Evaluation of Sacubitril/Valsartan Prescribing Patterns Within an Inpatient Hospital Setting

Megan Taylor PharmD
Lehigh Valley Health Network, megan.taylor@lvhn.org

Katie Nesbitt PharmD, BCPS
Lehigh Valley Health Network, katie.nesbitt@lvhn.org

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Evaluation of Sacubitril/Valsartan Prescribing Patterns Within an Inpatient Hospital Setting

Megan Taylor, PharmD, MSCR, Katie Nesbitt, PharmD, BCPS

Lehigh Valley Health Network, Allentown, Pa.

Background

- The American College of Cardiology and American Heart Association (ACC/AHA) revised heart failure consensus guidance preferentially recommending angiotensin receptor-neprilysin inhibitor (ARNI) therapy over angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy in heart failure (preserved and reduced ejection fraction)
- Guideline Directed Medication Therapy (GDMT) for heart failure with reduced ejection fraction (HFrEF) include ARNI/ACE/ARB, beta blockers, mineralocorticoid receptor antagonists, and sodium glucose transporter 2 inhibitors
- The purpose of this study was to assess prescribing patterns of sacubitril/valsartan in patients with heart failure admitted to a Lehigh Valley Health Network (LVHN) hospital

Methods

- Retrospective chart review of all adult patients with heart failure who received ≥1 dose of sacubitril/valsartan at a LVHN hospital from January 1, 2021 to March 31, 2021

DISCLOSURE STATEMENTS

Authors of this presentation have nothing to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation.

Patient Characteristics (n=218)	Mean (SD)
Age, years	**69.1 (13.3)**
Length of Stay, days	**5.5 (6.8)**
	N (%)
Female	78 (35.8)
Race	
White	182 (83.5)
Black	12 (5.5)
Asian	2 (0.9)
Other	22 (10.1)
Ethnicity	
Hispanic	23 (10.6)
Non-Hispanic	189 (86.7)
Unknown	6 (2.7)
Heart Failure Category	
HFrEF (EF ≤40%)	174 (79.8)
HFmrEF (EF 41-49%)	15 (6.9)
HFpEF (EF ≥50%)	27 (12.4)
Unknown	2 (0.9)
NYHA Classification	
1	4 (1.8)
2	46 (21.1)
3	36 (16.5)
4	13 (6.0)
Unknown	119 (54.6)

Table 1

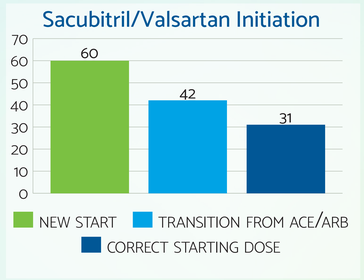

Figure 1

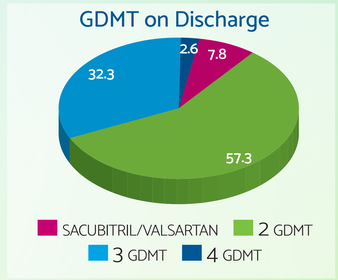

Figure 2

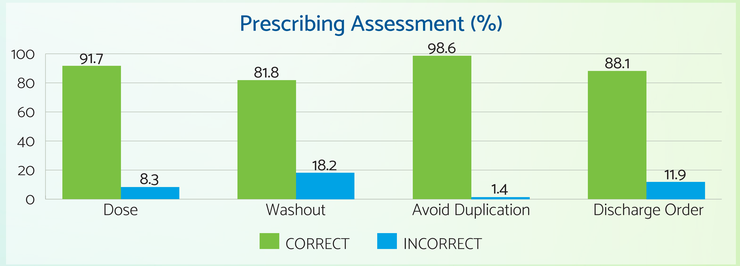

Figure 3a

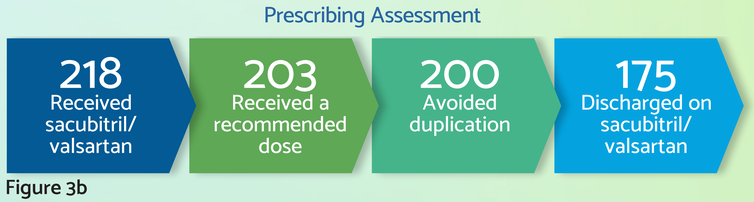

Figure 3b

Results

- 11 of 42 patients transitioned from ACE inhibitor/ ARB therapy initiated on not recommended doses, 9 of which initiated on a more conservative dosing regimen
- 22 patients required a washout from an ACE inhibitor, 18 patients (81.8%) received the recommended 36-hour washout period
- Most common adverse event was hypotension, requiring held doses or discontinuation of therapy in 25% of patients

Conclusions

- 80% patients prescribed sacubitril/valsartan in the in-patient setting received maximally optimized care
- 88% of patients discharged on sacubitril/valsartan, substantially higher than national estimates of 3.8% reported in 2016
- Areas for development:
  - Appropriate initial dosing of sacubitril/valsartan
  - Initiation of other heart failure GDMT as tolerated
- Majority of patients prescribed sacubitril/valsartan in a LVHN hospital were managed according to guideline and manufacturer recommendations

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