Cardiac Services BC
Provincial Health Services Authority

Practice Update

Topic	All BC prescribers can now make Special Authority requests for sacubitril-valsartan combination (Entresto®)
Date	November 4, 2025

Key Recommendations

- All BC healthcare providers who prescribe medications for patients with heart failure with reduced ejection fraction (HFrEF) can now make Special Authority requests for sacubitril-valsartan combination (Entresto®). Previously, only specialists could make Special Authority requests for sacubitril-valsartan.
- Canadian Cardiovascular Society Guidelines (2021) recommend treating patients with HFrEF with four standard therapies known as "guideline-directed medical therapy (GDMT)": an ARNI (or ACEI/ARB), a beta-blocker, an MRA, and an SGLT2 inhibitor.
- Family physicians and nurse practitioners (NPs) are encouraged to submit sacubitril-valsartan Special Authority requests for their patients where appropriate.
- For eligibility criteria and current forms, visit: gov.bc.ca/pharmacarespecialauthority

Purpose

To inform BC health care providers about the expansion of practitioner types who can now make Special Authority requests for sacubitril-valsartan combination (Entresto®) for heart failure.

Audience

All BC healthcare providers who prescribe medications for patients with heart failure, including family physicians, nurse practitioners, and specialists (e.g. cardiologists, internal medicine physicians).

What has changed?

Sacubitril-valsartan for the treatment of HFrEF is available in BC through Special Authority only. Previously, only internal medicine physicians and cardiologists were eligible to make these Special Authority requests. These practitioner exemptions have been removed.

Implications for practice

Guideline-directed medical therapy (GDMT) may be initiated and titrated in hospital, by a specialist, in a Heart Function Clinic, and/or in the primary care setting depending on when and where the diagnosis of HFrEF takes place. Aim to reach target or maximally tolerated doses by three months after diagnosis. Refer to CCS guidelines for current recommendations. Refer to the HFrEF GDMT Pathway for support.

Health care provider	Recommendations
Primary care providers (family physicians, nurse practitioners)	• Initiate or continue to support titration and compliance on GDMT for eligible patients, including those who are newly diagnosed with HFrEF or not yet optimized. • Prescribe Entresto® and request special authority coverage, where appropriate.
Specialists (e.g. cardiologists, internal medicine physicians)	• Initiate or continue to support titration and compliance on GDMT for eligible patients, including those newly diagnosed with HFrEF or not yet optimized.
Heart Function Clinics (HFCs)	• Initiate or continue to support titration and compliance on GDMT for eligible patients, including those newly diagnosed with HFrEF or not yet optimized. • Promptly communicate patients' GDMT status on discharge from HFC to enable primary care or cardiologist/internal medicine physician continuation of treatment. • Communicate to HFC teams that NPs can independently prescribe Entresto® and request special authority coverage, where appropriate.

Resources

- Special Authority Request Form and Information: gov.bc.ca/assets/gov/health/forms/5484fil.pdf
- Cardiac Services BC Clinical Resources: cardiacbc.ca/clinical-resources/heart-failure
    - HFrEF GDMT Pathway/Guidance for the Use of the HFrEF GDMT Pathway
- Cardiac Services BC Patient Education: cardiacbc.ca/health-info/heart-failure
    - Handout: Medications for heart failure with reduced ejection fraction (EF)
- Rapid Access to Consultative Expertise (RACE) Heart failure specialist (Vancouver): raceconnect.ca

References

CCS/CHFS Heart Failure Guidelines Update: Defining a New Pharmacologic Standard of Care for Heart Failure with Reduced Ejection Fraction (2021): onlinecjc.ca/article/S0828-282X(21)00055-6/fulltext

Developed by Cardiac Services BC. Reviewed by Dr. Nathaniel Hawkins, Medical Lead, Research and Quality, and Kelly Mackay, Senior Director, Quality, Research, and Integrated Care.