Rationale for Initiation, Continuation and Discontinuation (RICaD)

Sacubitril valsartan▼

For the treatment of symptomatic chronic heart failure with reduced ejection fraction (NICE TA388)
(Consider transfer to primary care at 3 months)

This document supports the use and transfer of an agent which is classified as **AMBER**.
It is intended for completion by heart failure specialist in order to give Primary Care prescribers a clear indication of the reason for recommending an **AMBER** medication together with suggested criteria for its subsequent continuation or discontinuation. This RICaD should be provided as a supplement to the specialist's clinical letter.

Patient details		**GP details**		**Specialist details**	
Name		**GP name**	**Dr**	**Specialist name**	
NHS Number		**GP address**		**I confirm that this patient is eligible to receive sacubitril valsartan under the restrictions listed below**	
DOB				**Signature**	
Patient address				**Date**	
				Contact details	

Rationale for Choice (to be completed by the specialist)

Relevant Diagnosis:	Symptomatic chronic heart failure with reduced ejection fraction (NICE TA388)
Reason why sacubitril valsartan has been chosen in preference to drugs without Formulary restrictions:	**Heart failure specialist please check boxes**: Sacubitril valsartan 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). • **ACE has been stopped for more than 48 hours (washout period)** ☐ • **Or ARB has been stopped** ☐ • Dose titration and monitoring should be performed by the most appropriate team member as defined in NICE's guideline on chronic heart failure in adults: management – NICE CG108 ☐ As per NICE CG108, have the following areas been discussed with the patient Lifestyle ☐ Exercise ☐ Smoking ☐ Alcohol ☐ Sexual activity ☐ Vaccination ☐ Air travel ☐ Driving regulations ☐
Pre-treatment test results	Heart failure specialist please complete the information below: Heart failure classification: ☐ Renal function (eGFR- mL/min/1.73 m^2): ☐ Hepatic impairment (Child-Pugh classification): N/A ☐ A ☐ B ☐ C ☐ Blood pressure (mm/Hg): ☐ Serum potassium (mmol/L): ☐ Known history of angioedema / hereditary/ idiopathic angioedema: Yes ☐ No ☐ Pregnancy – contraindicated in second and third trimester of pregnancy

Guidance on initiation (to be completed by the specialist)

Initiation dose:	Recommended starting dose : One tablet of 49 mg/51 mg twice daily, except in situations described below. The dose should be doubled at 2-4 weeks to the target dose of one tablet of 97 mg/103 mg 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. Sacubitril valsartan should not be co-administered with an ACE inhibitor or an ARB. Due to the potential risk of angioedema when used concomitantly with an ACE inhibitor, it must not be started for at least 48 hours after discontinuing ACE inhibitor therapy. The valsartan contained within sacubitril valsartan is more bioavailable than the valsartan in other marketed tablet formulations.	
Renal impairment	Mild renal impairment (eGFR 60-90 mL/min/1.73 m^2)	No dose adjustment is required
	Moderate renal impairment (eGFR 30-60 mL/min/1.73 m^2)	A starting dose of 24 mg/26 mg twice daily should be considered
	Severe renal impairment (eGFR <30 mL/min/1.73 m^2)	Use with caution and a starting dose of 24 mg/26 mg twice daily
	End-stage renal disease (dialysis/ pre-dialysis)	Not recommended.
Hepatic impairment	Mild hepatic impairment (Child-Pugh A classification)	No dose adjustment is required
	Moderate hepatic impairment (Child-Pugh B classification) or with AST/ALT values more than twice the upper limit of the normal range	Use with caution in these patients and the recommended starting dose is 24 mg/26 mg twice daily
	Severe hepatic impairment, biliary cirrhosis or cholestasis (Child-Pugh C classification)	Contraindicated
Specialist recommendations	Heart failure specialist to complete The initial introduction and titration should be managed by the heart failure specialist until stable dose and clinical stability is achieved. Limited clinical data and experience in patients with severe NYHA class IV heart failure, who are more likely to suffer from hypotension and renal impairment; these patients should remain under follow up with heart failure specialist. Suggest ACE inhibitor 'wash out' period of 48 hours to minimise risk of angioedema.	
Monitoring:	See assessment of efficacy below. (frequency to be clarified) • Monitor serum potassium • Monitor renal and hepatic function. • Monitor blood pressure • Monitor for signs of angioedema. • Monitor serum lithium levels if combination with lithium is necessary. • Monitor heart rate if used in combination with sublingual, oral or transdermal nitrates.	

Suggested Criteria for Continuation or Discontinuation (to be completed by the specialist)

Assessment of Efficacy	
Frequency	2-4 weeks initially then annually
Location	Outpatients department/GP practice
Method	Assessment of renal function, hepatic function, blood pressure, serum potassium. Surveillance for signs of angioedema. If combination with lithium necessary, careful monitoring of serum lithium levels. If used in combination with sublingual, oral or transdermal nitrates, monitor heart rate
Continuation Criteria	Heart failure specialist to complete Following stabilisation at 3 months, consider transfer to primary care, using this RICaD Please add alerts to clinical record to review lifestyle etc. as per NICE CG108
Review	Heart failure specialist to complete Heart failure specialist to review at 3 months before transfer to primary care, including an assessment of heart failure severity, response to treatment and need for further treatment. Patients with severe NYHA class IV heart failure should continue follow-up due to more limited clinical experience in this patient group and potential for greater adverse events with renal dysfunction and hypotension.
Temporary down-titration or discontinuation criteria	• Clinically significant hyperkalaemia • Blood pressure - SBP <100 mmHg • Deterioration in renal function (eGFR <30 mL/min/1.73 m2) • Deterioration in hepatic function
Immediate Discontinuation Criteria	• Angioedema • Increase in serum potassium > 5.4 mmol/L • Breast-feeding • Pregnancy
Follow up action	Heart failure specialist to complete Patients with severe NYHA class III and IV should continue follow up with heart failure specialist
Additional info	Black triangle medicine- report ADRs via yellow card scheme https://yellowcard.mhra.gov.uk/ Counselling: sacubitril valsartan may be administered with or without food. The tablets must be swallowed with a glass of water.
Shared Care Read Code	In the patient's notes, using the appropriate Read Code listed below, denote that the patient is receiving treatment under a shared care agreement/RICaD
References	NICE TA 388 - Sacubitril valsartan for treating symptomatic chronic heart failure with reduced ejection fraction SmPC – Sacubitril valsartan (Entresto®) NICE CG108 - Chronic heart failure in adults: management.

GP Prescribing System	Read Code	Description
EMIS and Vision	8BM5.00	Shared care prescribing
SystmOne	XaB58	Shared care

Please note the information in this document is correct at the time of writing.
The manufacturer's Summary of Product Characteristics (SmPC) and the most current edition of the British National Formulary should be consulted for up to date and more detailed prescribing information.