

# Clinical pathway for the use of SGLT-2 inhibitors in Chronic Kidney Disease

**Not currently recommended in:**

- Children (<18 years)
- Pregnancy or Breastfeeding
- Severe liver disease
- Bilateral renal artery stenosis
- Organ Transplant patients\*
- Patients on immunosuppression\*
- Lupus nephritis or ANCA vasculitis
- Polycystic Kidney Disease (PCKD)
- Active foot disease (infection, ulceration and ischaemia)
- Patients with initial eGFR <25ml/min for Dapagliflozin\*
- Patients with initial eGFR <30ml/min for Canagliflozin

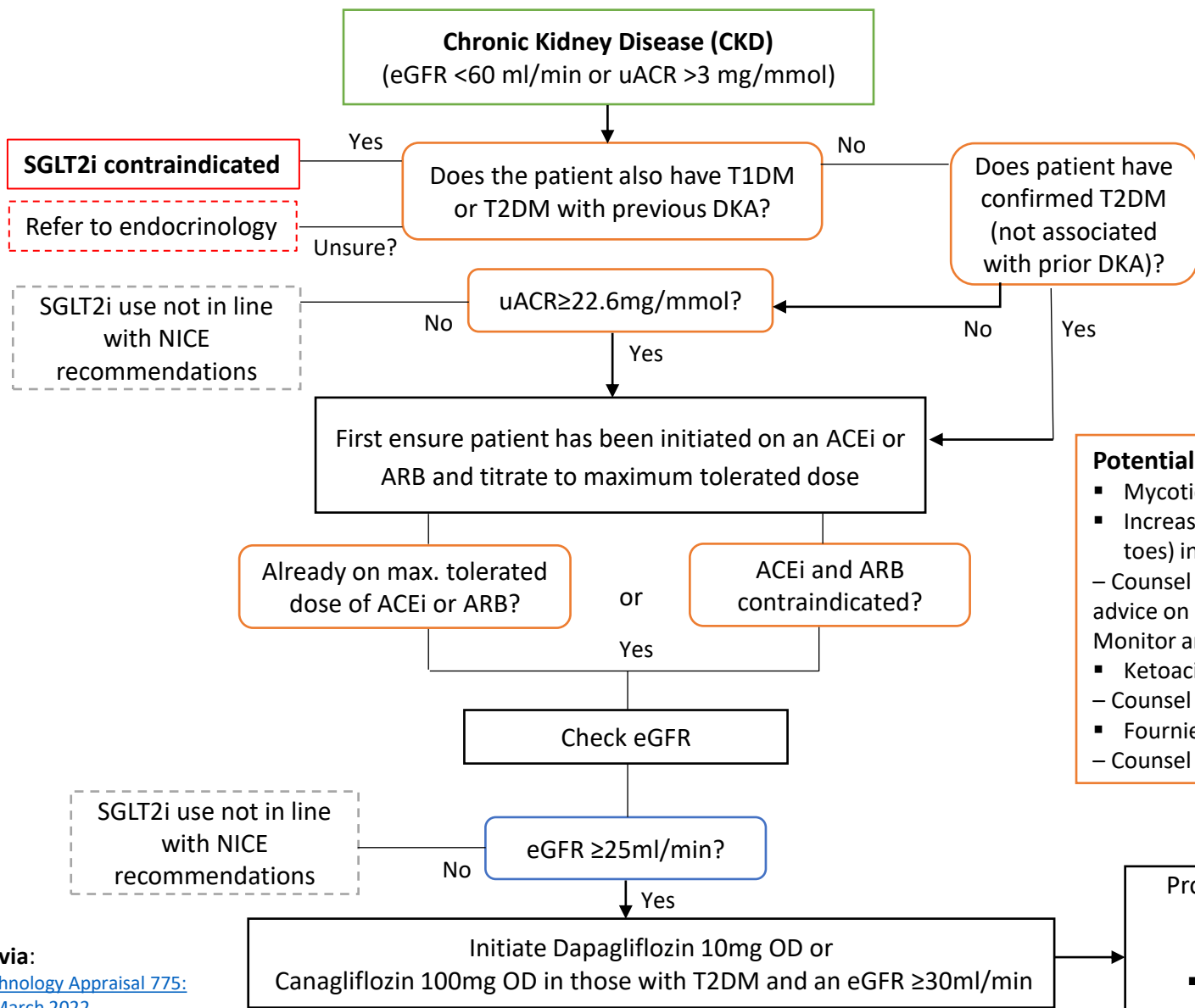
**Notes:**  
\* = There may be exceptional circumstances whereby a specialist nephrologist wishes to prescribe an SGLT2i for a patient in this group. Please discuss with specialist if no prior handover about this.

**Temporarily hold SGLT2i if:**

- Hospitalised for acute illness
- Hospitalised for major surgery
- Major infection
- Volume depleted e.g. D&V
- Not eating or drinking

**References and further guidance available via:**  
[National Institute for Health and Care Excellence. Technology Appraisal 775: Dapagliflozin for treating chronic kidney disease, 9<sup>th</sup> March 2022](#)  
[SGLT-2 Inhibition in Adults with Kidney Disease | The UK Kidney Association](#)

Produced by Midlands Kidney Network (MKN) Approved July 2023 by NHS Nottinghamshire Area Prescribing Committee  
 Review date July 2026



**Monitoring of renal function:**

- No additional monitoring of renal function required in relation to SGLT2i
- NB: After initiation, there may be an initial decline in eGFR for which there is no reason to withdraw SGLT2i
- SGLT2i does not need stopping if initiated and eGFR drops below 25ml/min.

**Potential ADRs associated with SGLT2 inhibitors:**

- Mycotic genital infections - thrush (*common*)
- Increased risk of lower limb amputation (mainly toes) in T2DM on Canagliflozin (*uncommon*)
  - Counsel patient on signs of foot infection and provide advice on preventative foot care.
- Monitor and **stop SGLT2i if foot complication suspected**
  - Ketoacidosis (*rare*)
  - Counsel patient on signs and **stop SGLT2i if suspected**
  - Fourniers gangrene (*extremely rare*)
  - Counsel patient on signs and **stop SGLT2i if suspected**

Provide patient education on:

- Sick day rules
- Side-effects
- Seeking medical advice

→ [See UKKA PILs](#)