**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