



# **Safety and Efficacy of Sacubitril/Valsartan by Dose Level in Patients Hospitalized with Acute Heart Failure**

---

## ***Observations from PIONEER-HF***

**David A Morrow,<sup>1</sup> Eric J Velazquez,<sup>2</sup> Adam D DeVore,<sup>3</sup> Carol I Duffy,<sup>4</sup> Yared Gurmu<sup>1</sup>,  
Kevin McCague,<sup>4</sup> Ricardo Rocha,<sup>4</sup> Eugene Braunwald<sup>1</sup>**

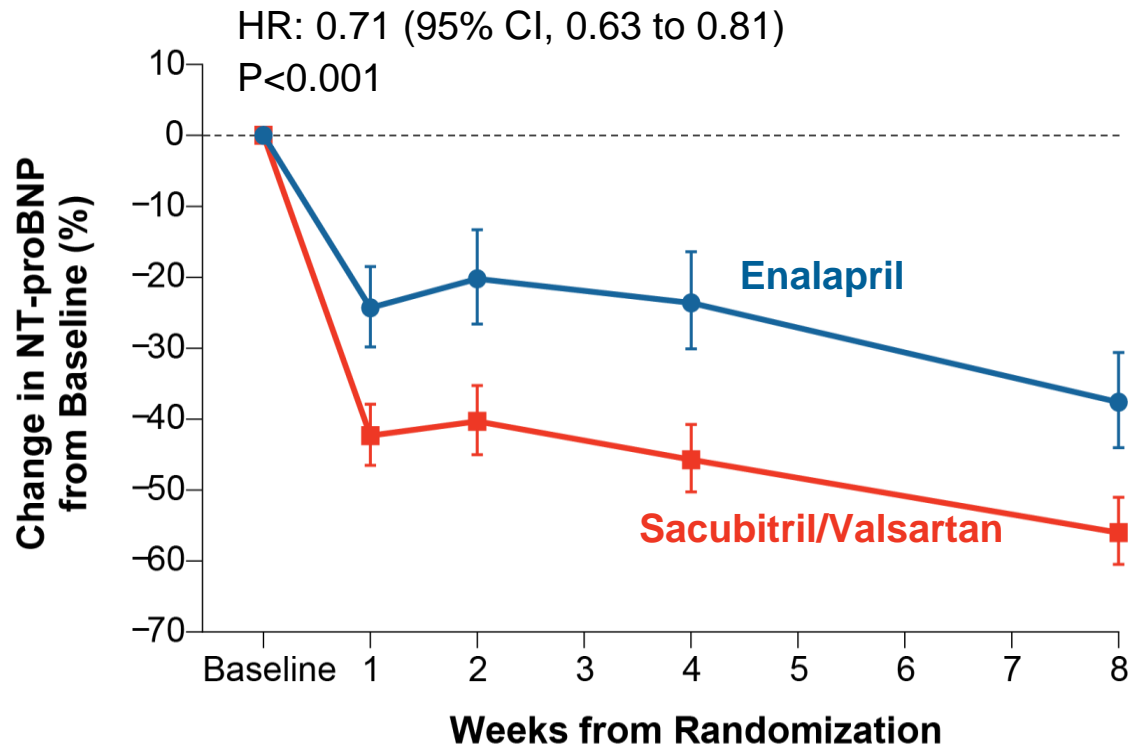
<sup>1</sup>Brigham and Women's Hosp, Boston, MA; <sup>2</sup>Yale Univ Sch of Med, New Haven, CT; <sup>3</sup>Duke Univ/Duke Clinical Res Inst, Durham, NC; <sup>4</sup>Novartis Pharmaceuticals Corp, East Hanover, NJ

