Medicines Bulletin – Empagliflozin for HF

Newly funded for this condition from 1st December 2024

Available via Special Authority funding

West Coast Health
Community Wellbeing Services

Information for Prescribers

Empagliflozin is newly funded by Pharmac for Heart Failure starting 1st December 2024. Funding requires endorsement via Special Authority.

About Empagliflozin and Mechanism of Action:

Empagliflozin (Jardiance) is a sodium-glucose co-transporter 2 (SGLT2) inhibitor – also funded in Aotearoa New Zealand for Type 2 Diabetes Mellitus (T2DM). The mechanism of action is complex and not fully understood.

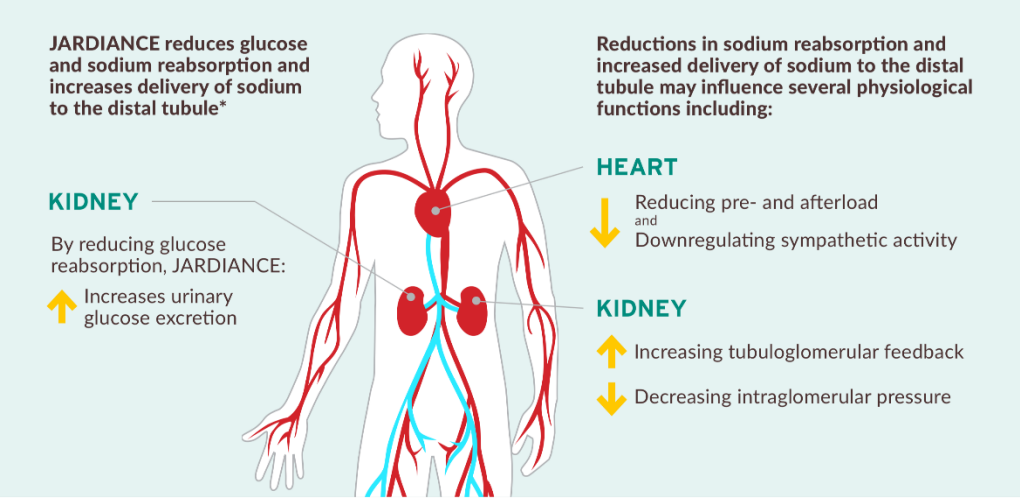

Image reference: https://pro.boehringer-ingelheim.com/us/products/jardiance/hfpef-disease/moa

Indication

Empagliflozin is also indicated and used in T2DM, but this bulletin focuses on its use in heart failure (HF) (NYHA class II-IV) independent of left ventricular ejection fraction. Research shows that empagliflozin reduces the risk of cardiovascular death and hospitalisation for heart failure in adults with heart failure. It has also been shown to slow the progression of heart failure, protect the heart and delay kidney failure.

Dosing considerations:

- Empagliflozin for heart failure is dosed at 10mg once daily. However, if a patient is self-funding empagliflozin, it is more economical to prescribe 25mg tablets and dose at 12.5mg (half a tablet) once daily.
- Unlike in T2DM, empagliflozin may be used in renal failure – until renal replacement therapy is required. However, if your patient is also taking empagliflozin for T2DM, it is ineffective for glycaemic control if the creatinine clearance is ≤30mL/min

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- The use of empagliflozin in combination with insulin or other oral T2DM medications is likely to increase the risk of hypoglycaemia – these medications should be reviewed prior to starting empagliflozin
- As empagliflozin can have a diuretic effect, people aged 75years or older may be at increased risk of volume depletion and hypotension. Hypovolaemia should be corrected before starting treatment.

Monitoring

- After initiating, monitor for signs and symptoms of volume depletion and renal function, as well as presence of any side effects. Volume status and electrolytes should be monitored in those at risk of dehydration such as diarrhoea and vomiting, severe infection, heat stress, or diuretic therapy.
- Close monitoring is required for patients on concomitant lithium or diuretics
- Encourage patients to report side effects, particularly recurrent genitourinary infections/symptoms

Counselling points

- No extra counselling is required above the **standard counselling** when starting patients on empagliflozin for T2DM. It is important that patients are aware of the risk of DKA or euglycaemic DKA and a "sick day plan" is recommended.
- It is important to place emphasis on the likelihood of genitourinary symptoms and how to manage this
- Preparation for an operation or procedure should be discussed as empagliflozin may need to be stopped for up to 3 days before the operation/procedure
- Healthify have a great patient information leaflet although it is targeted at T2DM. See: https://healthify.nz/assets/Brochures/empagliflozin-english-factsheet-v2.pdf

Special Authority

- From 1st December 2024, empagliflozin will be funded for "Heart failure with reduced ejection fraction". **Any relevant practitioner can apply.**
- The patient must be in NYHA class II, III, or IV; and have a documented LVEF of less than or equal to 40%, **OR "an ECHO is not reasonably practical, and in the opinion of the treating practitioner the patient would benefit from treatment".** The patient must also be receiving concomitant optimal standard chronic HF treatments.

Newsflash! Your patient can be funded to receive a GLP-1 agonist (dulaglutide, liraglutide) together with an SGLT-2 inhibitor (empagliflozin) ONLY if the patient meets criteria for BOTH special authorities (T2DM and HFrEF)

REFERENCES: https://pharmac.govt.nz/news-and-resources/consultations-and-decisions/decision-to-widen-access-to-empagliflozin-for-chronic-heart-failure ; https://nzf.org.nz/nzf_71055 ; https://pro.boehringer-ingelheim.com/us/products/jardiance/hfpef-disease/moa

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