

SGLT2i Desktop Guide



SGLT2i	Indication	eGFR <15	eGFR 15-30	eGFR 30-44	eGFR 45-59	eGFR >60
Any SGLT2i	Uncontrolled T2D alone	Not appropriate to start or continue SGLT2i (unless for other indications) as ineffective at lowering blood glucose			Do not start SGLT2i but can be continued – check dose.	SGLT2i is third line after metformin and another oral agent
Dapagliflozin	T2D with established CVD. (Can be considered if QRISK > 10%)	No	Don't start if eGFR < 25. Continue 10mg	Start 10mg	Start 10mg	Start 10mg
Dapagliflozin	Chronic HF with reduced ejection fraction	Limited evidence for continuing 10mg	Don't start if eGFR <25. Continue 10mg	Start 10mg	Start 10mg	Start 10mg
Dapagliflozin	CKD with eGFR 25-75, only if patient also has T2D or ACR >22.6	No	If eGFR >25 start 10mg. Do not start if eGRF <25	Start 10mg	Start 10mg	Start 10mg
Empagliflozin	T2D with CVD. (Can be considered if QRISK > 10%)	No	No	Start 10mg	Start 10mg	Start 10mg; can increase to 25mg
Empagliflozin	Chronic HF with reduced ejection fraction	No	Start/continue 10mg only if eGFR >20	Start 10mg	Start 10mg	Start 10mg
Canagliflozin	T2D with CVD. (Can be considered if QRISK > 10%)	No	Continue 100mg	Start 100mg	Start 100mg	Start 100mg; can increase to 300mg.
Canagliflozin	CKD with eGFR 25-75, only if patient also has T2D or ACR >30	Consider continuing	Continue 100mg	Start 100mg	Start 100mg	Start 100mg
Ertugliflozin	T2D with CVD. (Can be considered if QRISK > 10%)	No	No	Continue 5mg	Start 5-15mg	Start 5mg; can increase to 15mg