

Offer SGLT <i>i</i> therapy	Consider SGLT2 <i>i</i> therapy	Do not prescribe SGLT <i>i</i> therapy
First-line combination therapy with modified-release metformin, or as monotherapy if metformin is contraindicated or not tolerated in people with: • No relevant comorbidities • Obesity • CKD/DKD and eGFR >30 mL/min/1.73 m² • Early-onset type 2 diabetes (diagnosed aged 18–40 years), unless planning pregnancy • Heart failure • Atherosclerotic cardiovascular disease First-line combination with other oral glucose-lowering therapies (e.g. GLP-1 RA) in people with: • QRISK3 (where available) or QRISK2 >10% • CKD/DKD and eGFR 20–30 mL/min/1.73 m² (dapagliflozin or empagliflozin + DPP-4i) • Early-onset type 2 diabetes (diagnosed aged 18–40 years), unless planning pregnancy Vulnerable to effects of hypoglycaemia	• Frailty/older people/cognitive impairment • Ketogenic, very-low-calorie or low-carbohydrate diet • BMI <25 kg/m² (adjust according to ethnic variation) • Recurrent genital mycotic infections and urinary tract infections • Symptomatic hyperglycaemia • History of peripheral arterial disease and/or lower limb amputation (discuss with local specialist foot team)	• Acute illness with risk of dehydration • Current or previous diabetic ketoacidosis • Low beta-cell function (low C-peptide levels) • Rapid progression to insulin (within 1 year) • Excessive alcohol intake • Suspected LADA or slowly evolving immune-related diabetes • Chronic pancreatitis and/or pancreatic exocrine insufficiency • Type 3c diabetes • Suspected pancreatic cancer • Pregnancy/suspected pregnancy, planning pregnancy or breastfeeding (outside of licence indication) • Planned surgery or procedure requiring starvation/nil by mouth (3–7 days prior to planned surgery) • Type 1 diabetes • Unclear diagnosis of diabetes

Adapted from Newland-Jones et al¹² under the Creative Commons [CC BY-NC 4.0 licence](#).

BMI=body mass index; CKD=chronic kidney disease; DKD=diabetic kidney disease; DPP-4i=dipeptidyl peptidase-4 inhibitor; eGFR=estimated glomerular filtration rate; GLP-1 RA=glucagon-like peptide-1 receptor agonist; LADA=latent autoimmune diabetes in adults; SGLT2i=sodium–glucose cotransporter 2 inhibitor.

Consult individual Summaries of Product Characteristics prior to prescribing.

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

NICE recommends that SGLT2 inhibitors can be used down to an eGFR of 20 mL/min/1.73 m², although some SmPCs state they can be used down to lower eGFRs.

NICE NG28 recommends that SGLT2 inhibitors can be used with metformin in those with an eGFR >30 mL/min/1.73 m², and alone in those with an eGFR 20–30 (dapagliflozin and empagliflozin only). Please consult the SmPCs for the individual SGLT2i drugs.