NHS Shropshire, Telford and Wrekin
NHS Staffordshire and Stoke-on-Trent

Optimising Prescribing of SGLT2 Inhibitors with Generic Dapagliflozin

This resource has been developed using currently available references to support the safe and effective switch from other SGLT-2i to generic dapagliflozin. It reflects the evidence available at the time of approval. Clinicians and healthcare professionals using this resource must refer to local guidelines, use their own clinical judgement and take responsibility for their prescribing decisions.
The Shropshire, Telford and Wrekin ICB (STW ICB) Medicines Optimisation Team has oversight only of errors occurring within its own organisation. Each organisation is responsible for any prescribing errors or omissions arising from its use of this resource and must follow its own safety-governance process.
Organisations must inform the STW ICB Medicines Optimisation Team if they become aware of any errors or required updates to this document.

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Shropshire, Telford and Wrekin ICB recommends generic Dapagliflozin as the preferred SGLT2 inhibitor, and support switching from branded Dapagliflozin (Forxiga®) and alternative SGLT2 inhibitors in appropriate patients.
Evidence to support switching from alternative SGLT2 inhibitors to Dapagliflozin can be found in Appendix 1.

Background

SGLT2 inhibitors have evidence of benefit and are indicated across a range of cardiovascular, renal and metabolic (CVRM) conditions, including type 2 diabetes mellitus (T2DM), chronic kidney disease (CKD) and chronic heart failure (CHF).

Within STW, generic Dapagliflozin is the most prescribed SGLT2 inhibitor, followed by Empagliflozin. NICE considers these agents to have broadly comparable clinical effectiveness across their licensed indications. Currently, Dapagliflozin is the only SGLT2 inhibitor available as a generic formulation following patent expiry in August 2025.

A significant number of patients across STW continue to be prescribed branded Dapagliflozin or alternative SGLT2 inhibitors rather than generic Dapagliflozin. This variation in prescribing has been identified as a key driver for this workstream, with the aim of supporting clinically appropriate optimisation of SGLT2 inhibitor prescribing and ensuring the efficient use of NHS resources.

Table 1. Cost Comparison of SGLT2 Inhibitors (Drug Tariff, July 2026)

	Dapagliflozin	Empagliflozin	Canagliflozin	Ertugliflozin
Tablet strengths	5mg 10mg	10mg 25mg	100mg 300mg	5mg 15mg
Costs for 28 days treatment (generic)	10mg= £2.33 *5mg (starting dose in severe hepatic impairment only) £2.30	10mg/25mg = £36.59	100/300mg = £39.20	5mg/15mg= £29.40

SGLT2 Switch Guidance (Example Switch on Page 4)

- **Existing adult patients currently prescribed SGLT2 inhibitors other than Dapagliflozin** should be switched to generic Dapagliflozin following assessment against the inclusion/exclusion criteria below.
- **Patients currently prescribed branded Dapagliflozin (Forxiga®)** should also aim to be switched to generic Dapagliflozin in appropriate patients *(only exception are CKD patients without Type-2 Diabetes – see Table 3 below)*
- **Switching should be based on an up-to-date renal function** monitoring test result (within the last 12 months).
  If the current renal function is not available, obtain this information before attempting to switch.
- **Patients switching from other SGLT2 inhibitors to generic Dapagliflozin should be informed** and provided with the recommended patient information to support the switch as appropriate, see appendix 3 and 4. **Furthermore, they should be advised to finish their existing supply of SGLT2 inhibitor tablets before starting Dapagliflozin.**

Table 2. Recommended Doses of SGLT2 Inhibitors When Switching to Dapagliflozin

Current SGLT2 inhibitor	Switch Recommendation
Empagliflozin 10mg	Dapagliflozin 10mg
Empagliflozin 25mg	Dapagliflozin 10mg
Canagliflozin 100mg	Dapagliflozin 10mg
Canagliflozin 300mg	Dapagliflozin 10mg
Ertugliflozin 5mg	Dapagliflozin 10mg
Ertugliflozin 15mg	Dapagliflozin 10mg

Note: A reduced starting dose of Dapagliflozin (5 mg once daily) is recommended in patients with **severe** hepatic impairment (Child-Pugh Class C). No dose adjustment is necessary for patients with mild or moderate hepatic impairment.
No dose adjustment is required based on renal function.

