Time to improve the management of cardiorenal disease in primary care

Mark Stone

Practice Pharmacist & Partner at the Tamer Valley Practice

Launceston & Tamar Valley PCN Clinical Director

DDA Board Member

This is a promotional presentation organised and funded by AstraZeneca.

Intended for HCPs from UK only

GB/NI Prescribing information for Forxiga® (dapagliflozin) is available at this meeting from an AstraZeneca representative.

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forxiga®
(dapagliflozin)

Disclosures

I have worked in the past with Chiesi, Teva, Daiichi Sankyo, Takeda Pharmaceuticals.

I am a Dispensing Doctor Association board member since 2014.

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FORXIGA® (dapagliflozin) Indication:

Type 2 diabetes mellitus

FORXIGA is indicated in adults and children aged 10 years and above for the treatment of insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise

- as monotherapy when metformin is considered inappropriate due to intolerance.

- in addition to other medicinal products for the treatment of type 2 diabetes.

For study results with respect to combination of therapies, effects on glycaemic control, cardiovascular and renal events and renal events, and the populations studied, see sections 4.4, 4.5 and 5.1 of the summary of product characteristics.

Heart failure

FORXIGA is indicated in adults for the treatment of symptomatic chronic heart failure.

Chronic kidney disease

FORXIGA is indicated in adults for the treatment of chronic kidney disease.

When eGFR is dipping, the clock is ticking

CKD STAGE	CV MORTALITY RISK[1]*
3a (eGFR 45-60)	up to **4.3 x** greater
3b (eGFR 30-45)	up to **5.2 x** greater
4 (eGFR 15-30)	up to **14 x** greater[1]

18% of adults with Stage 3 CKD had accelerated progression within 2 years[2]**

*CV mortality risk compared to an eGFR baseline of 90-105 mL/min/1.73m2 and an ACR <10. CV mortality ranges: Stage 3a (1.5 to 4.3), Stage 3b (2.2 to 5.2), Stage 4 (4.8 to 14.0)2; **Accelerated progression defined as eGFR loss >4 mL/min/1.73m2 per year; 36% of patients had T2D at baseline.
CKD, chronic kidney disease; CV, cardiovascular; eGFR, estimated glomerular filtration rate
 1. Kidney Disease: Improving Global Outcomes (KDIGO). KDIGO 2012 Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease. Kidney Int. 2013;3(1):1–150. 2. Go AS et al. BMC Nephrol. 2018;19(1):146.

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Primary care plays a critical role in improving the lives of people living with cardiorenal disease

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What

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Why

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How

Outcomes
Identifying individuals most at risk is key to improving quality standards and patient outcomes

Pathway
Developing simple cardiorenal pathways at Practice and PCN level helps optimise patient care

Action
Primary care should act and drive effective implementation plans

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PCN - Primary Care Network

Understanding the scale of the challenge helps maximise patient outcomes

Key questions

➜ Which patients are at most risk of cardiorenal disease?

➜ Which patients could benefit most from dapagliflozin?

Finding the right patients

➜ Clinical system-based searches

➜ Clinical review helps define who is appropriate for dapagliflozin

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Developing a cardiorenal pathway guides consistent clinical practice within a practice or PCN

Take
an MDT
Approach

Develop a
cardiorenal
Pathway

Agree data
extraction &
analysis plan

Optimise
therapy in
clinics

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PCN - Primary Care Network; MDT - Multidisciplinary Team

Practice and PCN/GP Federation cardiorenal patient population

Locally populated from NHS data sources

Patient Population	Patient numbers	% of practice population
Total <PCN/GP Federation> population	35,926	n/a
Total practice population	16,950	n/a
<PCN/GP Federation/Practice> CKD QOF population	478 + 525	2.8%
<PCN/GP Federation/Practice> Diabetes QOF population	1,242 + 1,131	6.6%
<PCN/GP Federation/Practice> Heart Failure QOF population	280 + 295	1.6%

Data correct as of [insert month and year]', 'Source: [PCN/GP Federation/Practice address]'

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Chronic kidney disease, Heart Failure and Type 2 Diabetes with hypertension are important conditions that many people in the UK are affected by[1]

The Dapagliflozin Patient Identification Resource is a promotional resource, designed to support the NHS to improve the care of patients living with chronic kidney disease, T2D with hypertension* or heart failure (HFrEF) who may be suitable for dapagliflozin in relation to its licenced indications.

