SGLT-2 Inhibitor: Prescribing Pearls

empagliflozin (10mg, 25 mg), dapagliflozin (5mg, 10 mg), canagliflozin (100mg, 300mg) ertugliflozin (5mg, 15 mg) *

Who should use SGLT-2

first or second-line therapy (after metformin) regardless of glycemic control in patients with

- HF
- CKD (albuminuria > 200, eGFR <60)
  OR
- ASCVD/High risk ASCVD
- Overweight/Obese individuals not reaching glycemic control target
- Patients without DM use directed by nephrology/cardiology

Who should NOT use SGLT-2

- TYPE 1 DIABETES
- Patients with history of UTI requiring hospitalization, urosepsis, bladder/urinary devices

Glucose Control

- **A1c at goal:** consider 20% reduction of insulin, 50% reduction in sulfonaurea dosage or d/c
- **A1c** >1% above goal: consider adding SGLT-2i to current regimen
- **Alc is <1% above goal:** consider 10-20% dose reduction of insulin and follow patient closely

Urinary Tract Infections

- Avoid use in any patients with history of urosepsis, UTI requiring hospitalization, bladder/urinary tract devices (catheters, stents, etc.)
- If uncomplicated, treat once with standard antibiotic, counsel about hygiene and hydration
- If UTI reoccurs, consider stopping SGLT-2i

Genital Mycotic Infections

- Common if hyperglycemic prior to initiation
- More common in women and uncircumcised men and during first few months of therapy
- Counsel patient re hygiene and to begin OTC treatment.
- If failed OTC treatment, consider PO fluconazole
- Do NOT hold SGLT-2i during treatment
- If recurrent mycotic infections, consider stopping SGLT-2i

Hydration Status

- Communicate with diuretic prescriber when initiating to plan for adjustment/follow-up of volume status
- Encourage patients to stay well hydrated
- Consider checking BMP 2-4 weeks after initiation
- Expected SBP reduction ~4-10 mmHg

Lab Monitoring

- Consider checking BMP 2-4 weeks after initiation
- Expected A1c decrease 0.7-1%
- Glucosuria expected on UA
- Check Urine Ketones or Beta Hydroxybutyrate if s/s of DKA

Euglycemic DKA

- Educate patients to hold SGLT-2i if not eating or tolerating PO intake
- Stop 3 days pre-op
- If suspected, test urine ketones even if glucose not elevated
- More common in diabetics but case reports in non-diabetics
- SGLT2-i should be discontinued and NOT resumed

Cost of Medication

- Patient should contact insurance to determine least expensive SGLT2i and pharmacy for filling
- Commercial insurance: Use manufacturer coupons for low/no-cost
- Medicare patients: determine if patient qualifies for "extra help" coverage
- Direct patients to prescription assistance programs through manufacturer (typically income based)
- Consider referral to pharmacotherapy clinic

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* see medication guide for individual medications for specific indications and dosing (renal dosing guidelines)