

ARNI (Sacubitril/Valsartan or Entresto) Initiation

Who: Patients with HFrEF (EF \leq 40%) on beta-blocker and ACE/ARB, NYHA Class II/III

**** Contraindicated if angioedema with ACE or ARB previously, pregnant/lactating, severe hepatic impairment (Child-Pugh C)**

How:

****Insurance: ensure with pharmacy that patient's insurance will cover ARNI in outpatient setting**

- Washout period: ACEi must be stopped and washed out for 36 hours prior to initiation of ARNI
- No washout is needed if the patient is on an ARB, the ARB just needs to be discontinued
- Recommended starting dose of ARNI
 - If the patient is on a moderate or high dose ACEi or ARB (i.e equivalent of enalapril > 10 mg BID or valsartan ≥ 160 mg /day and SBP is ≥ 90 : start 49/51 mg twice a day
 - If the patient is ACEi/ARB naïve, on low dose ACEi or ARB (ie equivalent to ≤ 10 mg enalapril BID, or \leq valsartan 160 mg /day, GFR < 30 ml/min/1.73 m², moderate hepatic impairment (Child-Pugh B), or elderly (age ≥ 75): start 24-26 mg BID
- Loop diuretic adjustment: for moderate dose ARNi, consider reducing loop diuretic dosage by 1/3 or half if euvolemic at time of initiation
- Monitor renal function and electrolytes while inpatient
- Consult HF team if concerns regarding hypotension or worsening renal function with ARNi initiation or for any questions on timing of initiation during inpatient stay (caution in patients with hypotension, renal artery stenosis, post MI, volume depletion, hyponatremia)