SHARED CARE AGREEMENT FOR SACUBITRIL/VALSARTAN (Entresto®) in the treatment of Heart Failure

Sharing of care assumes communication between the specialist, GP and patient, and other members of the care team including specialist nurses and pharmacists. The intention to share care will be explained to the patient by the specialist initiating treatment. It is important that patients are consulted about treatment and are in agreement with it.

If a GP is invited by the specialist to participate in a shared care arrangement, the GP should reply to this request within 10 working days. If the GP is not confident to undertake these roles, then he or she is under no obligation to do so. In such an event, the total clinical responsibility for the patient for the diagnosed condition remains with the specialist.

The doctor who prescribes the medication legally assumes clinical responsibility for the drug and the consequences of its use.

Sacubitril/valsartan is an angiotensin receptor neprilysin inhibitor, including both a neprilysin inhibitor (sacubitril) and an angiotensin II receptor blocker (ARB; valsartan). SACUBITRIL/VALSARTAN is recommended by NICE as an option for treating symptomatic chronic heart failure with reduced ejection fraction, only in people:

- with New York Heart Association (NYHA) class II to IV symptoms and
- with a left ventricular ejection fraction of 35% or less and
- who are already taking a stable dose of ACE inhibitors or angiotensin II receptor-blockers (ARBs).

**Specialist responsibilities**

1. Diagnosis of condition and ensuring other treatment options have been fully explored.
2. Patients will be eligible for treatment if they have severe (35%), symptomatic left ventricular systolic dysfunction (LVSD), stable on optimal dose of ACE inhibitor or ARB and have satisfactory observations prior to being considered for new therapy.
3. Ensure patient takes their last dose of ACE inhibitor or ARB at least 36 hours before the first dose of sacubitril/valsartan.
4. Initiation of treatment and titration of dose until the patient has reached a stable dose.
5. Monitoring for response and adverse drug reactions (ADRs) during titration period. A written titration schedule will be provided.
6. Monitor U&Es and blood pressure no more than 10-14 days post initiation or titration of a dose. This will be identified in titration schedule.
7. Liaison with the general practitioner (GP) to share the patient’s care after the first follow up visit once tolerance has been confirmed using the Shared Care Request Form. Shared care should not be assumed until a written agreement has been received from the GP.
8. Once the maintenance dose has been reached, discharge patient and clearly outline to GP the maintenance dose, when therapy may be reduced / stopped assuming no relapse in patient’s condition.
9. Responding to issues raised by GP after care of patient has been transferred.
10. Advising GP on related issues such as drug interactions etc. A warning card will be given to patient and alert sent to GP that an ACE inhibitor or ARB should not be prescribed for the patient whilst on this therapy.

<table>
<thead>
<tr>
<th>Date of preparation</th>
<th>Date of last review</th>
<th>Date of next review</th>
<th>Approved by LMSG</th>
<th>Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug 2016</td>
<td>-</td>
<td>Nov 2018</td>
<td>Nov 2016</td>
<td>1</td>
</tr>
</tbody>
</table>
**GP responsibilities**

1. Confirm or decline request to share patient’s care within 10 working days, using the shared care request form.
2. Report ADRs/abnormalities to secondary care clinician if necessary.
3. Prescription of drug after maintenance dose has been reached (ensure the ACE inhibitor or ARB prescription has been stopped).
4. Monitor U&Es and blood pressure in the same way that an ACE inhibitor or an ARB is monitored (i.e. U&Es 3-6 monthly [3 monthly if also taking a potassium sparing diuretic] and U&Es plus blood pressure 7-14 days after a dose increase).
5. Comply with terms of the Community Based Service and any national advice on sacubitril/valsartan.
6. Ensuring advice is sought from the secondary care clinician if there is any significant change in the patient’s physical health status (refer through the prescribers secretary or PRISM system if urgent)
7. Reducing/stopping treatment in line with secondary care clinician’s original request.

**Community pharmacist responsibilities**

1. Check patient is taking the medicine as prescribed.
2. Check the patient is attending for monitoring as outlined above.
3. Report any side effects to the GP.
4. Be aware that patient should not take sacubitril/valsartan in combination with an ACE inhibitor or ARB.

**Patient responsibilities**

1. Do not miss any blood tests or other appointments without first consulting the GP or specialist.
2. Report any adverse effects or warning symptoms to the GP or specialist.
3. Adhere to advice provided by specialist in relation to taking this medication.

**Further advice and support - this information is not inclusive of all prescribing information**

Summary of product characteristics via electronic Medicines Compendium (eMC)

British National Formulary via http://www.evidence.nhs.uk/formulary/bnf/current

Trent Medicines Information Centre, Victoria Building, Leicester Royal Infirmary, LE1 5WW
Tel: 0116 258 6491 Fax: 0116 258 5680
e-mail: medicines.info@uhl-tr.nhs.uk

UHL Heart Failure Team: 0116 2502973 or e mail heartfailure@uhl-tr.nhs.uk