Inclusion criteria

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- Patients aged 18 years and older currently being prescribed branded Dapagliflozin (Forxiga®), Empagliflozin (Jardiance®), Canagliflozin (Invokana®) and Ertugliflozin (Steglarto®).
- Eligibility of patient cohorts for switching to generic Dapagliflozin from other SGLT2 inhibitors – **note** the only exception is CKD without T2DM which requires Forxiga® to be prescribed.

Table 3 – Licensed Indications for SGLT2 Inhibitors

SGLT2 Inhibitor	T2DM	Chronic HF	CKD
Dapagliflozin	Licensed	Licensed	Licensed (With or without T2DM) ***Note:*** *Without T2DM requires Forxiga® brand*
Empagliflozin	Licensed	Licensed	Licensed (With or without T2DM)
Canagliflozin	Licensed	Not Licensed	Licensed (Restricted: Diabetic nephropathy only)
Ertugliflozin	Licensed	Not Licensed	Not Licensed

Exclusion criteria

- Previous allergy/intolerance/hypersensitivity to Dapagliflozin or any of the excipients listed in the SPC
  Generic Dapagliflozin Summary of Product Characteristics (SPC) - 10 mg tablets
- Previous treatment failure with Dapagliflozin
- Pregnancy or breastfeeding
- Systolic BP <95mmHg
- Any patients with severely impaired renal function (eGFR < 15 ml/min/1.73 m^2) prior to switch
- Patients with chronic kidney disease (CKD) and without type 2 diabetes (T2DM) should be excluded from the switch, this indication remains patent protected.
- Patients who have a history of diabetic ketoacidosis (DKA)
- Patients taking lithium tablets, Dapagliflozin may increase renal lithium excretion and decrease blood lithium levels.
- Patients with type 1 diabetes (T1DM)
- Patients prescribed combination products e.g. Xigduo (Dapagliflozin/Metformin)

Follow up/Monitoring

- In people with diabetes, there is no need for additional HbA1C monitoring when people are switched, and this should be checked at the next routine diabetes review.
- There is no indication for additional testing for the patient's renal function after switching to Dapagliflozin (continue routine monitoring). The advice is not to check for 4-6 weeks unless required for another clinical reason. A transient change in eGFR/serum creatinine that is haemodynamic in nature is expected following the initiation of treatment and is characteristic of SGLT2 inhibitors and would generally not be an indication to discontinue therapy.
- In patients co-prescribed antihypertensive (ACE inhibitors/Angiotensin receptor blockers) or diuretic medications with a risk of hypovolaemia, an early clinical review may be appropriate to see whether there needs to be any dose reduction in these medications.

- Patients prescribed an SGLT2 inhibitor should be reminded of the sick day rules and how to identify signs of DKA. Further information that can be provided to patients: Diabetes and being ill | Managing when you're sick | Diabetes UK.
- A reminder of the potential side effects associated with SGLT2 inhibitor treatment, including a small increased risk of urinary and genital infections. Rarely, Fournier's Gangrene has been reported with this class of medicine.
- Patients on insulin or sulfonylureas who are eligible to monitor their blood glucose levels at home are advised to do so closely after switching to reduce the risk of hypoglycaemia. This is standard practice when adjusting any glucose lowering therapy.

SGLT2 Switch Protocol

1. Identify patients using the pre-built enterprise search

Enterprise > STW Medicines Optimisation > Practice Level Searches > MQCF 26/27 > Clinical Project Areas > Diabetes > T2DM MQCF Clinical Project Searches for practices > Patients prescribed an SGLT2i – could be switched to generic Dapagliflozin

Please note: Practices should copy the relevant search into their local EMIS organisation before running them.

