**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 **[insert specialist team here]** 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 in line with [NICE TA679](https://www.nice.org.uk/guidance/ta679) (dapagliflozin) and [NICE TA773](https://www.nice.org.uk/guidance/ta773) (empagliflozin), and for treating chronic heart failure with preserved or mildly reduced ejection fraction in line with [TA902](https://www.nice.org.uk/guidance/ta902) (dapagliflozin) and [TA929](https://www.nice.org.uk/guidance/ta929) (empagliflozin).

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:

* **Cheshire and Merseyside APG prescribing statement**
	+ [DAPAGLIFLOZIN and EMPAGLIFLOZIN for chronic heart failure: a multiple prescribing statement](https://www.panmerseyapc.nhs.uk/media/2743/sglt2i_hf.pdf)
* **Patient information leaflets**:
	+ Patient information leaflet: [Your guide to Forxiga® (dapagliflozin) in heart failure for patients without type 2 diabetes](https://www.forxiga.co.uk/content/dam/intelligentcontent/brands/forxiga-uk/en/resources/pdf/HF_without_T2D.pdf) (AstraZeneca)
	+ Patient information leaflet: [Your guide to Forxiga® (dapagliflozin) in heart failure for patients with type 2 diabetes](https://www.forxiga.co.uk/content/dam/intelligentcontent/brands/forxiga-uk/en/resources/pdf/HF_with_T2D.pdf) (AstraZeneca)
	+ Patient information leaflet: [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)
* **Cheshire and Merseyside heart failure pathway**
	+ [Pathway for the use of SGLT2 inhibitors in Heart Failure](https://www.panmerseyapc.nhs.uk/media/2629/sglt2i_hf_pathway.pdf)

An initial transient rise in creatinine (up to 20%) is expected which should not lead to premature discontinuation. Monitoring to detect clinically significant changes beyond this should be performed 4 to 6 weeks after initiation then according to the Cheshire and Merseyside heart failure pathway and current guidelines for heart failure, 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 confirm that I have assessed the patient’s suitability for treatment, in accordance with the pre-prescribing / recommendation checklist below.**

**SGLT2 inhibitors in heart failure: Pre-prescribing checklist**

|  |  |
| --- | --- |
| **Pre-prescribing / recommendation checklist** | Check |
| Patient does not have Type 1 diabetes | □ |
| eGFR is ≥15 mL/min for dapagliflozin or ≥20mL/min for empagliflozin at the start of treatment | □ |
| No critical limb ischaemia (discuss with specialist) | □ |
| No prior allergy or intolerance to SGLT-2 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 <15mL/min for dapagliflozin or <20mL/min for empagliflozin) | □ |
| FBC (haematocrit not raised) | □ |
| LFTs (dapagliflozin starting dose 5mg in severe hepatic impairment, empagliflozin not recommended in severe liver impairment) | □ |
| HbA1c (If patient has diabetes, the team responsible for diabetes care should be consulted. Initiating an SGLT-2 inhibitor may require adjustment to diabetes regimens) | □ |
| Patient education | □ |
| Urinary and genital infections | □ |
| Ketoacidosis | □ |
| Sick day rules | □ |
| Patient information leaflet issued | □ |

**I confirm that I have obtained and documented patient consent to treatment with an SGLT2 inhibitor.**

I confirm that I have discussed with the patient the indication of SGLT2 inhibitor, 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 confirm that I have provided the patient with a patient information leaflet for these 'sick days rules' and seeking medical advice if they are acutely unwell.

I confirm that I have discussed with the patient:

* For patients with type 2 diabetes - signs and symptoms of diabetic ketoacidosis (DKA) as they may be at risk of DKA even with normal blood glucose levels.
* For patients without type 2 diabetes - signs and symptoms of ketoacidosis. Ketoacidosis is less likely to occur in patients without diabetes.
* Treatment with SGLT2 inhibitors must be suspended if ketoacidosis is suspected or confirmed.

If you have any questions, please do not hesitate to contact the team.

Kind regards

Specialist **[insert specialist team here]** team

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

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

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

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

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

(SIGNED BY PRESCRIBING MEMBER OF SPECIALIST **[insert specialist team here]** TEAM)

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