

Choosing who to treat with SGLT2 inhibitors

Low risk Evidence supports SGLT2i prescribing	Moderate risk Prescribe SGLT2i with caution	High risk Do not prescribe SGLT2i
First-line (if metformin intolerant/contraindicated*) Second-line to metformin Third-line (add-on to second-line therapies), including in combination with GLP-1 RAs or insulin (avoid significant initial insulin reductions. Titrate insulin depending on glucose levels) Established ASCVD [†] History of heart failure [†] Overweight or obesity Prior stroke Vulnerable to the effects of hypoglycaemia Renal impairment/CKD/DKD (with ACEi/ARB) [†] No history of lower limb amputation No history of peripheral arterial disease Receiving loop diuretics Osteoporosis History of fractures	Frail/elderly/cognitive impairment History of peripheral arterial disease History of foot ulceration Previous lower limb amputation Existing diabetic foot ulcer(s) Ketogenic/low-calorie/low-carbohydrate diet BMI <25 kg/m ² High HbA _{1c} levels (>86 mmol/mol [10.0%]) Recurrent genital mycotic/urinary tract infections Receiving systemic steroid therapy	Acute illness DKA (or previous episode of DKA) Excessive alcohol intake Eating disorders Rapid progression to insulin (within 1 year) Type 1 diabetes (diagnosed or suspected) Multiple risk factors for necrotising fasciitis of the perineum (Fournier's gangrene) Pregnancy (or suspected pregnancy), planning pregnancy or breastfeeding Recent major surgery When renal function falls outside of licence (see Need to Know guide for summary) Diabetes due to pancreatic disease Severe hepatic impairment (dapagliflozin 5 mg can be initiated and, if tolerated, increased to 10 mg)

* See **algorithm overleaf**.

[†] Canagliflozin, dapagliflozin and empagliflozin are licensed for initiation at lower eGFR levels when used for DKD (canagliflozin, dapagliflozin), CKD (dapagliflozin), CVD (empagliflozin) or heart failure (dapagliflozin, empagliflozin). See our [Need to Know guide](#) for a summary of the licensed initiation and stopping eGFR values, for different clinical uses.

Note: Safety and tolerability concerns with SGLT2 inhibitors apply across the class unless documented specifically.

ACR=albumin:creatinine ratio; ASCVD=atherosclerotic cardiovascular disease; CKD=chronic kidney disease; DKA=diabetic ketoacidosis; DKD=diabetic kidney disease; eGFR=estimated glomerular filtration rate.

Adapted from Wilding et al (2022).

Consult individual Summaries of Product Characteristics prior to prescribing.

Links to SmPCs: [Canagliflozin 100 mg](#) | [Dapagliflozin 10 mg](#) | [Empagliflozin 10 mg](#) | [Ertugliflozin 5 mg](#)