Run the STW ICB search to identify patients prescribed:

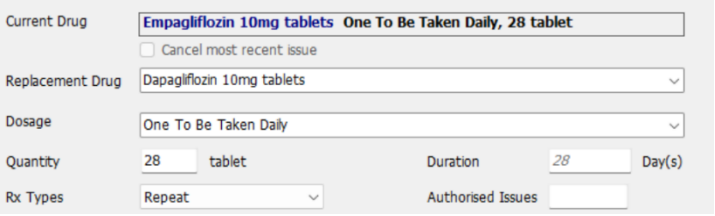
- Canagliflozin
- Empagliflozin
- Ertugliflozin
- Branded Dapagliflozin (Forxiga®)

2. Clinical Checks

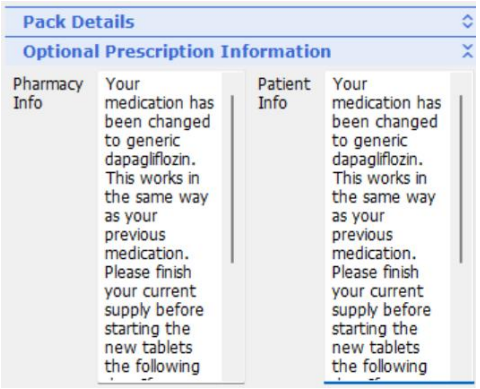
- Ensure each patient meets the inclusion criteria and does not fall within the exclusion criteria listed above - ensure no contraindications to switching.
- Check latest eGFR and ensure it is appropriate and dated within the last 12 months.

3. Switch Procedure

- Navigate to the patient's medication list and **Right click** on the current SGLT2 inhibitor/Forxiga® and click '**replace**'
- Start **generic dapagliflozin 10 mg once daily** (5 mg if severe hepatic impairment).
- Prescribe the same quantity as previously supplied.



- **Add the following message into pharmacy info and patient info boxes** -
  Your medication has been changed to generic dapagliflozin. This works in the same way as your previous medication. Please finish your current supply before starting the new tablets the following day. If you have any questions or notice any problems after the change, please contact your GP practice.
- Once completed, click **issue later** as the patient will finish their current supply of tablets/medication.



4. Record & Inform

- **Record the switch in the patient record** as follows - [Previous medication] stopped and replaced with generic dapagliflozin in accordance with the STW ICB Medicines Optimisation programme. No change to treatment intent. Patient notified of the medication change.
- Thereafter, **inform the patient** of the medication change using one of the example communication templates in Appendix 3 or 4 (letter/text message).

5. Follow-up

- Continue routine monitoring.
- Review sooner if adverse effects or clinical concerns arise.

Appendix 1: Evidence Supporting Switching from Alternative SGLT2 Inhibitors to Dapagliflozin

1. Type 2 Diabetes – Glycaemic Management

Evidence from NICE NG28, systematic reviews and meta-analyses demonstrates that SGLT2 inhibitors have broadly equivalent glucose-lowering efficacy when used at licensed doses. Differences in HbA1c reduction, weight loss and adverse effects between Dapagliflozin, Empagliflozin, Canagliflozin and Ertugliflozin are small and are not considered clinically significant. NICE recommends SGLT2 inhibitors at class level and does not differentiate between individual agents on the basis of glycaemic efficacy.

Recommendation
Switch patients receiving any alternative SGLT2 inhibitor to Dapagliflozin once daily, unless a clinical exclusion applies.

2. Type 2 Diabetes with Established Atherosclerotic Cardiovascular Disease

Cardiovascular outcome trials demonstrate consistent cardiovascular and renal protection across the SGLT2 inhibitor class. NICE recommends use of an SGLT2 inhibitor with proven cardiovascular benefit rather than specifying an individual agent. Comparative real-world studies have demonstrated no clinically significant differences in long-term cardiovascular outcomes between Dapagliflozin and Empagliflozin.

