



SGLT2 inhibitors: Indications, doses and licences

Indications, doses and licences of SGLT2 inhibitors, by indication.

Indication	Drug and dose	Initiate	Stop/reduce	Notes
Glycaemic control	Canagliflozin 100 mg Increase to 300 mg if required	eGFR \geq 45 eGFR \geq 60	eGFR persistently $<$ 45 unless ACR $>$ 30 Reduce to 100 mg if eGFR $<$ 60	Due to their mode of action, all four SGLT2 inhibitors have reduced glucose-lowering effects at eGFR $<$ 45. Consider adding in another glucose-lowering drug if HbA _{1c} is above the agreed, individualised, target
	Dapagliflozin 10 mg	eGFR $>$ 15	eGFR $<$ 15	
	Empagliflozin 10 mg Increase to 25 mg if required	eGFR \geq 60 eGFR \geq 60	eGFR persistently $<$ 45 Reduce to 10 mg if eGFR $<$ 60	
	Ertugliflozin 5 mg Increase to 15 mg if required	eGFR \geq 60 eGFR \geq 60	eGFR persistently $<$ 45 eGFR persistently $<$ 45	
Chronic kidney disease (CKD)	Dapagliflozin 10 mg	eGFR \geq 15	eGFR $<$ 15	Use with other CKD therapies. With or without type 2 diabetes. Not recommended to initiate if eGFR $<$ 15 as no clinical experience
Diabetic kidney disease (DKD)	Canagliflozin 100 mg	eGFR \geq 45 eGFR \geq 30 and ACR \geq 30	eGFR persistently $<$ 45 and ACR $<$ 30 Can continue to dialysis/transplant if ACR \geq 30	Add on to standard of care (e.g. ACEi or ARB) for DKD
Symptomatic chronic HFrEF	Dapagliflozin 10 mg	eGFR \geq 15	eGFR $<$ 15	With or without type 2 diabetes
	Empagliflozin 10 mg	eGFR \geq 20	eGFR $<$ 20	With or without type 2 diabetes

eGFR presented in mL/min/1.73 m²; ACR presented in mg/mmol.

ACEi=angiotensin-converting enzyme inhibitor; ACR=albumin:creatinine ratio; ARB=angiotensin receptor blocker; eGFR=estimated glomerular filtration rate; HFrEF=heart failure with reduced ejection fraction.

Information correct on 5th November 2021.

Always consult the electronic BNF or the Summaries of Product Characteristics (SPCs) prior to prescribing any drug.

SPCs: [Canagliflozin](#) | [Dapagliflozin](#) | [Empagliflozin](#) | [Ertugliflozin](#)

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Indications, doses and starting/stopping recommendations of SGLT2 inhibitors, by drug name.

Drug	Indication	Drug and dose	Initiate	Stop/reduce	Notes
Canagliflozin	Glycaemic control	Canagliflozin 100 mg Increase to 300 mg if required	eGFR ≥45 eGFR ≥60	eGFR persistently <45 unless ACR >30 Reduce to 100 mg if eGFR <60	eGFR <45, reduced glucose-lowering effect. Add another glucose-lowering drug if needed
	Diabetic kidney disease	Canagliflozin 100 mg	eGFR ≥45 eGFR ≥30 and ACR ≥30	eGFR persistently <45 and ACR <30 Can continue to dialysis/transplant if ACR ≥30	Add on to standard of care (e.g. ACEi or ARB) for diabetic kidney disease
Dapagliflozin	Glycaemic control	Dapagliflozin 10 mg	eGFR >15	eGFR <15	eGFR <45, reduced glucose-lowering effect. Add another glucose-lowering drug if needed
	Chronic kidney disease	Dapagliflozin 10 mg	eGFR ≥15	eGFR <15	Use with other CKD therapies. With or without type 2 diabetes. Not recommended to initiate if eGFR <15 as no clinical experience
	Symptomatic chronic HFrEF	Dapagliflozin 10 mg	eGFR ≥15	eGFR <15	With or without type 2 diabetes
Empagliflozin	Glycaemic control	Empagliflozin 10 mg Increase to 25 mg if required	eGFR ≥60 eGFR ≥60	eGFR persistently <45 Reduce to 10 mg if eGFR <60	eGFR <45, reduced glucose-lowering effect. Add another glucose-lowering drug if needed
	Symptomatic chronic HFrEF	Empagliflozin 10 mg	eGFR ≥20	eGFR <20	With or without type 2 diabetes
Ertugliflozin	Glycaemic control	Ertugliflozin 5 mg Increase to 15 mg if required	eGFR ≥60 eGFR ≥60	eGFR persistently <45 eGFR persistently <45	eGFR <45, reduced glucose-lowering effect. Add another glucose-lowering drug if needed

eGFR presented in mL/min/1.73 m²; ACR presented in mg/mmol.

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