

TRANSFORMATION OF HEART FAILURE CARE

Safe Prescribing and Use of SGLT2 inhibitors (SGLT2i) in Patients With Stage C & D Heart Failure



Benefits of SGLT2i

Reduce cardiovascular death or hospitalization for heart failure regardless of presence or absence of type 2 diabetes.



SGLT2i Dosing For Patients With Stage C & D Heart Failure With NYHA Class II-IV Symptoms

Administered in conjunction with background GDMT.


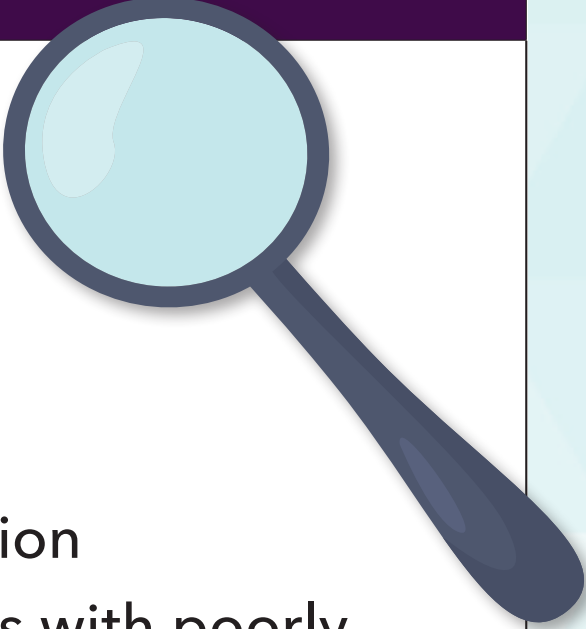
Dapagliflozin*/Empagliflozin*	
HFrEF (LVEF ≤40%)	10 mg PO daily
HFmrEF (LVEF ≤41-49%) [†]	
HFpEF (LVEF ≥50%)	

*Initiation: dapagliflozin - ensure eGFR ≥25 mL/min/1.73m²; and empagliflozin ≥20 mL/min/1.73m²

[†]No RCTs for patients specifically with HFmrEF exist.



SGLT2i Contraindications and Cautions For Patients With Stage C & D Heart Failure With NYHA Class II to IV Symptoms

Contraindications	Cautions
<ul style="list-style-type: none"> • Patients with type I diabetes • History of serious hyper-sensitivity reaction to drug • On dialysis • Lactation 	<ul style="list-style-type: none"> • Kidney impairment <ul style="list-style-type: none"> - Dapagliflozin: eGFR <25 mL/min/1.73 m^{2‡} - Empagliflozin: eGFR <20 mL/min/1.73m^{2§} • Pregnancy • Increased risk of mycotic genital infections • May contribute to volume depletion or hypotension • Ketoacidosis (including euglycemic) in individuals with poorly controlled diabetes, dehydration, or fasting • Acute kidney injury • Necrotizing fasciitis of the perineum (Fournier's gangrene) is rare but can be serious and life-threatening 

[‡]Do not initiate therapy; may continue 10 mg PO daily to reduce eGFR decline if eGFR falls after initiation.

[§]Not studied. Do not initiate therapy; may continue 10 mg PO daily to reduce eGFR decline if eGFR falls after initiation.



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For more information, visit: [ACC.org/SGLT2isInitiative](https://acc.org/SGLT2isInitiative)



Therapy considerations vary based on whether SGLT2i are used for heart failure versus diabetes. The information shown here is heart failure-specific, per ACC clinical policy.

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