PROTOCOL

The formulary Angiotensin Receptor Blocker (ARB) is approved for unrestricted use except under the following conditions:

**ARB used in combination therapy with an ACE-I**

**Congestive Heart Failure**
For hypertensive patients with heart failure whose blood pressure is not sufficiently controlled, an ARB may be used in combination with an ACE-I and other antihypertensive drug treatment when recommended by a cardiologist. Ongoing and careful monitoring is recommended when combining an ACE-I and an ARB due to potential adverse effects such as hypotension, hyperkalemia and worsening renal function. (1)(2)

**Chronic Kidney Disease**
For proteinuric chronic kidney disease when recommended by a nephrologist. Ongoing and careful monitoring is recommended when combining an ACE-I and an ARB due to potential adverse effects such as hypotension, hyperkalemia and worsening renal function. (3)(4)

**AUTOMATIC SUBSTITUTION**

Substitution to valsartan is considered mandatory for indications of hypertension. For all other indications, in particular structural diseases of the heart (e.g. heart failure of any kind), the clinician will be expected to assess each individual case and either a) follow the auto-sub or b) submit an application for coverage via the NF process. It would be fair for this initial assessment period to take place during the 6 week grace period immediately following client admission, so that a clinician may properly determine the appropriateness of switching to valsartan during this time and not feel compelled to immediately change therapy during Medication Reconciliation.

Cross Reference: Calgary LTC Formulary Auto-substitution List - ACE Inhibitors and ARBs