# Background



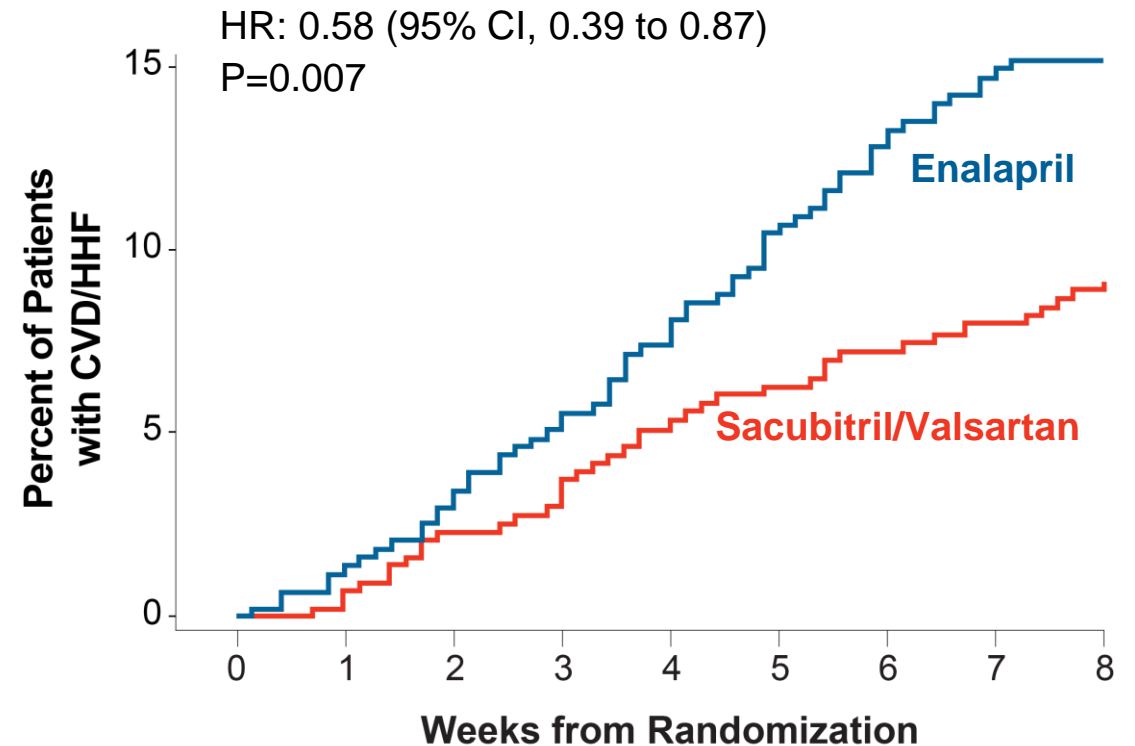
Among pts w/ HFrEF hospitalized for ADHF, the in-hospital initiation of sacubitril/valsartan led to a greater ↓ in NT-proBNP and improved clinical outcomes compared w/ enalapril

## Change in NTproBNP



Velazquez et al. N Engl J Med 2019;380:539-548

## CV Death or Hospitalization for HF



Morrow et al. Circulation 2019;139:2285-2288.

