BC's HEART FAILURE NETWORK
Quality care for quality life.

Cardiac Services BC
An agency of the Provincial Health Services Authority

Date:

Re:

Patient label

Dear Dr.

Your patient has been started on a new heart failure medication called sacubitril/valsartan (ENTRESTO™). The recent PARADIGM-HF study demonstrated a 20% relative risk reduction in cardiovascular mortality or hospitalization for HF in selected patients treated with this medication, as compared to enalapril.

Sacubitril/valsartan has been initiated **to replace** your patient's
(Dr/NP has to check appropriate RAAS inhibitor)

- ☐ Angiotensin converting enzyme inhibitor (ACE-I)
- ☐ Angiotensin II receptor blocker (ARB).

There are specific considerations for this medication that you must be aware of:

- There is an increased risk of **angioedema** when ACE-Inhibitors and sacubitril/valsartan are used concomitantly; therefore, ACE-Inhibitors **must be stopped at least 36 hours** prior to the initiation of sacubitril/valsartan and should **not be restarted** while the patient is taking sacubitril/valsartan.
- Common side effects of sacubitril/valsartan include hypotension, hyperkalemia and renal impairment.
- We will aim to increase the dose of sacubitril/valsartan, as tolerated, every 2-4 weeks to the target dose of 97 mg / 103mg.
- Serum creatinine, potassium and blood pressure will be monitored after drug initiation, after each dose increase and with each practitioner visit.

☐ Heart Function Clinic ☐ Cardiology specialist, ☐ Cardiac NP - Will be responsible for dose titration, clinical monitoring, and follow up. Once the patient is stable on optimally tolerated doses, the monitoring and follow up will be transferred to you.

Your patient has been started on the following dose

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

Please don't hesitate to contact me or the Heart Function Clinic with any questions regarding the above information.
Sincerely,

DR/NP Name_____

Contact phone # _____

April 2016 Updated Sept 2016