

## BACKGROUND

- Glycemic control plays a large role in risk mitigation in CAD and new data has shed light on the independent CV benefits of sodium-glucose cotransporter-2 (SGLT2) inhibitors
- Although supportive data is accumulating on SGLT2 inhibitors in CAD, prescription by cardiologists is infrequent
- Barriers in this setting could include:
  - Lack of familiarity with medication and follow-up monitoring of SGLT2 inhibitors
  - Complexity of interdisciplinary clinical overlap with endocrinology and primary care
- This an example of a successful model of embedding clinical pharmacy services within a private cardiology practice
- A recent study shows that a patient with T2DM and co-existing CVD is over 5-times more likely to see a cardiologist than an endocrinologist in a one-year period, demonstrating the key role cardiologists play in initiation of this beneficial medication

## PURPOSE

- This retrospective descriptive review sets out to describe the impact of pharmacist involvement with a new SGLT2 protocol within a private cardiology practice on initiation and continuation rate of underutilized SGLT2 inhibitors for T2DM patients with comorbid CVD.

## METHODS

- Patients will be identified retrospectively via a computerized database the clinic maintains who were referred for a pharmacist consult regarding SGLT2 inhibitor initiation
- Total number of patients referred, indications for SGLT2 inhibitor use, percentage of patients on diuretic therapy, baseline hemoglobin A1c, the SGLT2 inhibitor initiation and continuation rate, total number of prior authorizations submitted and approved, type and total number of side effects, and type and total number of documented adverse cardiovascular events or interventions will be reported
- All reported data will be gathered via retrospective chart review. There will be no control group for comparison. Outcomes will be reported in incidences and percentages.

## PRELIMINARY RESULTS

- SGLT2 pharmacist consult service was initiated September 11<sup>th</sup>, 2019
  - Total referrals = 14
  - Total initiations = 4 (28.6%) \*\*continuation rate TBD
- Reasons for not starting or continuing SGLT2 inhibitor therapy:
  - Awaiting confirmation of initiation (21.4%), loss to follow up (14.3%), previous adverse effects (14.3%), eGFR <45 (7.1%), consult pending (14.3%)

Patient Demographics	
Total referrals to SGLT2 consult service	N = 14 patients
Primary Indication	
Type 2 diabetes mellitus PLUS CAD	10 (71.4%)
Type 2 diabetes mellitus PLUS CHF/CAD	3 (21.4%)
CHF	1 (7.1%)
Diuretics	
Yes	7 (50%)
No	7 (50%)
Baseline HbA1c	
≥7	8 (57.1%)
<7	2 (14.3%)
Diabetic Medications Prior to Consult	
Metformin	10 (71.4%)
Insulin glargine	1 (7.1%)
Glipizide	3 (21.4%)
Insulin detemir	1 (7.1%)
Insulin aspart	1 (7.1%)
Glimepiride	1 (7.1%)
Sitagliptin	1 (7.1%)
Liraglutide	1 (7.1%)

## CLINICAL IMPLICATIONS

- Demonstrate value of clinical pharmacist expertise to reduce burden and apprehension of cardiologist due to lack of familiarity with SGLT2 inhibitors
- Provide benefit to patients via increased utilization and excellent safety and efficacy monitoring
- Offer insight and guidance for successful implementation of similar pharmacist services in other private practices

## DISCLOSURES

- The Authors of this presentation have the following to disclose concurring possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation:
  - Emily Plumadore, PharmD: Nothing to disclose
  - Katherine Cabral, PharmD, BCPS, BCCP: Nothing to disclose