➔ This resource only identifies patients potentially suitable for dapagliflozin within licence and makes no claim on an individual's risk-benefit assessment. It does not replace the need for a clinical assessment of patients identified

➔ Not all patients found in the resource will necessarily benefit or are suitable for dapagliflozin

➔ It is important to note that all decision making and clinical judgment throughout this process remains with the Healthcare Professional

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The Dapagliflozin Patient Identification Resource

The Dapagliflozin Patient Identification Resource enables the user to take a systematic, consistent and efficient approach to identify patients who may be considered for dapagliflozin, in-line with the current 3 licenced indications

The resource available for EMIS, SystmOne and InPS Vision* is:

- Deployed remotely
- Developed using the functionality of the GP clinical system: No software required

Importable clinical system searches

- Proactively identify patients who may benefit from dapagliflozin following a clinical review and within licence

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*Available in Scotland and Wales

Summary of Patient Cohorts[1,2]

Uncontrolled T2DM & HF[1,2] (LVSD)	Uncontrolled T2DM & HTN* history (No HF)[1,2]	HFrEF with or without T2DM[1**]
Age >18 years • Coded T2DM • HbA1c (IFCC) ≥58mmol/mol[2] • HF with LVSD • eGFR ≥45ml/min/1.73m^2 • Post metformin	**Age >18 years** • Coded T2DM • HbA1c (IFCC) ≥58mmol/mol[2] • HF with LVSD • eGFR ≥45ml/min/1.73m^2 • Hypertension* • Post metformin	**Age >18 years** • eGFR ≥15ml/min/1.73m^2 • HFrEF

➡ A full specification document may be accessed from within the resource instruction guide

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Summary of Patient Cohorts[1,2]

CKD Stages 3-4 & T2DM[1,2]

Age >18 years

- Coded T2DM
- CKD stages 3-4[1,2]
- eGFR 15-59 ml/min/1.73^2 [1,2]

Uncontrolled T2DM & CKD stages 1-2[1,2]

Age >18 years

- Coded T2DM
- HbA1c (IFCC) ≥58mmol/mol[3]
- Post metformin
- eGFR ≥60ml/min/1.73^2 with albuminuria* [1,2]

➜ A full specification document may be accessed from within the resource instruction guide

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Summary of Patient Cohorts

CKD Stages 1-4 & HF (no T2DM)[1,2]	CKD stages 1-4 and no T2DM[1,2]
Age >18 years • CKD stages 1-4 • eGFR ≥15 ml/min/1.73m^2 • Albuminuria • HF or LVSD	**Age >18 years** • CKD Stages 1-4 • eGFR ≥15 ml/min/1.73m^2 • Albuminuria

➡ A full specification document may be accessed from within the resource instruction guide

5 simple steps to accessing and using the Dapagliflozin Patient Identification Resource

1	Complete the registration process
2	Select your clinical system
3	Access the step-by-step instruction guide
4	Follow the simple step-by-step instructions to import and run the searches
5	Review patients identified by the Dapagliflozin Patient Identification Resource

To find out more about how your practice might benefit from the Dapagliflozin Patient Identification Resource or to register, please visit the resource page on **Forxiga.co.uk**

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The Dapagliflozin Patient Identification Resource helped identify patients who could benefit from dapagliflozin[1]

