



**Assessing if Patient is *Eligible* to be started on
Sacubitril/valsartan (ENTRESTO™)**

<u>Major Criteria</u> (Patient must meet all major criteria)	<u>Data Capture for Quality Assurance</u>																															
<input type="checkbox"/> Age ≥ 18	PHN _____																															
<input type="checkbox"/> NYHA class II-III	NYHA _____	Point of service delivery <input type="checkbox"/> Heart function clinic <input type="checkbox"/> Cardiologist <input type="checkbox"/> Internist <input type="checkbox"/> Primary care <input type="checkbox"/> GP <input type="checkbox"/> NP																														
<input type="checkbox"/> EF ≤ 40 % (preferably measured with the last year) despite an adequate trial of triple therapy at optimally tolerated doses	EF _____ Modality _____ Date completed: _____																															
<input type="checkbox"/> On triple therapy which includes: Angiotensin Converting Enzyme Inhibitors [ACE-I] or Angiotensin receptor blocker [ARB], Beta-Blocker [BB] and a Mineralocorticoid Receptor Antagonists [MRA]	<p align="center">Circle the medication category and √ off % of target dose</p> <table border="1"> <thead> <tr> <th></th> <th colspan="5">% of target dose</th> </tr> </thead> <tbody> <tr> <td>BB</td> <td>0</td> <td>25</td> <td>50</td> <td>75</td> <td>100</td> </tr> <tr> <td>ACE-I</td> <td>0</td> <td>25</td> <td>50</td> <td>75</td> <td>100</td> </tr> <tr> <td>ARB</td> <td>0</td> <td>25</td> <td>50</td> <td>75</td> <td>100</td> </tr> <tr> <td>MRA</td> <td>0</td> <td>25</td> <td>50</td> <td>75</td> <td>100</td> </tr> </tbody> </table>			% of target dose					BB	0	25	50	75	100	ACE-I	0	25	50	75	100	ARB	0	25	50	75	100	MRA	0	25	50	75	100
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<input type="checkbox"/> eGFR ≥ 30mL/min (done in last month)	Result: _____ Date completed: _____																															
<input type="checkbox"/> K+ ≤ 5.2 mmol/L (done in the last month)	Result: _____ Date completed: _____																															
<input type="checkbox"/> Systolic Blood Pressure ≥ 100mmHg	Blood pressure result _____																															
<u>Minor criteria</u>																																
HF hospitalization within the last year	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____																														
Naturetic peptide (At time of decision to switch)	<input type="checkbox"/> BNP <input type="checkbox"/> NTproBNP	Result _____ Date done _____																														

Exclusion criteria

- Intolerance to ACE-I or ARB including history of angioedema
- Symptomatic hypotension
- Open heart surgery or percutaneous revascularization in the last 3 months
- Concomitant use of sacubitril/valsartan with aliskiren (Rasilez™) containing drugs should be avoided
- Pregnancy or Breastfeeding

IF Eligible: check the Sacubitril/Valsartan dose the patient was initiated on

- 24mg / 26mg 49 mg / 51 mg 97 mg / 103mg

Fax to Cardiac ServicesBC attention- Bonnie Catlin at 604-875-7364