SACUBITRIL/VALSARTAN PRESCRIPTION PATTERNS AND TITRATION IN A REAL-WORLD SETTING IN PORTUGAL: AN ANALYSIS OF THE PRIME STUDY

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BACKGROUND / OBJECTIVES

- Sacubitril/valsartan is indicated in adult patients with symptomatic heart failure with reduced ejection fraction. According to its posology, dose should be doubled at 2-4 weeks to the target dose[1]. However, previous real-world studies have reported slow titration schemes[2].
- The objective of this analysis was to evaluate sacubitril/valsartan prescription and titration patterns in a real-world setting in Portugal.

METHODS

- The PRiMe (sacubitril/valsartan PRescription Monitoring study) is a cross-sectional, multicenter and drug utilization study in Portuguese community pharmacies using primary and secondary data collection.
- All community pharmacies associated with the Portuguese National Association of Pharmacies (~2,500; ~85% of the total universe of pharmacies in Portugal) were invited to participate.
- Adult (≥18 years) patients or caregivers with a prescription (initial or refill) of sacubitril/valsartan, from June 2018 to July 2019, in community pharmacies were invited to participate.
- Individuals who did not give their informed consent or with any cognition impairment were excluded.
- Sociodemographic data, clinical characteristics, healthcare resource utilization and patient-reported outcomes (PROs) were collected through a structured two-part questionnaire.
- Prior HF medication was filled by the patient with the assistance of a trained pharmacist.
- Additional data were collected through the pharmacy's software.
- This study was approved by the competent Ethics Committee and is compliant with the General Data Protection Regulation.

RESULTS

- A total of 150 pharmacies recruited at least one patient.
- Setting (urban/sub-urban/rural) distribution of participating pharmacies is similar (p=0.702) to the universe of community pharmacies in Portugal, ensuring national representativeness.
- A total of 285 patients were recruited in which 28.5% were naïve to sacubitril/valsartan at the time of recruitment.
- The median age of patients was 72 years (IQR, 63-80) and sex-ratio shows a predominance of men (65.6%).
- Cardiologists accounted for approximately 79.4% and 46.0% sacubitril/valsartan first prescriptions and refills, respectively (Table 1).
- A total of 42.7%, 30.8% and 6.0% of patients were prescribed a first sacubitril/valsartan dose of 50 mg b.i.d., 100 mg b.i.d. and 200 mg b.i.d., respectively (Figure 1).
- After a median sacubitril/valsartan treatment duration of 4.0 months (IQR, 2.0-7.0), 66.9% of patients had no change in their sac/val dose while 28.2% were up-titrated.
- Overall, less patients (32.0%) were still on the dose 50 mg b.i.d, whereas more patients were on the higher doses (100 mg b.i.d., 34.4% and 200 mg b.i.d, 16.0%) after a median treatment duration of 4.0 months.
- Titration patterns during follow-up were accessed and are presented in Figure 2.

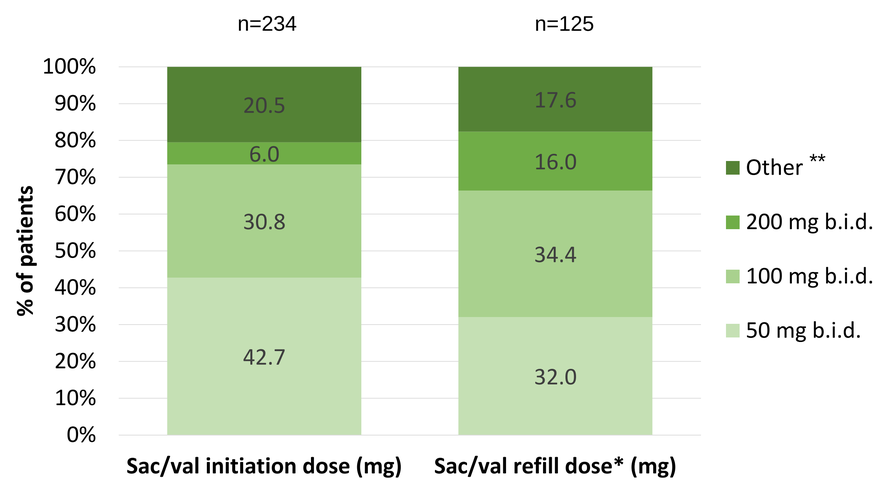
RESULTS (cont.)

Table 1. Medical history characterization

	Total n=285
Sac/val first Prescriber specialty, n(%)	
Cardiology	209 (81.3)
General Practice	25 (9.7)
Internal Medicine	20 (7.8)
Other	3 (1.2)
First prescription episode, n(%)	
Doctor appointment	203 (73.0)
During or after an emergency or hospitalization	72 (25.9)
Other	3 (1.1)
Sac/val refill prescriber specialty, n(%)	
Cardiology	64 (44.1)
General Practice	54 (37.2)
Internal Medicine	23 (15.9)
Other	4 (2.8)

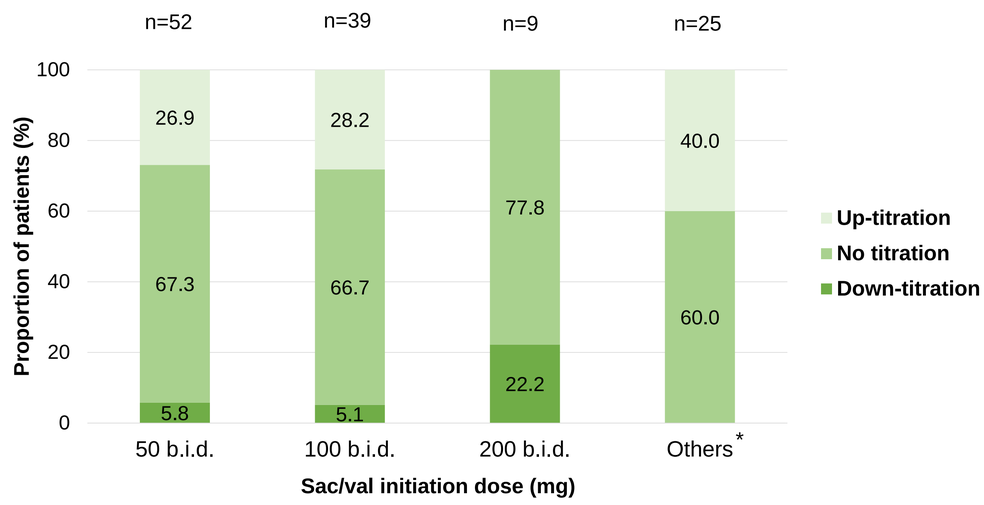
*Others include endocrinologist, nephrologist and unspecified.
Sac/val, sacubitril/valsartan.

Figure 1. Treatment characterization



* After a median treatment duration of 4 months.
** Others include patients taking the same dosages once daily or four times a day.
Values presented correspond to patients with available information only.
b.i.d., twice daily.

Figure 2. Titration Patterns



* Others include patients with q.d. and q.i.d. posology for different dosages.
Values presented correspond to patients with available information only.
Titration patterns stratified by sacubitril/valsartan initial dose. "Up-titration" corresponds to all patients who experience an increase in sacubitril/valsartan dose; 'down-titration' corresponds to all patients who experienced a decrease in sacubitril/valsartan dose.

CONCLUSIONS

- In a real-world setting, the up-titration of sacubitril/valsartan is slow, if considered a median of four months treatment with sacubitril/valsartan. According to the label, dose should be doubled at 2-4 weeks to the target dose meaning that after our median treatment duration of four months, the target should have been reached.

REFERENCES

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