SACUBITRIL/ VALSARTAN PRESCRIPTION PRACTICE IN PATIENTS WITH CHRONIC HEART FAILURE – 4CPS-041

Aparicio Peñacoba R[1], Oterino Manzanas A[2], García Casanueva JC[1], López González AM[1], Enríquez Olivar L[1], Otero MJ[1].

[1]Hospital Pharmacy. [2]Cardiology Service. University Hospital of Salamanca.

Background and importance

Sacubitril/valsartan (SV) is a drug for chronic symptomatic heart failure (HF) with reduced left ventricular ejection fraction (LVEF). The PARADIGM-HF study demonstrated that SV was superior to standard treatment.

Aim and objectives

- **Evaluate the adherence of clinicians to the recommendations of the Pharmacy and Therapeutics Committee (PTC) for the prescription of SV.**
- **Estimate the number of patients who were readmitted due to decompensation of HF and the number who died from any cause.**

Materials and Methods

Prospective study (February to August 2020).

VARIABLES Sex, age, LVEF, NT-proBNP, standard therapy, NYHA class II-III, mortality and hospitalizations due to HF at six months.

Recommendations approved by the PTC for the prescription of SV are:

1. **LVEF≤35%**
2. **NYHA class II-III**
3. **NT-proBNP>400pg/mL**
4. **Standard theraphy**

ACEI/ARB[1]
beta-blockers
MA[2]

[1]ACEI: angiotensin converting enzyme inhibitors; ARB: angiotensin II receptor blockers. [2]MA: mineralocorticoid antagonists

Results

N: 54 patients (89% men)
Age, median (range): 72 (32-87) years
New treatment: 23 patients (43%)
Chronic treatment: 31 pacients (57%)

Follow-up (6 months)

- ✓ **72% (39/54) of patients continued treatment after being discharged from hospital.**
- ✓ **64% (34/53) continued with SV six months later.**
- ✓ **Four patients were readmitted once and another four twice (decompensation of the HF).**
- ✓ **Eight patients died.**

Adequation to the first prescription of SV

Overall: 21,7 %

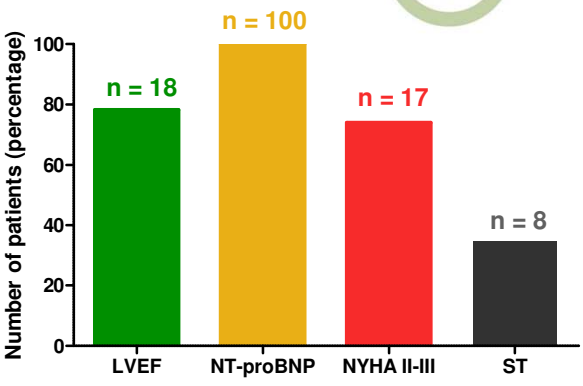

Figure 1. Adequation for each individual item.

Conclusion and relevance

Clinicians mostly adapt to the utilization criteria established by the PTC except for the recommended standard treatment.
The percentage of readmissions due to decompensation of HF in our cohort of patients is higher when compared to the clinical trial.

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HOSPITAL UNIVERSITARIO DE SALAMANCA