A DECISION AID FOR

RENIN-ANGIOTENSIN INHIBITOR DRUG OPTIONS FOR PATIENTS WITH HEART FAILURE

CardioSmart
AMERICAN COLLEGE of CARDIOLOGY

Including sacubitril/valsartan

You may have been told that you have a weak heart and that you've been diagnosed with heart failure. You may not yet be taking medicines for your heart, or you may be taking an **ACEI** (like lisinopril) or an **ARB** (like losartan), medicines that are often used to treat this condition. Either way, your clinician may be considering whether to have you take an **ARNI**. Currently there is only one ARNI, called: **sacubitril/valsartan**. For some patients with heart failure, clinical guidelines recommend that an ARNI replace an ACEI or ARB if the ARNI is tolerated.

ACEI: Short for angiotensin-converting-enzyme inhibitor. ACEI may also be referred to as an "ACE inhibitor."

ARB: Short for angiotensin receptor blocker.

What an ACEI and ARB do**:** They work by relaxing blood vessels, so that blood can flow more easily, which makes it easier for a weak heart to pump blood to the body.

ARNI: Short for angiotensin receptor-neprilysin inhibitor. An ARNI is a combination of an ARB and a neprilysin inhibitor drug. The ARB relaxes blood vessels so blood can flow more easily, and the neprilysin inhibitor works with the ARB to help the heart pump blood to the body. The resulting medicine has been shown to work better in some people than an ACEI.

Everyone with your type of heart problem should try to be on one of these three types of medicines:

An ACEI, such as:
- captopril
- enalapril
- lisinopril
- ramipril

An ARB, such as:
- candesartan
- losartan
- valsartan

An ARNI, such as:
- sacubitril/valsartan

An ARNI cannot be taken within 36 hours of an ACEI. Other medication interactions are relatively rare. Tell your clinician and pharmacist all medications you take, including over-the-counter medications, vitamins, and natural remedies.

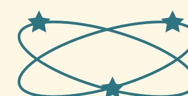
These next few pages will discuss some potential pros and cons of these medicines.

ACEI OR ARB VS. ARNI

What are the possible burdens or risks of each?

All 3 medication types can cause:

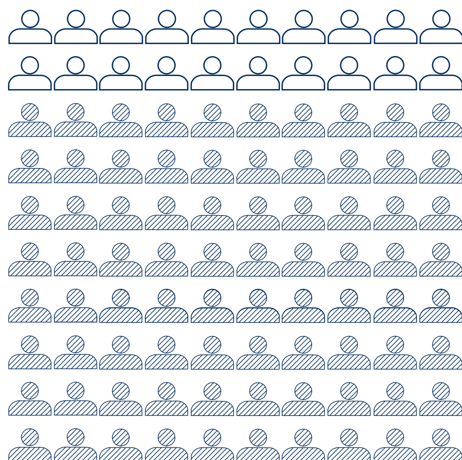
- lower blood pressure
- high blood potassium levels
- kidney problems
- allergic reactions

ACEI or ARB		ARNI
A pill taken by mouth, usually **once**, **twice**, or **three** times a day	**How it is taken**	A pill taken by mouth, **twice** a day
Cough can occur *with* an **ACEI**	**Risks and Side Effects**	**Dizziness** is more common *with* an **ARNI** than with an ACEI 

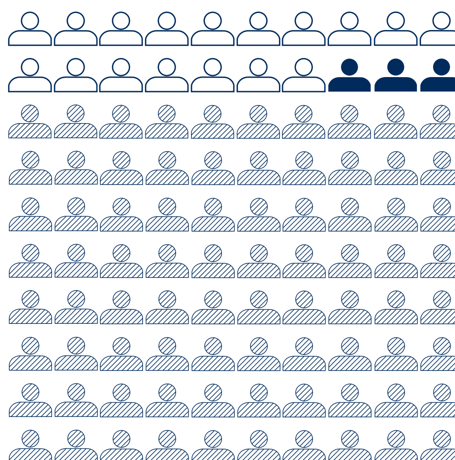
What are the possible benefits of each?

A study comparing and ACEI to an ARNI in more than 8,000 adults with heart failure found:

After two years on an **ACEI**, 80 of 100 patients were still living and 20 died.



After two years on an **ARNI**, 83 of 100 patients were still living and 17 died.



- Died within 2 years
- Lived
- Saved on an ARNI

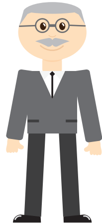
Compared to other medicines, this is actually a pretty big benefit.

Patients also had a 3% reduction in hospitalization, or 3 out of 100 fewer patients went to the hospital while on an ARNI.

CONSIDERING A MAJOR TRADEOFF: COST

Because an ARNI is a new medicine, it is not available as a generic. This means *an ARNI may be more expensive than an ACEI or an ARB*.

Below are three scenarios showing patients that might be like you and their insurance plans.
Of note: many patients will be able to find a way to cover most of the cost of the ARNI.



Patient A has *no* coverage. This means all medication costs are out-of-pocket. The ARNI is priced around $450 per month.

Patient B has *partial* coverage. For people whose health insurance has limited medication coverage, cost can vary widely!

Patient C has *good* coverage, which means that insurance pays for most of the ARNI costs. For example, the average patient with Medicare Part D has a co-pay around $40 a month.

Lisinopril costs less than $10 a month. But note: 3% of patients on Lisinopril may also have an extra hospitalization and the costs that come with that.

There are a few ways you may be able to get a better price for an ARNI:

Ask your clinician or pharmacist if they know of any available discounts (coupons or Patient Assistance Programs) for an ARNI.

Look for online resources, like goodrx.com, or the manufacturer of the ARNI sacubitril/valsartan (https://www.entresto.com/financial-support), which may offer coupons for the medicine.

Note: Some insurances, like Medicare, may not allow coupons.

LET'S TALK COST

You may be wondering,
"How do I find out how much an ARNI will cost ME?"
There are two options to find out:

Option 1: Call your insurance company.
On the back of your insurance card, call the member services number and ask the representative the following:
"My clinician is considering prescribing the ARNI sacubitril/valsartan for me. Would you please tell me how much it would cost on my plan for a month of this medicine?" (60 tablets of 49/51 mg a month)

Option 2: Call your pharmacy.
Your clinician can begin a plan to switch you to an ARNI and write a prescription. You'll be able to see the cost before you finalize the plan, and decide whether you'd like to move forward. If you feel the cost is too high, you may leave the prescription unfilled; however, it's important you then get in touch with your clinician and work together to find a plan that will work better or you.

Write it down: An ARNI will cost **ME** per month: $ ____________

MAKING YOUR DECISION

Write down the questions or concerns you want to discuss with your clinician about an ARNI.

____

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ASK YOURSELF AND DISCUSS WITH YOUR CLINICIAN:
1) How important are the benefits of this medicine to me?
2) Is the cost of this medicine within my monthly budget?
Mark on the line below where you think an ARNI falls for you and your lifestyle.

The benefits of an ARNI are not all that important to me

The benefits of an ARNI are really important to me

The cost of an ARNI is way too much for my monthly budget

The cost of an ARNI is easily within my monthly budget

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