



Dear Pharmacist,

Please be aware that this patient has been started on ENTRESTO by the hospital.
A repeat prescription will need to be dispensed and will be an ongoing supply.

This will be for:

ENTRESTO

24/26 mg

49/51 mg

97/103 mg

Clinician: Please tick the prescribed dose.

If you are unable to source this from your wholesaler, please contact Novartis directly as they can guarantee stock within 24 hours.

Customer Care:

0845 741 9442

novartis.customercare@novartis.com

Please see the reverse for prescribing information.

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▼ This medicine is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects you may get. See www.mhra.gov.uk/yellowcard for how to report side effects.

 **NOVARTIS**

Prescribing Information: ENTRESTO™▼ (sacubitril/valsartan)

Important note: Before prescribing, consult Summary of Product Characteristics (SmPC).

Presentation: Film-coated tablets of 24 mg/26 mg, 49 mg/51 mg and 97 mg/103 mg of sacubitril and valsartan respectively (as sacubitril valsartan sodium salt complex).

Indications: In adult patients for treatment of symptomatic chronic heart failure with reduced ejection fraction. **Dosage & administration:** The recommended starting dose of Entresto is one tablet of 49 mg/51 mg twice daily, doubled at 2-4 weeks to the target dose of one tablet of 97 mg/103 mg twice daily, as tolerated by the patient. In patients not currently taking an ACE inhibitor or an ARB, or taking low doses of these medicinal products, a starting dose of 24 mg/26 mg twice daily and slow dose titration (doubling every 3-4 weeks) are recommended. A starting dose of 24 mg/26 mg twice daily should be considered for patients with SBP \geq 100 to 110 mmHg, moderate or severe renal impairment (use with caution in severe renal impairment) and moderate hepatic impairment. Do not co-administer with an ACE inhibitor or an ARB. Do not start treatment for at least 36 hours after discontinuing ACE inhibitor therapy. Entresto may be administered with or without food. The tablets must be swallowed with a glass of water.

Contraindications: Hypersensitivity to the active substances or to any of the excipients. Concomitant use with ACE inhibitors. Do not administer until 36 hours after discontinuing ACE inhibitor therapy. Known history of angioedema related to previous ACE inhibitor or ARB therapy. Hereditary or idiopathic angioedema. Concomitant use with aliskiren-containing medicinal products in patients with diabetes mellitus or in patients with renal impairment (eGFR $<$ 60 ml/min/1.73 m²). Severe hepatic impairment, biliary cirrhosis and cholestasis. Second and third trimester of pregnancy. **Warnings/Precautions: Dual blockade of the renin angiotensin-aldosterone system (RAAS):** Combination with an ACE inhibitor is contraindicated due to the increased risk of angioedema. Entresto must not be initiated until 36 hours after taking the last dose of ACE inhibitor therapy. If treatment with Entresto is stopped, ACE inhibitor therapy must not be initiated until 36 hours after the last dose of Entresto. Combination of Entresto with direct renin inhibitors such as aliskiren is not recommended. Entresto should not be co-administered with another ARB containing product. **Hypotension:** Treatment should not be initiated unless SBP is \geq 100 mmHg. Patients with SBP $<$ 100 mmHg were not studied. Cases of symptomatic hypotension have been reported in patients treated with Entresto during clinical studies, especially in patients \geq 65 years old, patients with renal disease and patients with low SBP ($<$ 112 mmHg). Blood pressure should be monitored

