Table 8

Use this table as guidance for initiating sacubitril/valsartan in the hospital.

→ To optimize GDMT, refer to the *2017 ECDP for Optimization of Heart Failure Treatment.*

Consideration for Angiotensin Receptor–Neprilysin Inhibitor (ARNI) (Sacubitril/Valsartan) Initiation

Eligible Patients	Trial Exclusions	Dosing
HFrEF (EF ≤40%)	ACS, stroke, or revascularization within 1 month	*Initial dose*
NT-proBNP ≥1600 pg/mL or BNP ≥400 pg/mL	Planned revascularization within 6 months	SBP 100-120 mm Hg: sacubitril/valsartan 24/26 mg twice daily
>24 hours and <10 days after initial HF hospitalization and still in hospital	Cardiac resynchronization within past 3 months or planned	SBP ≥120 mm Hg: sacubitril/valsartan 49/51 mg twice daily
Hemodynamically stable: SBP ≥100 mm Hg for at least 6 hours	eGFR <30 mL/min/1.73 m^2	*Dose adjustment after discharge every 1-2 weeks according to SBP*
No increase in diuretic or vasodilator dose for at least 6 hours	Potassium >5.2 mEq/L	
No intravenous inotropes for 24 hours	Hepatic failure with bilirubin >3 mg/dL	

ACS = acute coronary syndrome; eGFR = estimated glomerular filtration rate; HF = heart failure; HFrEF = heart failure with reduced ejection fraction; NT-proBNP = N-terminal pro-B-type natriuretic peptide; SBP = systolic blood pressure