Recommendation
Switch patients receiving any alternative SGLT2 inhibitor to Dapagliflozin once daily, unless a clinical exclusion applies.

3. Chronic Heart Failure (Irrespective of Ejection Fraction)

NICE concluded that Dapagliflozin and Empagliflozin provide comparable clinical and quality-of-life benefits for chronic heart failure and recommends selecting the least costly suitable option where both are appropriate. Randomised controlled trials and meta-analyses support a class effect for reducing heart failure hospitalisation and improving cardiorenal outcomes.

Recommendation
Switch patients receiving any alternative SGLT2 inhibitor to Dapagliflozin once daily for chronic heart failure, irrespective of ejection fraction, unless a clinical exclusion applies.

4. Chronic Kidney Disease

Randomised controlled trials (including DAPA-CKD, EMPA-KIDNEY and CREDENCE) demonstrate that SGLT2 inhibitors reduce CKD progression and cardiovascular events. NICE considers Dapagliflozin and Empagliflozin to have comparable clinical effectiveness in CKD, supporting a class effect for renal protection, with agent selection based on licensed indications, patient characteristics and local formulary recommendations.

Recommendation
Switch patients receiving any alternative SGLT2 inhibitor to Dapagliflozin once daily for CKD, unless a clinical exclusion applies.
Note: STW ICB will not routinely switch patients receiving an SGLT2 inhibitor solely for CKD without T2DM at this time.

Appendix 2: Dapagliflozin Prescribing Guidance – HFrEF and CKD

	HFrEF	CKD
Clinical Indication	**Symptomatic** chronic heart failure (left ventricular ejection fraction (LVEF) is ≤ 40%). Ensure diagnosis is confirmed by ECHO or specialist advice and doses of other heart failure medications are optimised prior to initiation. Includes HFrEF patients with or without T2DM. Avoid initiation if eGFR less than 15 mL/minute/1.73 m^2.	CKD with an **eGFR ≥20 ml/min/1.73m²** or eGFR 45 ml/min/1.73 m^2 to 90 ml/min/1.73 m^2, and either: ○ a urine albumin-to-creatinine ratio of 22.6 mg/mmol or more, or ○ type 2 diabetes. CKD = eGFR<60 and/or ACR ≥ 3 mg/mmol present for more than 3 months (minimum 90 days apart) or noted structural kidney abnormalities.
Dosage	10mg once daily (consider lowering dose of insulin by 10-20% or sulfonylurea prior to initiation of SGLT2 inhibitor to reduce risk of hypoglycaemia) (consider reducing diuretic doses transiently when starting)	
Contraindications	Hypersensitivity to Dapagliflozin, Diabetic ketoacidosis, T1DM (risk of diabetic ketoacidosis), Severe renal impairment (eGFR ≤20 ml/min/1.73m²), Pregnancy or Breastfeeding	
Cautions	Elderly, Hypotension, High risk of volume depletion (correct hypovolaemia before initiating treatment with SGLT2 inhibitors) Severe hepatic impairment (initiation dose should be 5mg) Risk factors for DKA (including a history of pancreatitis, low beta cell reserve, conditions leading to restricted food intake or severe dehydration, sudden reduction in insulin, increased insulin requirements due to acute illness, surgery or alcohol abuse) History of foot ulcer, peripheral arterial disease, or lower limb amputation: increased risk of lower limb amputation (mainly toes)	
Adverse Effects	Genital infections e.g. vaginal candidiasis/UTIs – increased risk due to urinary glucose excretion. Fournier's gangrene – rare adverse effect - SGLT2 inhibitors: reports of Fournier's gangrene (necrotising fasciitis of the genitalia or perineum) - GOV.UK	
Monitoring	Assess baseline renal function (U&Es and uACR), liver function tests (LFTs), blood pressure (BP) and volume status prior to initiation. No additional monitoring is required for SGLT2 inhibitors. Patients on concomitant medicines affecting renal function or volume status (e.g. ACE inhibitors, MRAs or diuretics) should have renal monitoring at appropriate intervals. Glycaemic Thresholds: If HbA1c >86 mmol/mol, consider temporarily withholding Dapagliflozin due to the elevated risk of DKA and side-effects; arrange an urgent in-house diabetes review and consider a temporary dose titration of sulphonylurea or insulin doses to manage acute hyperglycaemia.	