# Study Design



**N = 881**

**Hospitalized with ADHF (EF ≤ 40%)**

***Stabilized while still hospitalized***

**SBP ≥ 100 mmHg in prior 6h; no symptomatic ↓ BP**

**No increase in IV diuretics in prior 6h**

**No IV vasodilators in prior 6h**

**No IV inotropes in prior 24h**

**Sacubitril/valsartan**  
**Target: 97/103 mg twice daily**

**vs**

**Enalapril**  
**Target: 10 mg twice daily**

**In-hospital initiation**

**Blinded Study Rx for 8 weeks**

**Evaluate**

- NTproBNP
- Safety and tolerability
- Clinical outcomes

# Study Design

Dose titration – Shifting BP thresholds with time

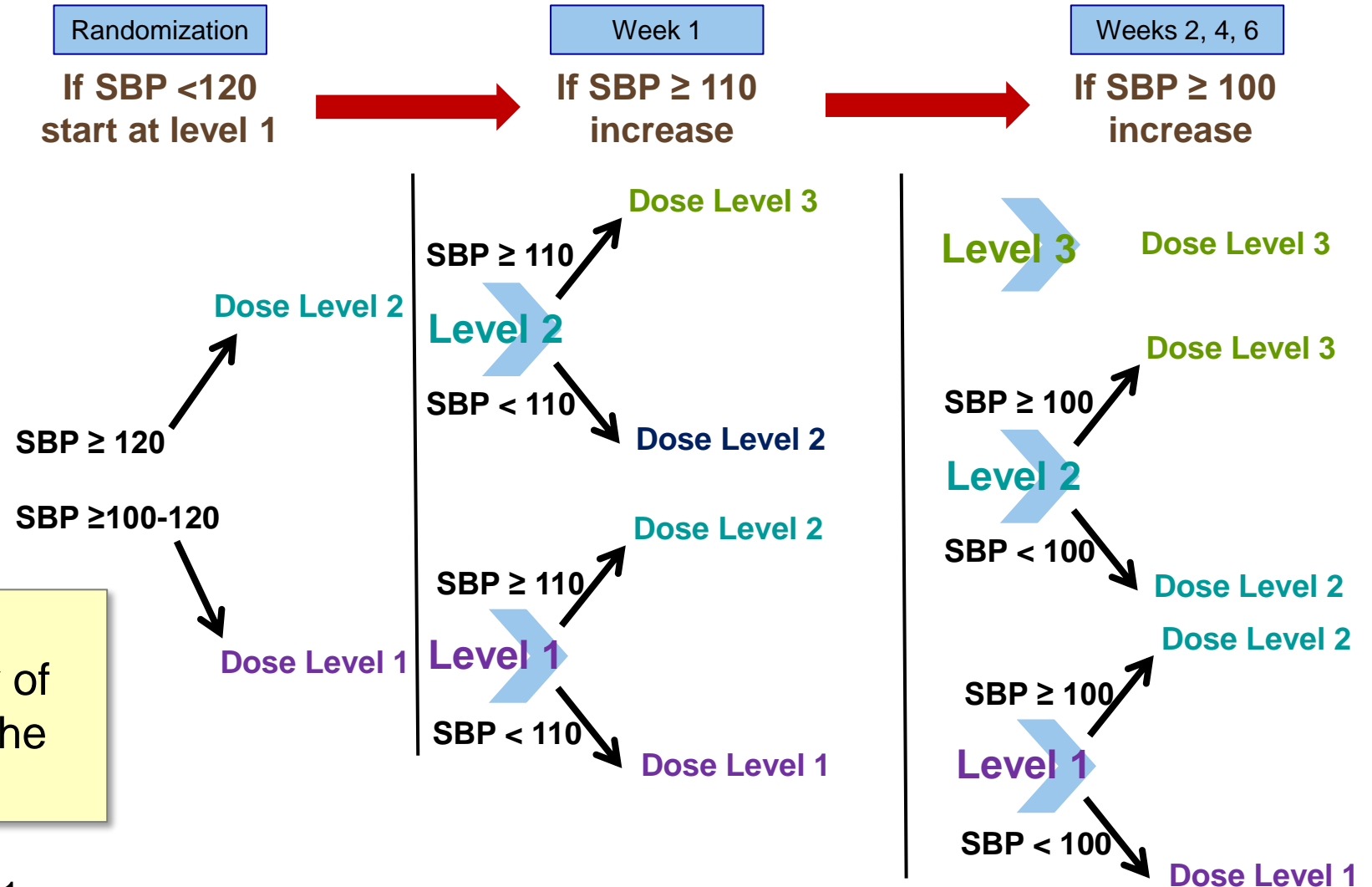


## Unique low-dose option in PIONEER-HF

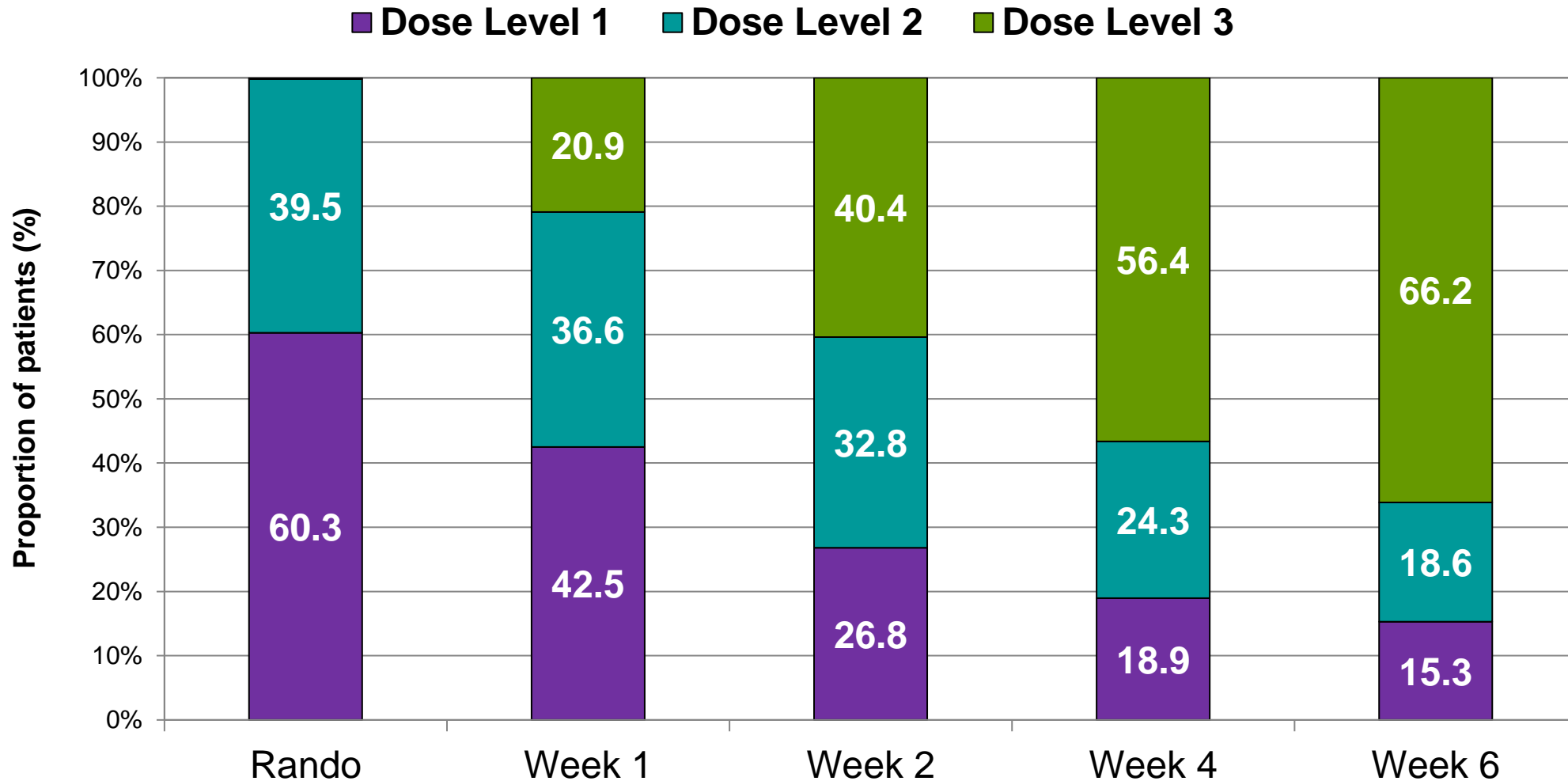
- 1) LCZ696 24/26mg BID or Enalapril 2.5 mg BID
- 2) LCZ696 49/51mg BID or Enalapril 5 mg BID
- 3) LCZ696 97/103mg BID or Enalapril 10 mg BID

