COMMUNICATION

COM-2022-026

18 MAY 2022

PLEASE REVIEW

Drug Information

PharmPix Clinical Department

PharmPix is committed to the health and wellness of our members.

The clinical team wants to communicate you with the latest up-to-date drug information requested.

Drug Information:

Remember that medical literature is dynamic and is continuously changing as new scientific knowledge is developed. We exhort the frequent revision of treatment guidelines to assure that your recommendations are consistent with the most updated information.

It is our priority to offer high-quality services and support practices for health promotion and diseases prevention. If you have any questions or wish to have more information regarding this document, you can call us directly or view PharmPix communications online.

QUESTIONS

Call us at 787-522-5252 - Clinical Department.

Access our recent communications at our Providers' portal: https://www.pharmpix.com/providers/

Management of Heart Failure

The American Heart Association, the American College of Cardiology, and the Heart Failure Society of America have updated the Guideline for the Management of Heart Failure, published in April 2022.

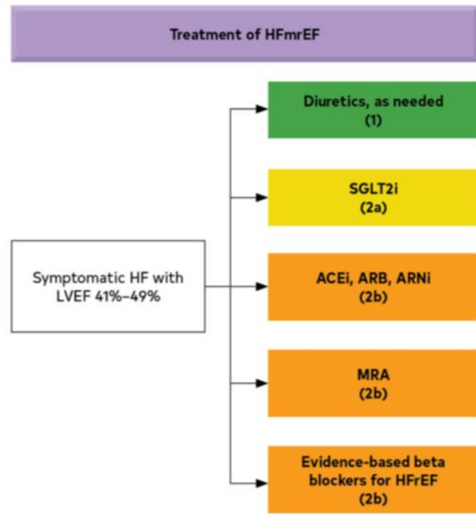
HFrEF now includes 4 medication classes, with SGLT2i now included:

The 4 groups are:

- Renin-angiotensin system inhibitor with angiotensin receptor-neprilysin inhibitor (ARNi), angiotensin-converting enzyme inhibitor (ACEi) or angiotensin (II) receptor blockers (ARB) alone
  - In patients with HFrEF and NYHA class II-III symptoms, ARNi is recommended to reduce morbidity and mortality.
    - Use ACEi when ARNi not feasible.
    - If ARNi not feasible and patient is intolerant to ACEi, ARB is recommended.
    - In patients with chronic symptomatic HFrEF NYHA class II or III who tolerate an ACEi or ARB, replacement by an ARNi is recommended.
- Beta-blockers (carvedilol, bisoprolol, or metoprolol succinate)
  - In patients with HFrEF, with current or previous symptoms, use of 1 of these 3 beta-blockers is recommended to reduce morbidity and mortality.
- Mineralocorticoid receptor antagonists (MRAs; spironolactone or eplerenone)
  - Recommended in patients with HFrEF and NYHA class II-IV symptoms to reduce morbidity and mortality.
    - Use when eGFR >30 mL/min/1.73 m^2 and serum potassium is <5.0 mEq/L (careful monitor of potassium and renal function to minimize risk of hyperkalemia and renal insufficiency).
- SGLT2i
  - In patients with symptomatic chronic HFrEF, SGLT2i are recommended to reduce hospitalization for HF and cardiovascular mortality, irrespective of the presence of type 2 diabetes.

Recommendations for HFmrEF

- Mildly reduced LVEF (LVEF, 41% - 49%) has new medication recommendations, including use of SGLT2 (weaker recommendations are made for ARNi, ACEi, ARB, MRA, and beta blockers in this population).



Recommendations for Patients at Risk for HF (Stage A: Primary Prevention)

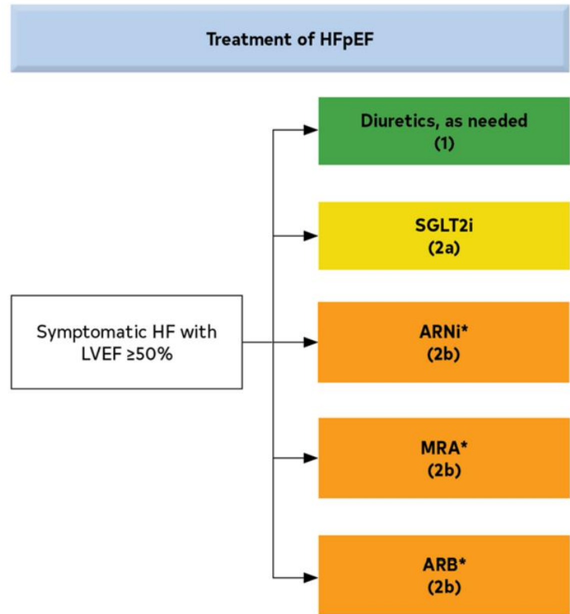
- In patients with hypertension, blood pressure should be controlled to prevent symptomatic HF.
- In patients with type 2 diabetes and either established cardiovascular disease or at high cardiovascular risk, SGLT2i should be used to prevent hospitalizations for HF.

Recommendations for Patients with preHF (Stage B: Prevention OF Clinical HF)

- In patients with LVEF ≤40%, ACEi should be used to prevent symptomatic HF and reduce mortality.
- In patients with history of myocardial infarction or acute coronary syndrome, statins should be used to prevent symptomatic HF and adverse cardiovascular events.
  - Beta-blockers if the LVEF ≤ 40%.

Recommendations for HFpEF

- Preserved LVEF has new medication recommendations, including SGLT2i.
- New recommendations for HF with preserved EF (HFpEF) are made for SGLT2i, MRAs, and ARNi.
  - In patients with HFpEF, SGLT2i can be beneficial in decreasing HF hospitalizations and cardiovascular mortality.
  - In selected patients with HFpEF, MRAs or ARNi may be considered to decrease hospitalizations.
- Several previous recommendations have been renewed, including treatment of hypertension, treatment of AF, use of ARB, and avoidance of routine use of nitrates or phosphodiesterase-5 inhibitors
  - Patients with HFpEF and hypertension should have medication titrated to attain blood pressure targets.
  - In selected patients with HFpEF, the use of ARB may be considered to decrease hospitalizations.
  - In patients with HFpEF, routine use of nitrates or phosphodiesterase-5 inhibitors to increase activity or quality of life is ineffective.



Additional information can be found at: [2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: Executive Summary]

If you have any questions or wish to have more information regarding this document, you can call us at 787-522-5252- Clinical Department. Our pharmacists will help you.

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ACCREDITED
Pharmacy Benefit Management
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REFERENCES:
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