Initiating ENTRESTO in-hospital significantly reduces the risk of serious clinical outcomes soon after discharge, and is safe

In a prespecified exploratory end point of PIONEER-HF, in-hospital initiation of ENTRESTO vs enalapril significantly reduced the risk of death, HF rehospitalisation, LVAD implantation, or listing for cardiac transplant by 46% over 8 weeks.1,3

With ENTRESTO, you can transform hospitalisation into an opportunity to optimise HF therapy.2

ENTRESTO® (sacubitril/valsartan) Presentation: Each film-coated tablet Entresto 24 mg/26 mg, 49 mg/51 mg and 97 mg/103 mg contains sacubitril and valsartan respectively (as sacubitril/valsartan sodium salt). Indications: In adult patients for treatment of symptomatic chronic heart failure with reduced ejection fraction. Dosage & administration: The recommended starting dose of Entresto is one tablet of 49 mg/51 mg twice daily, doubled at 2-4 weeks to the target dose of one tablet of 97 mg/103 mg twice daily, as tolerated by the patient. In patients not currently taking an ACE inhibitor or an ARB, or taking low doses of these medicinal products, a starting dose of 24 mg/26 mg twice daily and slow dose titration (doubling every 3-4 weeks) are recommended. A starting dose of 24 mg/26 mg twice daily should be considered for patients with SBP ≥100 to 110 mmHg, moderate to severe renal impairment (use with caution in severe renal impairment) and moderate hepatic impairment. Do not co-administer with an ACE inhibitor or an ARB. Do not start treatment for at least 36 hours after discontinuing ACE inhibitor therapy. Entresto may be administered with or without food. The tablets must be swallowed with a glass of water. Contraindications: Hypersensitivity to the active substances or to any of the excipients. Concomitant use with aliskiren-containing medicinal products in patients with diabetes mellitus or in patients with renal impairment (eGFR <60 mL/min/1.73 m²). Severe hepatic impairment, biliary cirrhosis and cholestasis. Second and third trimester of pregnancy. Warning/Precautions: Dual blockade of the renin-angiotensin-aldosterone system (RAAS): Combination with an ACE inhibitor is contraindicated due to the increased risk of angioedema. Sacubitril/valsartan must not be initiated until 36 hours after the last dose of sacubitril/valsartan. Combination of Entresto with direct renin inhibitors such as aliskiren is not recommended. Entresto should not be co-administered with another ARB containing medicinal product. Hypotension: Treatment should not be initiated unless SBP is ≥100 mmHg. Patients with SBP <100 mmHg were not studied. Cases of symptomatic hypotension have been reported in patients treated with sacubitril/valsartan during clinical studies, especially in patients ≥65 years old, patients with renal disease and patients with low SBP (<112 mmHg). Blood pressure should be monitored routinely when initiating or during dose titration with sacubitril/valsartan. If hypotension occurs, temporary down-titration or discontinuation of sacubitril/valsartan is recommended. Impaired or worsening renal function: Limited clinical experience in patients with severe renal impairment (estimated GFR <30 mL/min/173 mL). There is no experience in patients with end-stage renal disease and use of sacubitril/valsartan is not recommended. Use of sacubitril/valsartan may be associated with decreased renal function, and down-titration is considered in these patients. Impaired renal function Patients with mild-moderate renal function are at risk of developing hypotension while patients with severe renal impairment may be at a greater risk of hypotension. sacubitril/valsartan is not recommended in patients with end-stage renal disease. Hypokalaemia: Treatment should not be initiated if the serum potassium level is ≤5.4 mmol/L. Monitoring of serum potassium is recommended, especially in patients who have risk factors such as renal impairment, diabetes mellitus or hypokalaemia or those who are on a high potassium diet or co-medications containing potassium. Monitoring serum potassium is recommended if clinically significant hyperkalaemia occurs, consider adjustment of concomitant medicinal products or temporary down-titration or discontinuation. If serum potassium level is >5.4 mmol/L discontinuation should be considered. Angioedema: Angioedema has been reported with sacubitril/valsartan. If angioedema occurs, discontinue sacubitril/valsartan immediately and provide appropriate therapy and monitoring until complete and sustained resolution of signs and symptoms has occurred. It must not be re-administered. Patients with a prior history of angioedema were not studied. As they may be at higher risk for angioedema, caution is recommended if Entresto is used in these patients. Black patients have an increased susceptibility to develop angioedema. Patients with renal artery stenosis. Caution is required and monitoring of renal function is recommended. Patients with NYHA functional classification IV. Caution should be exercised due to limited clinical experience in this population. Patients with hepatic impairment: There is limited clinical experience in patients with moderate hepatic impairment (Child-Pugh B classification) or with AST/ALT values more than twice the upper limit of the normal range. Caution is therefore recommended in these patients. B-type natriuretic peptide (BNP) BNP is not a suitable biomarker of heart failure in patients treated with sacubitril/valsartan because it is a neprilysin substrate. Interactions: Coadministration with ACE inhibitors, 36 hours washout is required. Use with aliskiren contraindicated in patients with diabetes mellitus or in patients with renal impairment (eGFR <60 mL/min/1.73 m²). Should not be co-administered with another ARB. Use with caution when co-administering sacubitril/valsartan with statins or PDE5 inhibitors. No clinically relevant interaction was observed when simvastatin and sacubitril/valsartan were co-administered. Monitoring serum potassium is recommended if sacubitril/valsartan is co-administered with potassium-sparing diuretics or substances containing potassium (such as hyperkalaemia). Monitoring serum potassium is recommended when initiating or modifying treatment in patients on sacubitril/valsartan who are taking NSAIDs concomitantly. Interactions between sacubitril/valsartan and lithium have not been investigated. Therefore, this combination is recommended. If the combination proves necessary, careful monitoring of serum lithium levels is recommended. Co-administration of sacubitril/valsartan with furosamide reduced Cmax and AUC of furosamide by 50% and 28%, respectively, with reduced urinary excretion of sodium. Co-administration of potassium-sparing diuretics or potassium-sparing diuretics or substances containing potassium (such as hyperkalaemia). Monitoring serum potassium is recommended when initiating or modifying treatment in patients on sacubitril/valsartan who are taking NSAIDs concomitantly. Interactions between sacubitril/valsartan and lithium have not been investigated. Therefore, this combination is recommended. If the combination proves necessary, careful monitoring of serum lithium levels is recommended. Co-administration of sacubitril/valsartan and furosamide reduced Cmax and AUC of furosamide by 50% and 28%, respectively, with reduced urinary excretion of sodium.

References:

LVAD=left ventricular assist device; NNT=number needed to treat; HF= Heart Failure

*The risk reduction was driven by the reduction of risk of heart failure rehospitalisations.

†ENTRESTO is a prospective, multi-center, double-blind, randomised, controlled trial designed to assess the safety, tolerability, and efficacy of in-hospital initiation of ENTRESTO compared with enalapril in patients with HFrEF stabilised during hospitalisation for ADHF.HF

ENT AD1 09/20 MT