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

In a specified 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*

ENTRESTO® ( sacubitril/valsartan) Presentation: Each film-coated tablet of Entresto 24 mg/62 mg, 49 mg/51 mg and 97 mg/103 mg contains sacubitril and valsartan respectively (as sacubitril valsartan sodium salt complex) indications. In adult patients for treatment of symptomatic chronic heart failure with reduced ejection fraction. Dose & administration: The recommended starting dose of Entresto is one tablet of 49 mg/51 mg twice daily, doubled to 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 medications, the starting dose of Entresto should be one tablet of 49 mg/51 mg once daily. After a starting dose of 49 mg/51 mg twice daily, the dose should be increased to one tablet of 97 mg/103 mg, as tolerated, in increments of 1 tablet every 2-4 weeks. If tolerated, the dose may be further increased to two tablets of 97 mg/103 mg daily. The maximum recommended dose is two tablets of 97 mg/103 mg daily. Once-daily dosing is not recommended.

NNT = 13

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References:
4. 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.

1. PIONEER-HF 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 HFpEF stabilised during hospitalisation for ADHF

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