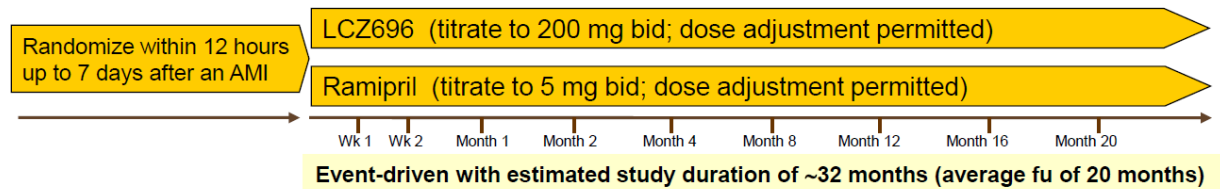




LCZ696 (Sacubitril/Valsartan) v. Ramipril in patients with Spontaneous AMI with evidence of left ventricular dysfunction and/or pulmonary congestion associated with the MI, without prior known history of chronic HF.



#### Inclusion

- Spontaneous AMI
  - STEMI or NSTEMI, AND
- LVEF  $\leq$  40%, OR
- Pulm congestion requiring IV lasix:
  - $\geq$  Killip class II, OR
  - Radiological evidence of pulm congestion
- AND, One additional risk factor
  - Age  $\geq$  70
  - eGFR  $<$  60
  - DM I or II
  - History of prior MI
  - Atrial fibrillation associated with index MI
  - LVEF  $<$  30% associated with index MI
  - Killip class III or IV associated with index MI
  - STEMI without reperfusion therapy
- AND Hemodynamically stable
  - SBP  $\geq$  110 at randomization if no ACE/ARB within 24 hours of randomization
  - SBP  $\geq$  100 if on ACE/ARB within 24 hours of randomization
  - No IV diuretic/pressor/inotrope within 24 hours of randomization

#### Key Exclusion

- Known chronic HF prior to admission
- GFR  $<$  30
- K  $>$  5.2
- Cardiogenic shock within 24 hours of randomization
- Persistent HF at time of randomization
- CABG planned to treat index MI
- Significant RV infarct
- Hypotension
- Prior angioedema
- Stroke/TIA within prior month
- Known or suspected bilateral renal artery stenosis
- Clinically significant obstructive cardiomyopathy
- Known hepatic impairment

**Contacts:** Please call for all potentially eligible patients with STEMI/NSTEMI and either EF  $\leq$  40% OR pulmonary congestion requiring IV diuretics.

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