July 2013,

**Eplerenone (Inspra®▼)** as an adjunct in stable patients with LVSD and evidence of heart failure.

The New Therapies Subgroup discussed the above drug at a meeting on 25th January 2011 and July 2013. The recommendation of this subgroup is as follows:*

The New Therapies Subgroup of the GMMMG considered the use of eplerenone in addition to standard therapy (including beta-blockers) to reduce the risk of cardiovascular mortality and morbidity in stable patients with left ventricular dysfunction (LVEF ≤ 40 %) and clinical evidence of heart failure after recent myocardial infarction (MI) and in addition to standard optimal therapy, to reduce the risk of cardiovascular mortality and morbidity in adult patients with NYHA class II (chronic) heart failure and left ventricular systolic dysfunction (LVEF ≤30%).

The group recommends the use of eplerenone in line with its licensed indications above and as per the NICE clinical guideline.

The group noted the evidence from the initial clinical trial EPHESUS that mortality and morbidity can be reduced by eplerenone if treatment is started within 3-14 days after a MI. There is no evidence of efficacy after 16 months of treatment. EMPHASIS-HF has shown a benefit of eplerenone on both reducing hospitalisation due to heart failure and early death from CV causes. The EMPHASIS-HF trial studied high risk patients with mild (Class II chronic HF) symptoms. The trial was stopped early due to the positive effects for eplerenone in addition to standard care. The number needed to treat (NNT) was 13 over a median duration of follow-up of 21 months.

It is not known whether substituting spironolactone would produce similar results in these patients, but at a lower cost. Eplerenone costs ~£555 per year compared to ~£19 for spironolactone however the patent for eplerenone will expire soon.

**According to set criteria eplerenone was deemed to be a medium priority for funding**

Review date: July 2018

* Unless superseded by NICE guidance or substantial and significant new evidence becomes available.
▼ Newly marketed drugs and vaccines are intensively monitored for a minimum of two years, in order to confirm the risk / benefit profile of the product. Healthcare professionals are encouraged to report all suspected adverse drug reactions regardless of the severity of the reaction.