routinely when initiating or during dose titration with Entresto. If hypotension occurs, temporary down-titration or discontinuation of Entresto is recommended. **Impaired or worsening renal function:** Limited clinical experience in patients with severe renal impairment (estimated GFR $<$ 30 ml/min/1.73m²). There is no experience in patients with end-stage renal disease and use of Entresto is not recommended. Use of Entresto may be associated with decreased renal function, and down-titration should be considered in these patients. **Hyperkalaemia:** Entresto should not be initiated if the serum potassium level is $>$ 5.4 mmol/l. Monitoring of serum potassium is recommended, especially in patients who have risk factors such as renal impairment, diabetes mellitus or hypoadosteronism or who are on a high potassium diet or on mineralocorticoid antagonists. If clinically significant hyperkalaemia occurs, consider adjustment of concomitant medicinal products or temporary down-titration or discontinuation of Entresto. If serum potassium level is $>$ 5.4 mmol/l discontinuation should be considered. **Angioedema:** Angioedema has been reported with Entresto. If angioedema occurs, discontinue Entresto immediately and provide appropriate therapy and monitoring until complete and sustained resolution of signs and symptoms has occurred. Entresto must not be re-administered. Patients with a prior history of angioedema were not studied. As they may be at higher risk for angioedema, caution is recommended if Entresto is used in these patients. Black patients have an increased susceptibility to develop angioedema. **Patients with renal artery stenosis:** Caution is required and monitoring of renal function is recommended. **Patients with NYHA functional classification IV:** Caution should be exercised due to limited clinical experience in this population. **Patients with hepatic impairment:** There is limited clinical experience in patients with moderate hepatic impairment (Child Pugh B classification) or with AST/ALT values more than twice the upper limit of the normal range. Caution is therefore recommended in these patients. **B-type natriuretic peptide (BNP):** BNP is not a suitable biomarker of heart failure in patients treated with Entresto because it is a neprilysin substrate. **Interactions:** Contraindicated with ACE inhibitors, 36 hours washout is required. Use with aliskiren contraindicated in patients with diabetes mellitus or in patients with renal impairment (eGFR $<$ 60 ml/min/1.73 m²). Should not be co-administered with another ARB. Use with caution when co-administering Entresto with statins or PDE5 inhibitors. Monitoring serum potassium is recommended if Entresto is co-administered with potassium-sparing diuretics or substances containing potassium (such as heparin). Monitoring renal function is recommended when initiating or modifying treatment in patients on Entresto who are taking NSAIDs concomitantly. Interactions between Entresto and lithium have not been investigated. Therefore, this combination is not recommended.

If the combination proves necessary, careful monitoring of serum lithium levels is recommended. Co-administration of Entresto and furosemide reduced C_{max} and AUC of furosemide by 50% and 28%, respectively, with reduced urinary excretion of sodium. Co-administration of nitroglycerin and Entresto was associated with a treatment difference of 5 bpm in heart rate compared to the administration of nitroglycerine alone, no dose adjustment is required. Co administration of Entresto with inhibitors of OATP1B1, OATP1B3, OAT3 (e.g. rifampicin, ciclosporin), OAT1 (e.g. tenofovir, cidofovir) or MRP2 (e.g. ritonavir) may increase the systemic exposure of LBQ657 or valsartan. Appropriate care should be exercised. Co-administration of Entresto with metformin reduced both C_{max} and AUC of metformin by 23%. When initiating therapy with Entresto in patients receiving metformin, the clinical status of the patient should be evaluated.

Fertility, pregnancy and lactation: The use of Entresto is not recommended during the first trimester of pregnancy and is contraindicated during the second and third trimesters of pregnancy. It is not known whether Entresto is excreted in human milk, but components were excreted in the milk of rats. Entresto is not recommended during breastfeeding. A decision should be made whether to abstain from breast feeding or to discontinue Entresto while breast feeding, taking into account the importance of Entresto to the mother. **Undesirable effects: Very common (\geq 1/10):** Hyperkalaemia, hypotension, renal impairment. **Common (\geq 1/100 to $<$ 1/10):** Anaemia, hypokalaemia, hypoglycaemia, dizziness, headache, syncope, vertigo, orthostatic hypotension, cough, diarrhoea, nausea, gastritis, renal failure, acute renal failure, fatigue, asthenia. **Uncommon (\geq 1/1,000 to $<$ 1/100):** Hypersensitivity, postural dizziness, pruritis, rash, angioedema.

Packs and price: Entresto 24 mg/26 mg £45.78 per 28 tablet pack; Entresto 49 mg/51 mg £45.78 per 28 tablet pack, £91.56 per 56 tablet pack; Entresto 97 mg/103 mg £91.56 per 56 tablet pack.

Legal classification: POM. **Marketing Authorisation Holder:** Novartis Europharm Ltd, Frimley Business Park, Camberley, GU16 7SR. **Marketing Authorisation Numbers:** Entresto 24 mg/26 mg film coated tablets EU/1/15/1058/001; Entresto 49 mg/51 mg film coated tablets EU/1/15/1058/002-004; Entresto 97 mg/103 mg film coated tablets EU/1/15/1058/005-007. **Date of last revision of prescribing information:** November 2015. **Full Prescribing Information available from:** Novartis Pharmaceuticals UK Ltd, Frimley Business Park, Frimley, Surrey, GU16 7SR. Tel: (01276) 692255 Fax: (01276) 692508.

Adverse events should be reported. Reporting forms and information can be found at <http://mhra.gov.uk/yellowcard> Adverse events should also be reported to Novartis (01276) 698370 medinfo.uk@novartis.com