**GP Name**

Please attach patient label here

Address 1

Address 2

Address 3

City Postcode

Date

Dear Dr

**Patient name………………………………..**

Your patient has been recommended to start **dapagliflozin / empagliflozin** **[delete as appropriate]** by the heart failure team. We would kindly ask that you to start prescribing and note the indication in the patient’s medical record. Any other changes to medicines, including to oral hypoglycaemic medications, insulin or diuretics will be communicated separately.

Dapagliflozin and empagliflozin are sodium-glucose cotransporter-2 (SGLT2) inhibitors approved for treating chronic heart failure with reduced ejection fraction as an add-on to optimised standard care in line with [NICE TA679](https://www.nice.org.uk/guidance/TA679) (dapagliflozin) and [NICE TA773](https://www.nice.org.uk/guidance/ta773) (empagliflozin).

Baseline blood tests should be checked before initiation to help exclude any contra-indications including U&Es, eGFR, LFTs and HbA1c. There is a pre-prescribing checklist included at the end of this letter which may be useful.

Please refer to the relevant SPC ([dapagliflozin](https://www.medicines.org.uk/emc/product/7607/smpc) / [empagliflozin](https://www.medicines.org.uk/emc/product/5441/smpc)) and the following prescribing support documents available on the Pan Mersey APC Website:

* **Pan Mersey APC prescribing statement**:
	+ [DAPAGLIFLOZIN tablets (Forxiga®) for symptomatic chronic heart failure with reduced ejection fraction](https://www.panmerseyapc.nhs.uk/document-store/dapagliflozin-tablets-forxiga-for-heart-failure-with-reduced-ejection-fraction/)
	+ [EMPAGLIFLOZIN tablets (Jardiance®) for symptomatic chronic heart failure with reduced ejection fraction](https://www.panmerseyapc.nhs.uk/document-store/empagliflozin-tablets-jardiance-for-symptomatic-chronic-heart-failure-with-reduced-ejection-fraction)
* **Treatment Pathway**:
	+ [Pathway for the use of SGLT2 inhibitors in Heart Failure with Reduced Ejection Fraction (HFrEF)](https://www.panmerseyapc.nhs.uk/media/2629/sglt2i_hf_pathway.pdf)
* **Patient information leaflets**:
	+ [Your guide to Forxiga® (dapagliflozin) in heart failure with reduced ejection fraction (HFrEF)](https://www.forxiga.co.uk/content/dam/open-digital/forxiga-uk-redesign/en/pdf/Forxiga-HeartFailure-PatientBooklet.pdf) (AstraZeneca)
	+ [JARDIANCE® (empagliflozin) and heart failure](https://content.boehringer-ingelheim.com/DAM/278f0f3f-c026-4945-88e5-ae380103b74c/np-gb-102669%20metabolism%20jardiance%20jardiance%20heart%20failure%20patient%20booklet.pdf) (Boehringer Ingelheim)

Tolerability and volume status should be assessed in 2 to 4 weeks with consideration of diuretic adjustment if necessary.

A transient rise in creatinine (up to 20%) is expected in the first 2 weeks which should not lead to premature discontinuation.

Renal function should be checked at least 6 monthly according to heart failure guidelines, accounting for other medicines the patient is taking including ACE inhibitors or MRA. See [NICE Guideline [NG106]: Chronic heart failure in adults: diagnosis and management](https://www.nice.org.uk/guidance/ng106/chapter/recommendations).

I have discussed with the patient / Please discuss with the patient **[delete as appropriate]** the indication of SGLT2 inhibitors, risks, benefits, side effects and appropriate action to take if they occur including:

* Side effects of thrush, increased urination and urine tract infections. Rare adverse effects including Fournier’s gangrene have been known to occur. The patient must maintain good genital hygiene and must immediately report any pain or redness in genital area.
* If the patient is ill with diarrhoea, vomiting, dehydration, admission for elective surgery or procedure requiring starvation, they must stop taking SGLT2 inhibitors and not restart until feeling better and eating/drinking fluids normally for at least 24 hours.
* **If the patient has diabetes**, alternative diabetes treatment may be required in the interim and they must contact the clinician looking after their diabetes or appropriate diabetes specialist in such circumstances.

I have provided the patient with / Please provide the patient with **[delete as appropriate]** a patient information leaflet for these 'sick days rules' and seeking medical advice if they are acutely unwell.

I have discussed with the patient / Please discuss with the patient **[delete as appropriate]** **if the patient has type 2 diabetes**:

* Signs and symptoms of diabetic ketoacidosis (DKA) as they may be at risk of DKA even with normal blood glucose levels.
* Treatment with SGLT2 inhibitors must be suspended if DKA is suspected or confirmed.

If you have any questions, please do not hesitate to contact one of the heart failure team.

Kind regards

Specialist Heart Failure Team

Name (please print):……………………………………………………………………………

Job title:……………………………………………………………………………………………..

Name of responsible consultant (if applicable)…………………………………..

Contact telephone number:……………………………………………………………….

Email address:…………………………………………………………………………………….

(SIGNED BY PRESCRIBING MEMBER OF HEART SPECIALIST HEART FAILURE TEAM)

**(INSERT CONTACT DETAILS OF THE SPECIALIST HEART FAILURE TEAM AND INCLUDE NAME OF RESPONSIBLE CONSULTANT).**

**SGLT2 inhibitors in HFrEF: Pre-prescribing checklist**

|  |  |
| --- | --- |
| **Pre-prescribing *checklist*** | Check |
| eGFR is ≥25 mL/min for dapagliflozin | □ |
| eGFR ≥ 20ml/min for empagliflozin | □ |
| no critical limb ischaemia (discuss with specialist) | □ |
| no prior allergy or intolerance to SGLT2 inhibitors | □ |
| no previous pancreatitis (discuss with specialist) | □ |
| no evidence of acute volume depletion | □ |
| blood pressure within acceptable limits (SBP >95mmHg) | □ |
| Baseline blood tests available: |  |
| U&Es (don’t start if eGFR is <25 mL/min for dapagliflozin / <20ml/min for empagliflozin) | □ |
| FBC (haematocrit not raised) | □ |
| LFTs (dapagliflozin starting dose 5mg in severe hepatic impairment, empagliflozin not recommended in severe hepatic impairment) | □ |
| HbA1c (refer to pathway) | □ |
| Patient education |  |
| Urinary and genital infections | □ |
| DKA (patients with type 2 diabetes only) | □ |
| Sick day rules | □ |
| Patient information leaflet issued | □ |