Patient Counselling	Sick-day rule guidance should be provided to all patients prescribed SGLT2 inhibitors – particularly patients at risk of volume depletion, for example, due to restricted fluid intake, use of diuretics or acute illness. Sick Day Rules Leaflet Counsel patients on the signs and symptoms of hypoglycaemia and DKA. Advise to stop treatment if signs of a foot complication such as skin ulceration, discolouration, infection, or new pain/tenderness, and seek urgent medical assessment. Counselling regarding genital hygiene, use of non-perfumed soaps and avoid wearing tight underwear to reduce the risk of genital infections.

Please be aware the information above summarises the key information when prescribing SGLT2 inhibitors in HFrEF and CKD. Please refer to the BNF monograph and SPC for further information.

Appendix 3: Patient Information Letter

[Practice name]
[Practice Address 1]
[Practice Address 2]
[Postcode]
[Date]

[Patient name]
[Patient address1]
[Patient address 2]
[Postcode]

Dear Patient

The NHS carries out regular reviews of medicines to make sure that patients continue to receive high quality and effective treatment that costs the NHS less.

The latest review involves a change in one of the medications on your prescription. The full details of the change are shown below, and this new medication will be given to you when you collect your next repeat prescription.

WHAT YOU TAKE NOW **(Add as appropriate)**	**WHAT IT WILL CHANGE TO**
	Dapagliflozin tablets

This new medication is from the same family as your old medication and contains a similar active ingredient. Please finish taking all the old medication you currently have before starting on the new Dapagliflozin tablets. Please ensure you follow the dosage instructions carefully and be mindful that the appearance of the new medicine will be different from your previous medicine.

To obtain your next supply of medicines more efficiently, you can order a repeat prescription by logging into your account using the NHS app which may be downloaded from the NHS website. We would also like to take this opportunity to remind you to only order the medicines you need each time you resubmit your repeat prescription request as this helps minimise medicine waste.

The appearance of the new medicine will be different from your previous medicine. However, apart from this you should notice no difference. Dapagliflozin works in a similar way to the old medicine so you will continue to get the same benefit. The possible side effects are also similar although not everybody gets them. Further information is available in the patient information leaflet supplied with the medicine.

If you are concerned or wish to discuss the matter further, or notice any differences or side-effects with the change, please do not hesitate to contact the practice or your local community pharmacist.

Yours sincerely

On behalf of the GPs at [Practice name]

Appendix 4: Patient Text Message Templates

Part A

As a practice, we regularly review our prescribing to ensure that it is in line with current NHS guidance. The medicine you are currently taking called 'A' will be changed to 'B', which **is from the same family as your old medication and contains a similar active ingredient.** The appearance of the new medication will be different but it is equally effective. Please finish using all the medicine you currently have before starting on the new version.

Part B

Your medication has been switched to Dapagliflozin. If you have any concerns about taking this new medicine, please speak to your local community pharmacy team. They can support you by enrolling you in the New Medicines Service, giving you the chance to discuss your treatment and receive regular follow-ups after you start taking it.

References

Evidence base: Recommendations within this guidance have been informed by national guidance, regulatory information, NICE technology appraisals, professional society statements and relevant randomised controlled trials and comparative effectiveness studies.

National guidance and prescribing resources

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Heart Failure and Cardiovascular Outcome Evidence

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Chronic Kidney Disease Evidence

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Disclaimer

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