

New on Formulary – Jardiance & Farxiga

The Catholic Health System Pharmacy & Therapeutics Committee has recently approved the addition to formulary of two medications in the sodium-glucose cotransporter2 class – Jardiance (empagliflozin) and Farxiga (dapagliflozin). The goal of this was two-fold, to allow the continuation of previously prescribed outpatient therapy for patients who are hospitalized but stable from a renal, fluid status, & hemodynamic perspective. In addition, to also allow the initiation of therapy just prior to discharge in those patients identified with heart failure due to the significant impact that these medications can play in reducing negative heart failure outcomes and cardiovascular death. The current FDA approved heart failure indication for these agents includes:

Jardiance - Heart failure for at least three months (functional class II, III or IV) and a left ventricular ejection fraction of 40 percent or less. Dose is 10mg daily.

Farxiga - Ejection fraction of 40% or less and New York Heart Association (NYHA) class II, III, or IV symptoms. Dose is 10mg daily

Information on hospital prescribing in heart failure: Currently, Jardiance is being trialed in patients admitted with acute heart failure who have been stabilized. The study is looking at the outcomes of clinical benefit on a composite of death, number of heart failure events HFE (urgent heart failure visits and unplanned outpatient visits), time to first HFE and change from baseline Kansas City Cardiomyopathy Questionnaire. The outcome time frame is at baseline and after 90 days of treatment.

Another SGLT2 medication, sotagliflozin – not available in the US, was studied to be administered just prior to discharge or immediately after discharge in a population of heart failure patients. It showed a significant benefit versus placebo in patients with diabetes and recent worsening heart failure on the outcomes of death from cardiovascular causes and hospitalizations / urgent visits for heart failure.

Criteria for prescribing SGLT2 in appropriate heart failure patients:

- SBP>95 and stable for 48 hours
- the patient is euvolemic or hypervolemic
- renal function is stable with no expected change (diuretic is oral & dose is going down or stable)
- no impending contrast is being used for diagnostic imaging or near term surgery is planned
- patient is almost at anticipated discharge

Discharge Note: It is vital to include a specific notation in your discharge summary that the patient was just initiated on SGLT2 therapy for the indication of heart failure.

Logistics: Pharmacy will also attempt to help identify patients that would be a good candidate for this therapy. We can also assist you with working through the necessary steps to ensure insurance coverage is available and prior authorization, if required, is completed.