

Primary Care Guidance

SGLT2 inhibitors for Chronic Kidney Disease (CKD) in Adults

Screening for CKD

Serum creatinine and eGFR

Urine albumin: creatinine ratio (uACR)

Measure albuminuria (proteinuria) with urine albumin: creatinine ratio (uACR) in the following groups:

- adults with diabetes (type 1 or type 2)
- adults with an eGFR of less than 60 ml/min/1.73 m²
- adults with an eGFR of 60 ml/min/1.73 m² or more if there is a strong suspicion of CKD

(For NICE Guidelines CKD: Assessment and Management see [NG203](#))

The guidance below does **not** apply to patients with Type 1 diabetes, renal transplants, or on immunosuppression for ANCA-associated vasculitis or other immunological disease unless advised by secondary care diabetology or nephrology.

For further information on [dapagliflozin](#) or [empagliflozin](#) please see relevant SPC (see links).

For ALL adult patients with CKD, patient must be on ACEi/ARB titrated up to the maximum tolerated dose (unless contraindicated). Then consider add on therapy.

GFR	Other requirements*	Treatment recommendation
75-90 ml/min/1.73 m ²	Type 2 diabetes OR Urine albumin-to-creatinine ratio of 22.6 mg/mmol or more	Empagliflozin 10mg
45-75 ml/min/1.73 m ²	Type 2 diabetes OR Urine albumin-to-creatinine ratio of 22.6 mg/mmol or more	Empagliflozin 10mg OR Dapagliflozin 10mg daily
20-45 ml/min/1.73 m ² *	None	Empagliflozin 10mg*

*Dapagliflozin is also recommended but for those with **eGFR 25-45 ml/min/1.73 m² AND**
- type 2 diabetes OR
- uACR ≥22.6 mg/mmol in line with [NICE TA 775](#).

UKKA Guidelines also recommend SGLT-2 inhibitors for people with CKD and symptomatic heart failure (HF), regardless of ejection fraction, in those with or without diabetes. See [NICE links](#) below for SGLT2i use with HF below as well as for type 2 diabetes.

ANY patient with an eGFR < 25 ml/min/1.73m² or uACR >70 mg/mmol consider referral to specialist

For CKD patients with diabetes on established ACEi (maximum tolerated dose) and SGLT2i and GFR >25 ml/min/1.73 m² consider referral to renal services for initiation of finerenone. See [NICE TA877](#) for Finerenone guidance.

Approved By: IMOC Approval Date: June 2024 Renew Date: June 2026

Updated from previous version covering latest NICE technology appraisal.

Dosing in hepatic impairment: If severe, start dapagliflozin at 5mg OD then increase to 10mg OD if tolerated. Empagliflozin does not require dose adjustment, although manufacturer advises avoidance in severe hepatic impairment.

Units for clinical parameters: eGFR as ml/min/1.73m², uACR as mg/mmol

For patients with heart failure:

(preserved or reduced ejection fraction): initiation of SGLT2i are on the recommendation of specialist (initiated by/on the advice of a heart failure specialist, with follow on prescribing in primary care. This may include community heart failure teams): see:

- [NICE TA 929](#): Empagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction
- [NICE TA 773](#): Empagliflozin for treating chronic heart failure with reduced ejection fraction
- [NICE TA 902](#) : Dapagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction
- [NICE TA 679](#): Dapagliflozin for treating chronic heart failure with reduced ejection fraction

For further information see Kent and Medway guidelines on use of SGLT2i in heart failure [here](#).

For patients with comorbidities e.g., diabetes and HF, multi-speciality MDTs would be appropriate.

For the use of SGLT2i in CKD with type 2 diabetes: see [local guidelines](#) and [NICE NG28](#).

For all indications:

Monitoring requirements and discontinuation criteria should be set out at initiation and clearly communicated to the clinician who continues with the prescribing of SGLT2 inhibitors (Dapagliflozin & Empagliflozin as per NICE TAs)

References:

NICE NG 203: NICE Guidelines CKD: Assessment and Management

NICE TA 942: Empagliflozin for treating chronic kidney disease

NICE TA 775: Dapagliflozin for treating chronic kidney disease