## Objective

To assess the safety and efficacy of sacubitril/valsartan according to the dose level dispensed at Week 4



# Distribution of Dose Level Achieved



Among patients receiving study drug

# Baseline Characteristics



<b><i>Dose level at Week 4</i></b>	<b>Dose Level 1 (n = 137)</b>	<b>Dose Level 2 (n = 175)</b>	<b>Dose Level 3 (n = 412)</b>
<b>Age (years)</b>	<b>67 [58, 73]</b>	<b>64 [52, 71]</b>	<b>59 [49, 68]</b>
<b>Women (%)</b>	<b>27.0</b>	<b>26.3</b>	<b>27.4</b>
<b>Black (%)</b>	<b>19.7</b>	<b>28.0</b>	<b>43.4</b>
<b>Prior HF diagnosis (%)</b>	<b>63.5</b>	<b>62.3</b>	<b>61.7</b>
<b>LVEF</b>	<b>21 [15, 30]</b>	<b>23 [18, 30]</b>	<b>25 [20, 30]</b>
<b>Systolic pressure (mm Hg)</b>	<b>111 [106, 117]</b>	<b>115 [108, 126]</b>	<b>125 [115, 138]</b>
<b>eGFR</b>	<b>55 [46, 67]</b>	<b>58 [47, 70]</b>	<b>61 [50, 74]</b>
<b>NT-proBNP (pg/mL)</b>	<b>3209 [1937, 6560]</b>	<b>3004 [1482, 5215]</b>	<b>2377 [1343, 4308]</b>
<b>ACEi/ARB therapy (%)</b>	<b>43.8</b>	<b>45.7</b>	<b>48.8</b>
<b>Beta-adrenergic blockers (%)</b>	<b>56.9</b>	<b>58.3</b>	<b>58.3</b>

