**SACUBITRIL VALSARTAN** (Entresto®) for the treatment of symptomatic

chronic heart failure with reduced ejection fraction (HFrEF)

**Screening Checklist and Notification of Initiation to GP**

* This checklist must be completed and sent to the GP when sacubitril valsartan therapy is initiated.
* After the initiation and uptitration of sacubitril/valsartan AND when the patient has been maintained on the maximum tolerated dose for a minimum of one month, care may be transferred to the GP.
* At transfer of care (TOC), a transfer of care document should also be completed and sent to the GP.

*Clinicians should be aware that, if* sacubitril valsartan *is prescribed for an unlicensed indication - prescribing responsibility will remain with the initiating team.*

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| **Important information for GPs:**  This is notification that **sacubitril valsartan** has been started for your patient  **Please ensure that any ACE-I or ARBs are discontinued on repeat prescription** | | | | | | | |
| **Patient Details** | | | **GP Details** | | | | |
| Surname: | | | Name: | | | | |
| Forename: | | | Address: | | | | |
| Address: | | |  | | | | |
|  | | | Tel: | | | | |
| Postcode: | | | Fax: | | | | |
| NHS No: | | | NHS.net email: | | | | |
| DOB: Sex: Male / Female | | |  | | | | |
| **Date of treatment initiation:** | | | | | | | |
| **ACE-I/ARB being stopped:** | | | | | | | |
| **Eligibility Criteria** (Refer to the [SPC](https://www.medicines.org.uk/emc/medicine/31244) for full details of licensed indications) | | | | | **Yes** | **No** | |
| **NICE/ local consensus criteria for sacubitril valsartan**  *Note: all four criteria must be met for use* (Tick yes or no as appropriate) | | | | |
| 1. Left ventricular ejection fraction ≤ 35% | | | | |  |  | |
| 2. New York Heart Association (NYHA) class II to IV | | | | |  |  | |
| 3. Taking a stable dose angiotensin-converting enzyme inhibitors (ACEI) or angiotensin II receptor-blockers (ARBs) | | | | |  |  | |
| 4. No contraindications to treatment (refer to [SPC](https://www.medicines.org.uk/emc/medicine/31244) and [CHF guidance](https://swlimo.swlondonccg.nhs.uk/clinical-guidance/cardiovascular/)) | | | | |  |  | |
| **Patient Information** (Tick yes or no as appropriate) | | | | | **Yes** | **No** | |
| 1. Patient is aware of the indication for sacubitril valsartan therapy | | | | |  |  | |
| 2. Patient is aware of the benefits and risks of sacubitril valsartan therapy | | | | |  |  | |
| 3. Patient has consented to therapy | | | | |  |  | |
| **Baseline Monitoring** | | | | | | | |
|  | | **Result** | | **Date of test** | | | |
| **Blood Pressure** (SBP >100) | |  | |  | | | |
| **Baseline serum creatinine** | |  | |  | | | |
| **Estimated renal function** (eGFR >30ml/min) | |  | |
| **Serum potassium** (K+<5.4mmol/L) | |  | |  | | | |
| **Liver Function Test** (<2xULN) | **ALT** |  | |  | | | |
|  | **AST** |  | |
| **Details of sacubitril valsartan initiation dose** (Tick as appropriate) | | | | | | | **TICK** |
| **Standard dose: One tablet of** **49mg/51mg** **twice daily** - dose to be increased by the heart failure (HF) specialist team to a target dose of one tablet of 97mg/103mg twice daily (or maximum tolerated dose) | | | | | | |  |
| **Reduced dose: One tablet of** **24mg/26mg** **twice daily** if:   * SBP ≥100 to 110 mmHg * Estimated GFR (renal function) 30-60ml/min/1.73m2 * Moderate hepatic impairment (Child-Pugh B) or AST/ALT greater than 2x the upper limit of normal   Dose titration to be undertaken by the HF specialist team to the maximum tolerated dose | | | | | | |  |
| **AUTHORISATION (Heart Failure Specialist)** | | | | | | | |
| **Signature: Print name:**  **Position: Organisation:**  **Contact number: Date:** | | | | | | | |

A partnership between NHS organisations in South West London: South West London Clinical Commissioning Group (covering the boroughs of Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth) and SGH, KHT, ESH and CHS NHS acute Trusts