

Among cardiology clinicians, clinical inertia and medication costs were the most frequently reported *barriers to prescribing* sodium-glucose cotransporter 2 inhibitors in patients with Heart Failure

Objective

The purpose of this study is to gain insights into the barriers and facilitators that influence the utilization of guideline-directed medical therapy (GDMT), with a focus on sodium-glucose cotransporter 2 inhibitors (SGLT2is) in patients with heart failure with reduced ejection fraction (HFrEF) managed within an integrated health delivery network.

Methods

- We performed a qualitative descriptive study using a semi-structured interview guide developed from clinical stakeholders' insight.
- A rapid qualitative analysis was performed.
- General themes were identified by-question based on consensus and presented to the broader team for discussion and further refinement.

Results

- Of the 20 clinicians (cardiologists, advance practitioners, pharmacists) interviewed from across 8 cardiology clinic sites, 18 completed interviews were included in the final analysis.

Conclusion

- Medication cost and affordability of brand name drugs, be it actual or perceived remained a major barrier to the prescribing of SGLT2i and thus adhering to GDMT prescribing.
- In addition to cost, clinical inertia, polypharmacy concerns, and lack of comfort with prescribing newer medication class such as SGLT2i were observed as major barriers to increasing GDMT prescribing in outpatient settings at Cardiology practices.
- Providers practicing at cardiology locations that had support in the form of clinical pharmacist often acknowledged their presence as a major facilitator to increasing SGLT2i prescribing in patients with HFrEF.