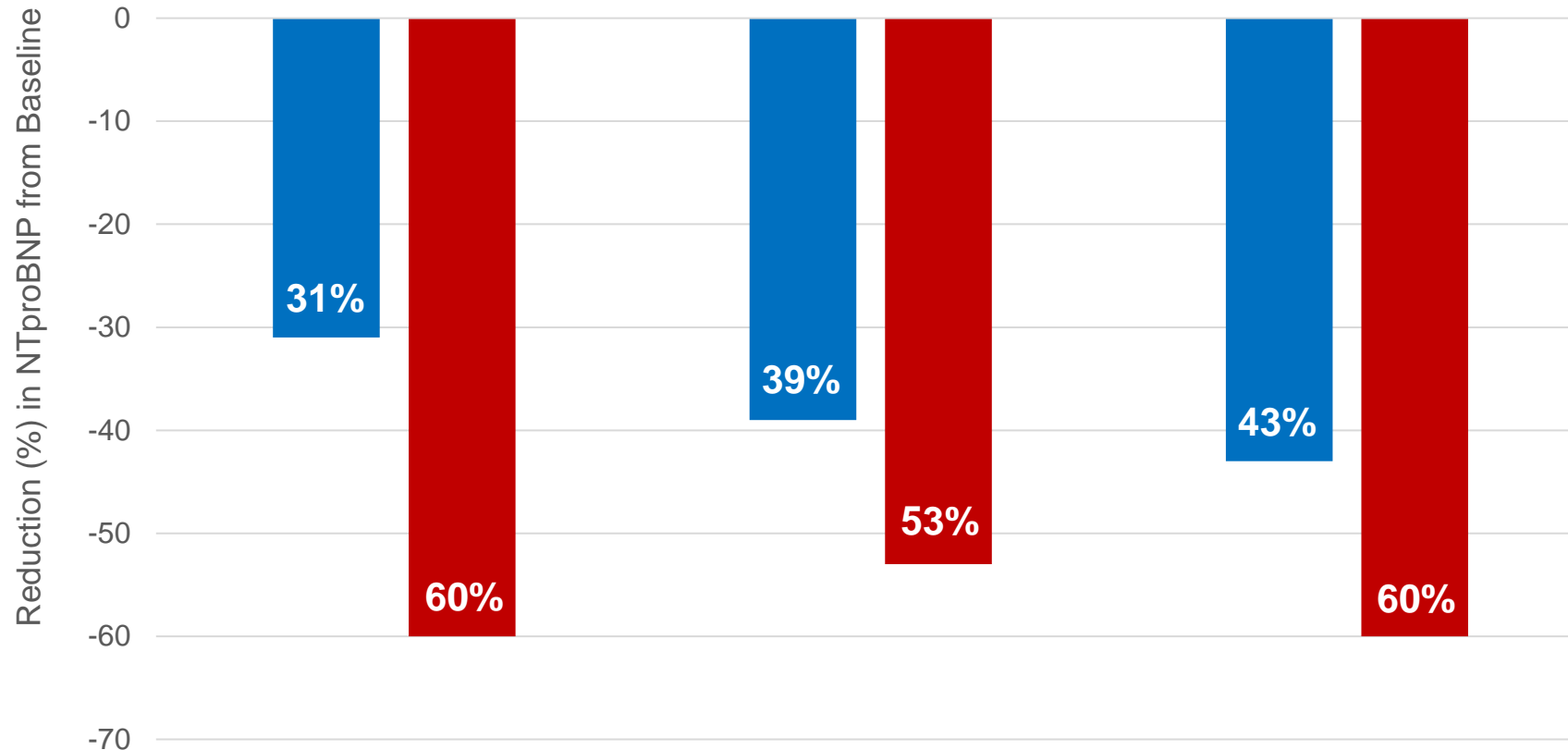
# Efficacy: NTproBNP at Week 8



*P-interaction: 0.54*

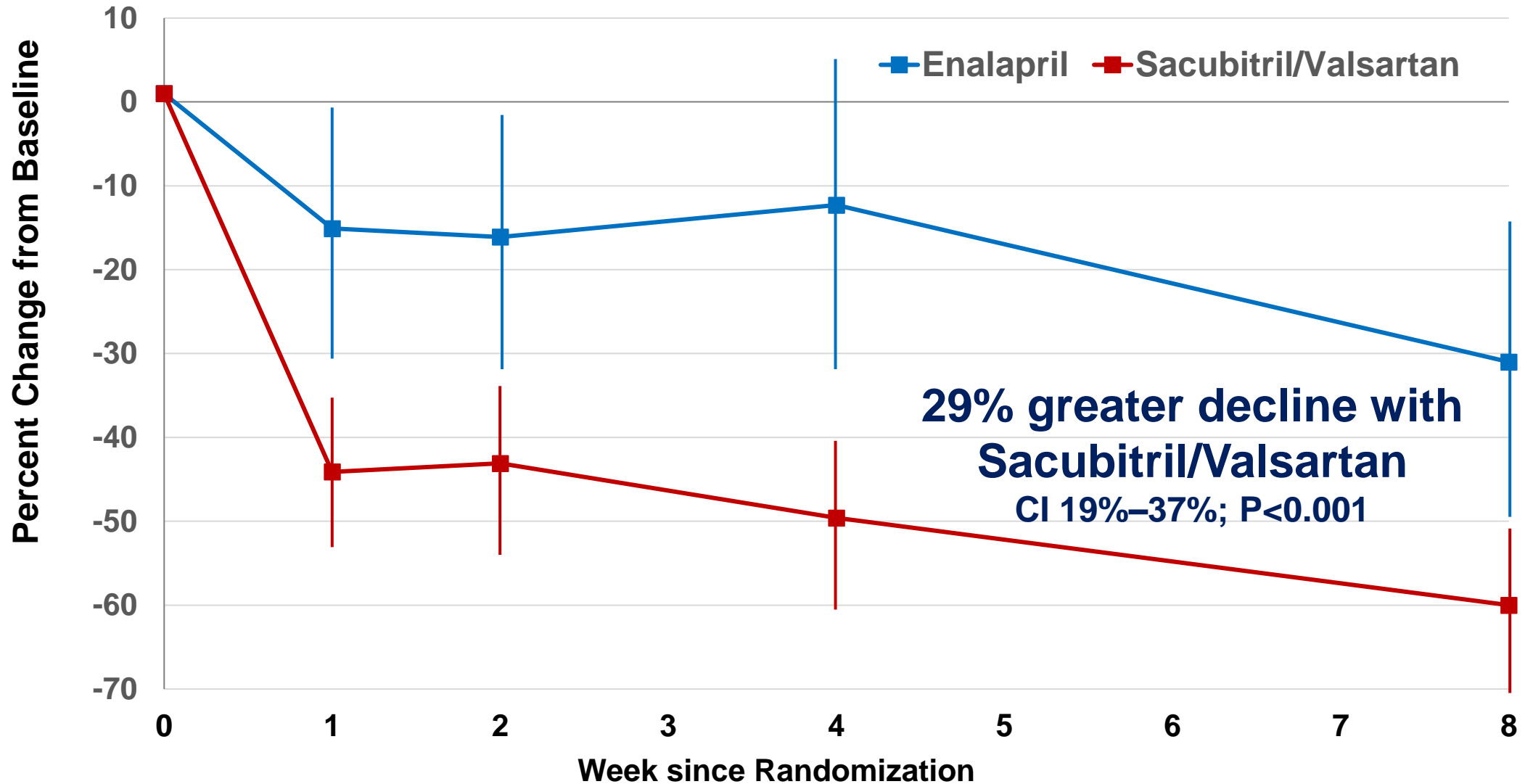
■ Enalapril ■ Sacubitril/Valsartan

Ratio S/V to E:    **0.58 [0.41, 0.83]**                      **0.77 [0.58, 1.01]**                      **0.70 [0.56, 0.87]**  
                                 **Dose Level 1**                                      **Dose Level 2**                                      **Dose Level 3**



