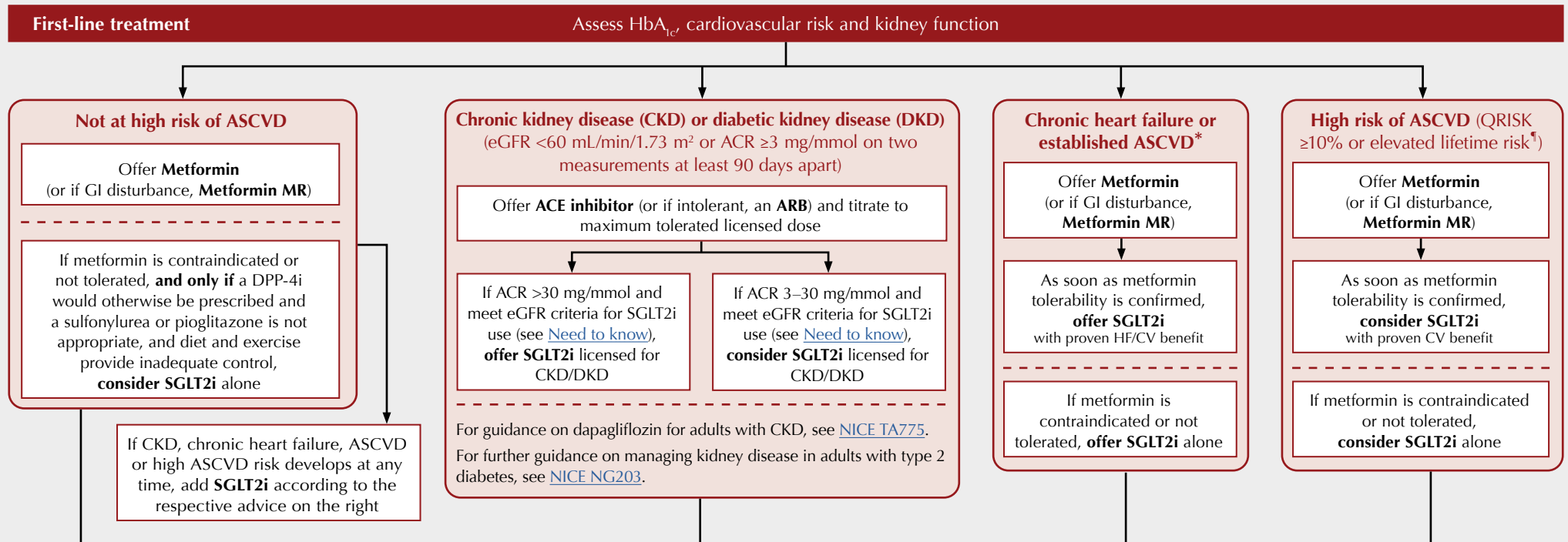


## NICE guidance on SGLT2 inhibitor use in people with type 2 diabetes (adapted from NICE NG28)



**Treatment escalation** If HbA<sub>1c</sub> not controlled below individually agreed threshold

**SGLT2is** may be an option in dual therapy or triple therapy: see respective NICE Technology Appraisals alongside

**Summary of NICE Technology Appraisal advice on use of canagliflozin, dapagliflozin, empagliflozin and ertugliflozin**

<p><b>Monotherapy</b> <a href="#">TA390</a>, <a href="#">TA572</a></p> <p>In the absence of the cardiorenal comorbidities shown above, use <b>only if</b>:</p> <ul style="list-style-type: none"> <li>● Metformin is contraindicated or not tolerated</li> <li>● Diet and exercise provide inadequate control</li> <li>● A DPP-4i would otherwise be prescribed and an SU or pioglitazone is not appropriate</li> </ul> <p><b>Note:</b> There is no specific NICE guidance on use of SGLT2is with GLP-1 RAs, although they are commonly prescribed as part of the metformin and two-drug combination in people who meet the criteria for GLP-1 RAs.</p>	<p><b>Dual therapy</b> <a href="#">TA315</a>, <a href="#">TA288</a>, <a href="#">TA336</a>, <a href="#">TA572</a></p> <ul style="list-style-type: none"> <li>● Dual therapy with metformin if SU is contraindicated <b>or</b> there is significant risk of hypoglycaemia or its consequences</li> <li>● All except ertugliflozin: In combination with insulin</li> <li>● If all four SGLT2is are appropriate, use the least expensive</li> </ul>	<p><b>Triple therapy</b> <a href="#">TA315</a>, <a href="#">TA418</a>, <a href="#">TA336</a>, <a href="#">TA583</a></p> <ul style="list-style-type: none"> <li>● Triple therapy with metformin and an SU</li> <li>● Canagliflozin and empagliflozin: Triple therapy with metformin and pioglitazone</li> <li>● All except ertugliflozin: In combination with insulin, with or without other antidiabetes drugs</li> <li>● Ertugliflozin: Triple therapy with metformin and a DPP-4i, <b>only if</b> there is insufficient control with metformin/DPP-4i dual therapy <b>and</b> an SU or pioglitazone is not appropriate</li> <li>● If all four SGLT2is are appropriate, use the least expensive</li> </ul>
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\* Established ASCVD includes coronary heart disease, acute coronary syndrome, previous myocardial infarction, stable angina, prior coronary or other revascularisation, cerebrovascular disease (ischaemic stroke and transient ischaemic attack) and peripheral arterial disease.

† Elevated lifetime risk of ASCVD is defined as the presence of one or more cardiovascular risk factors in someone aged under 40 years.  
**Cardiovascular risk factors:** hypertension, dyslipidaemia, smoking, obesity and family history (in a first-degree relative) of premature cardiovascular disease.