Populated from locally run DPIR search

Dapagliflozin Patient Cohorts[1,2,3,4]	Total	Caution Group
Uncontrolled T2D and Heart Failure (LVSD)	1	0
Uncontrolled T2D & Hypertension* (No HF)	11	2
Heart Failure (HFrEF) with or without T2D	15	10
CKD Stages 3-4 and T2D	32	39
Uncontrolled T2D and CKD Stages 1-2	13	6
CKD 1-4 and Heart Failure (no T2D)	5	16
CKD 1-4 and no T2D	99	0
Total	**176**	**73**

Data correct as of [insert month and year]', 'Source:[PCN/GP Federation/Practice address]'

Caution groups: In addition, the Resource will identify a Caution Group for each cohort: these cohorts capture patients who may be suitable for dapagliflozin but have characteristics which mean that they can only be prescribed dapagliflozin with caution, as specified in the SmPC.

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Implementation and action plan

➜ Risk stratify and recall patients

➜ Review – virtual, phone or in person

➜ Follow-up and answer questions
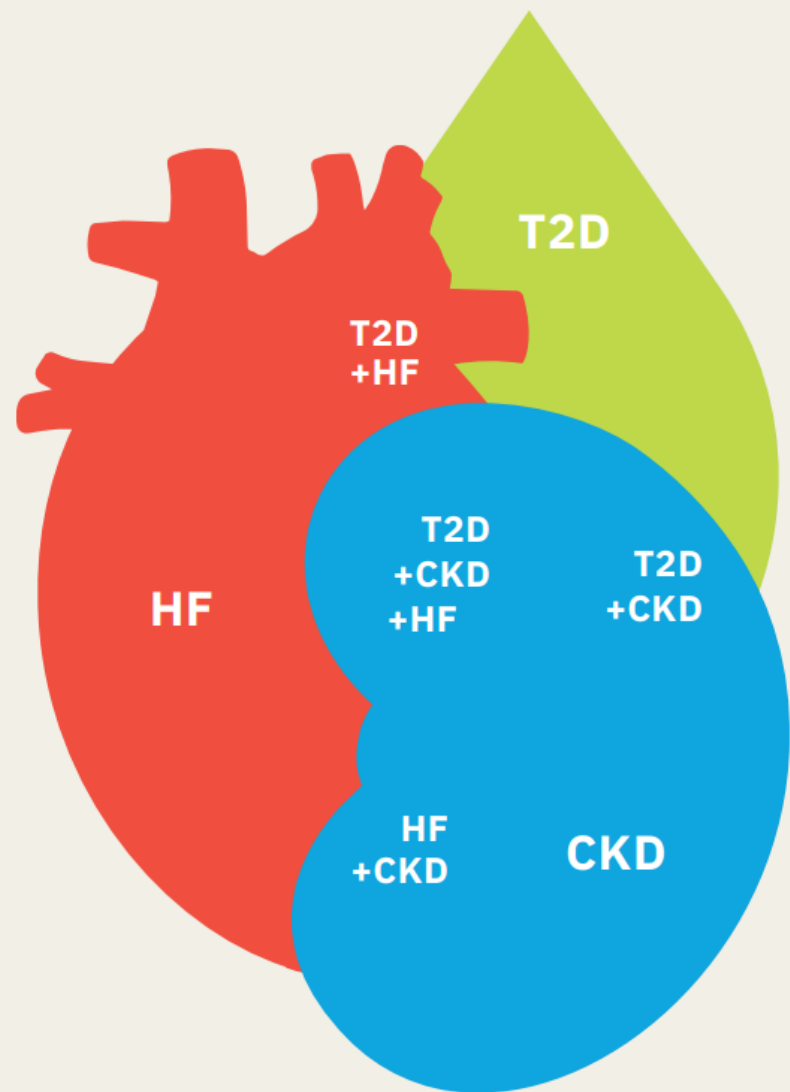
➜ Prescribe dapagliflozin

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It's time to act

In light of the evidence, consider updating cardiorenal pathways to improve patient outcomes.

Reducing rates of declining kidney function, ESKD, and renal or CV death improves patient outcomes[1]