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H B I U S



The risk of bias assessment was completed independently by [redacted] and [redacted]. Any disagreements were discussed and resolved by a third author (J.M.P.).

**Data extraction**

Data were extracted by **XX, XX, and XX**. Data were then checked for accuracy independently by XX. JMP performed statistical analyses.

*From JMP: If analysis is being performed in the site, I would prefer to be unmentioned - I can't accept credit for that. However, I think most important is to validate that the structure of the hierarchy makes sense and that the comparisons being performed generally make sense. I can be responsible for checking accuracy.*

Primary outcomes collected cardiac hospitalization, death, new-onset atrial fibrillation, SAEs. Secondary outcomes collected were serum levels of creatinine, potassium, and glucose, and glomerular filtration rate (GFR).

**Data analysis**

**Results**

A total of 490 articles were identified through searches and expert additions of references. After duplicate removal, 255 records remained. Of the 255 records that were screened by title and abstract, 12 were selected for full-text review. All 12 studies were included for a qualitative summary (**Figure 1**). The most common exclusion reasons included studies published before 2010 (72), retrospective studies (58), and studies not reporting patients with HFrEF (36).

According to the SIGN checklists for controlled clinical trials, our risk of bias assessment identified 7 studies of high quality [Swedberg 2010] [Armstrong 2020] [Packer 2020][McMurray 2014] [Zannad 2011][McMurray 2019] [Teerlink 2021], 3 studies of moderate quality [Velazquez 2019] [Piepoli 2021][Desai 2019], and 2 studies of low quality [Pang 2021][Khandwalla 2021]. The results of our quality appraisal are summarized in **Supplemental Table 1**.

This will bring up a list of all included studies. You can search for the study of interest, and then select it from the table:

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