NHS
Kent and Medway

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 m^2
- adults with an eGFR of 60 ml/min/1.73 m^2 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 m^2 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/1.73m^2 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 m^2 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/1.73m^2, 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

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