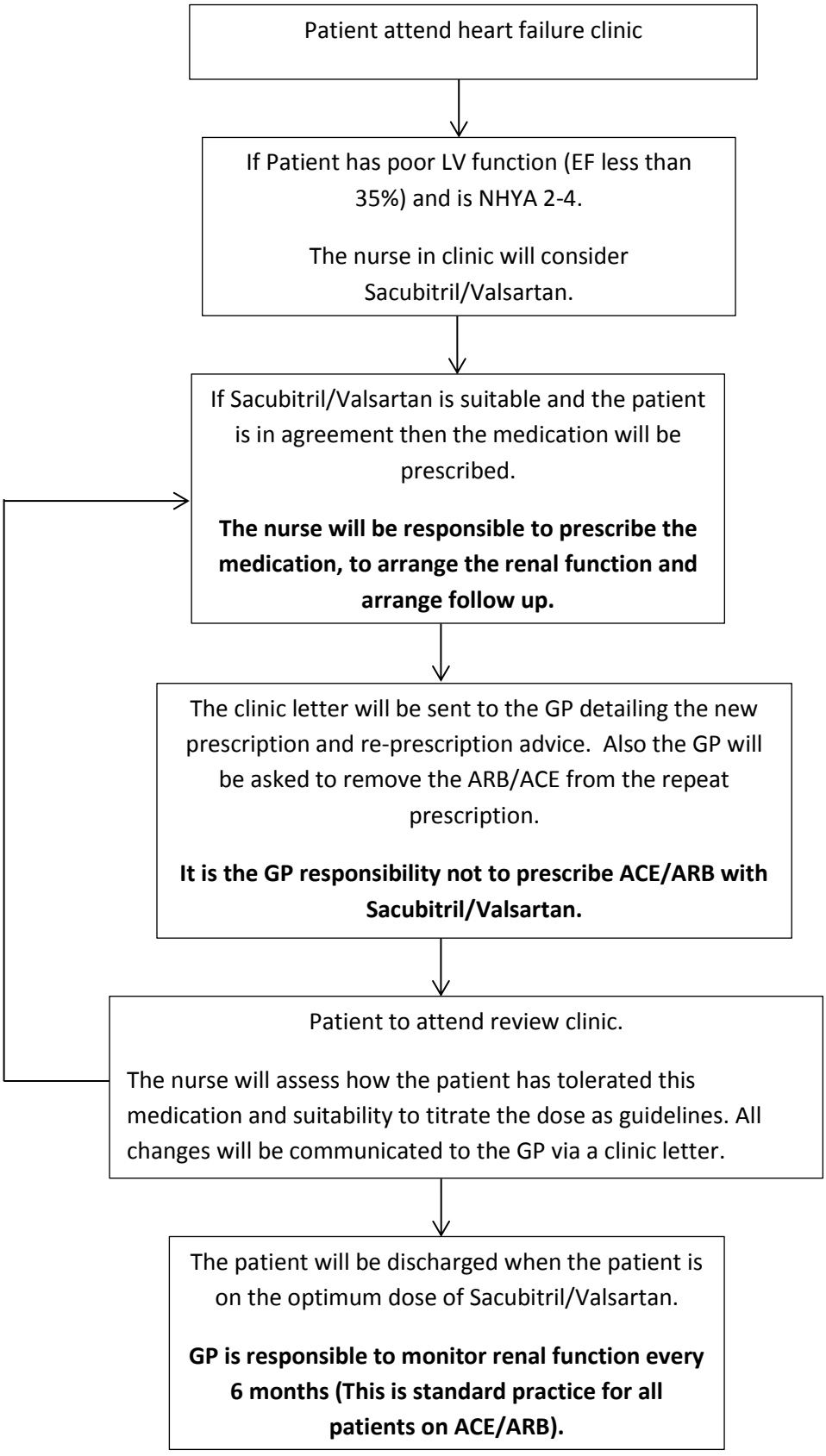
Flow chart for the heart failure team to commence patients on Sacubitril/Valsartan

Sacubitril/Valsartan should not be initiated by the GP, as per NICE guidance.



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