# NT-proBNP

## % Change by Visit in Pts on Dose Level 1 at Week 4

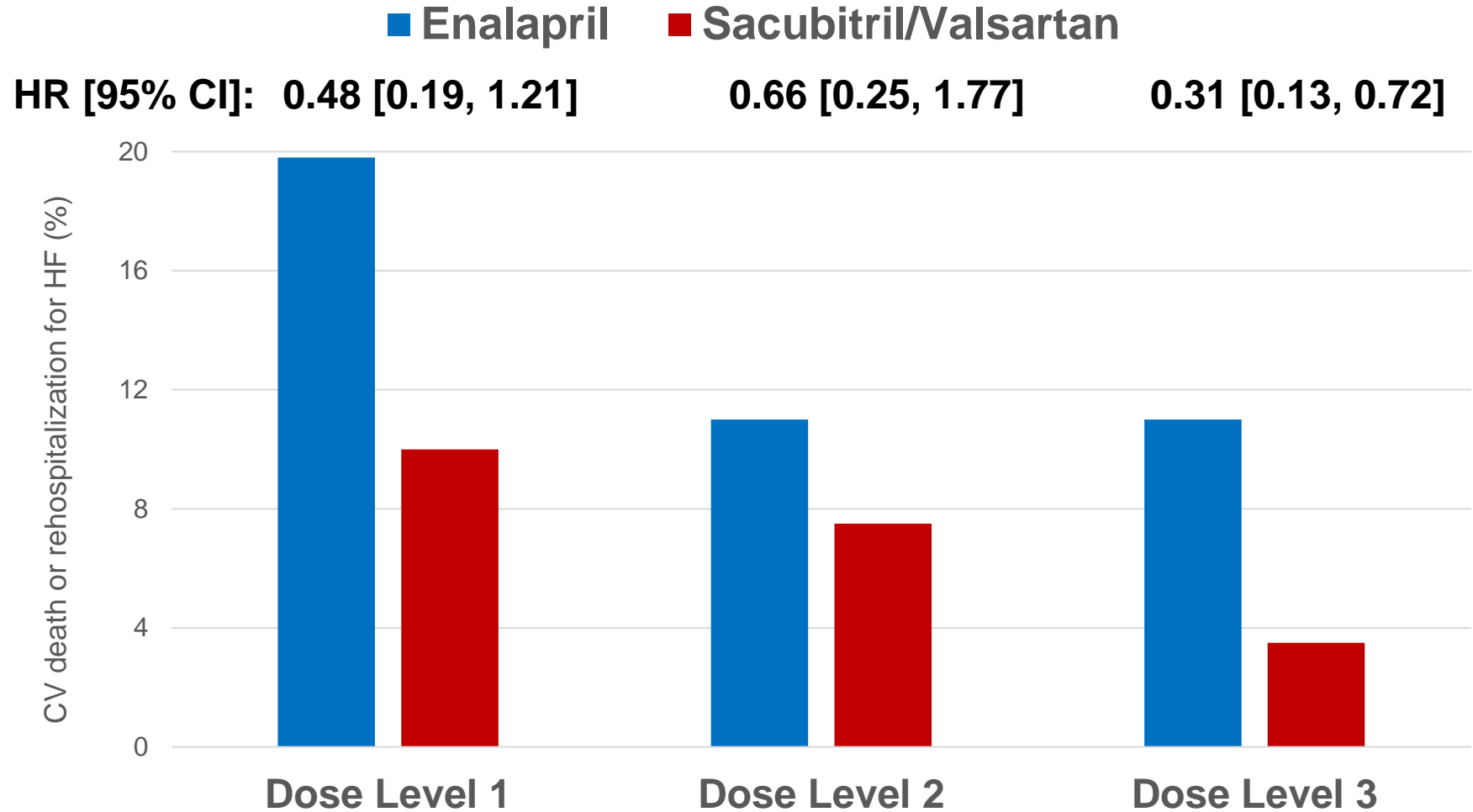




# CV Death or Rehosp for HF by Week 8



*P-interaction: 0.XX*



# Safety



Safety Events (%) HR [95% CI]	Dose Level 1		Dose Level 2		Dose Level 3		P-interaction
	Enalapril (n=66)	Sacubitril/ Valsartan (n=70)	Enalapril (n=82)	Sacubitril/ Valsartan (n=93)	Enalapril (n=210)	Sacubitril/ Valsartan (n=199)	
Worsening renal function <sup>a</sup>	33.3	24.3	22.0	14.0	11.9	12.6	
	0.73 [0.43, 1.25]		0.64 [0.33, 1.22]		1.06 [0.63, 1.77]		
Hyperkalemia	13.6	18.6	12.2	16.1	7.1	6.0	
	1.36 [0.62, 2.97]		1.32 [0.63, 2.78]		0.84 [0.41, 1.76]		
Symptomatic hypotension	27.3	20.0	19.5	15.1	5.2	10.1	
	0.73 [0.40, 1.35]		0.77 [0.40, 1.48]		1.92 [0.94, 3.90]		

<sup>a</sup>SCr ≥0.5 with simultaneous GFR reduction of ≥25%

**P = NS**

# Conclusions



**In hemodynamically stabilized patients with ADHF and reduced EF, the safety and efficacy of sacubitril/valsartan appears generally consistent among patients at various dose levels.**

- ❑ Similar greater decline in NTproBNP with sacubitril/valsartan
- ❑ Reduced HF rehospitalization
- ❑ Well tolerated w/ comparable rates of renal insufficiency, hyperkalemia, symptomatic hypotension

***Including consistency w/ sacubitril/valsartan 24/26mg BID***

These results support the in-hospital initiation of sacubitril/valsartan for HFrEF, and titration toward the maximum tolerated dose up to 97/103 mg BID, and continuation of the maximum dose achieved.