MONTEFIORE HEART FAILURE DISEASE MANAGEMENT PROGRAM
Heart Failure Center
General Clinical Recommendations for Patients

ARNI (Angiotensin receptor-neprilysin inhibitor)

*Should replace an ACE inhibitor or ARB in selected patients with chronic symptomatic HFrEF (NYHA class II/III) who have an adequate blood pressure and are already tolerating a reasonable dose of ACE inhibitor or ARB for further reduction of morbidity and mortality.*

*ARNI should not be administered concomitantly with ACE inhibitors or within 36 hours of switching from or to an ACE inhibitor*

ARNI is reported as per PARADIGM trial to have a 20% reduction in the composite endpoint of cardiovascular death or HF hospitalization.

The use of ARNI is associated with the risk of hypotension, hyperkalemia and renal insufficiency and may lead to angioedema, as well. ARNI should not be administered to patients with a history of angioedema. If patient had angioedema on ARNI, would avoid ACE inhibitors and ARB’S and consider HF consult.

Patients should not be given an ARNI, ACEI or ARB if they have experienced life-threatening adverse reactions during previous exposure to the drug or if they are pregnant.

**Starting Dose:**

⇒ **Initial dose** *(not currently taking ACE inhibitor or angiotensin receptor blocker, or taking low doses):* Sacubitril 24 mg/valsartan 26 mg orally twice daily

⇒ **Initial dose** *(switching from an ACE inhibitor or angiotensin receptor blocker at a standard dosage):* Sacubitril 49 mg/valsartan 51 mg orally twice daily

⇒ **Maintenance dose:** Double the dose every 2 to 4 weeks to a target dosage of sacubitril 97 mg/valsartan 103 mg twice daily, as tolerated

⇒ If switching from an ACE inhibitor, allow a 36-hour washout period before initiating sacubitril/valsartan

⇒ **Dosage in Renal Failure:**

A) Severe (eGFR less than 30 mL/min/1.73m(2)): Initial, sacubitril 24 mg/valsartan 26 mg twice daily; double dose every 2 to 4 weeks to target dosage of sacubitril 97 mg/valsartan 103 mg twice daily, as tolerated

B) Mild to moderate: No adjustment necessary

⇒ **Dosage in Hepatic Insufficiency:**

A) Severe (Child-Pugh class C): Use not recommended

B) Moderate (Child-Pugh class B): Initial, sacubitril 24 mg/valsartan 26 mg twice daily; double dose every 2 to 4 weeks to target of sacubitril 97 mg/valsartan 103 mg twice daily, as tolerated

C) Mild (Child-Pugh class A): No adjustment necessary

⇒ For patients for whom ARNI is not appropriate, continued use of an ACE-I for all classes of HFrEF remains advised

⇒ For those patients for whom an ACE-I or ARNI is inappropriate, use of an ARB remains advised

Revised: 06/2016 LP