

Support document: Optimising prescribing of SGLT2 inhibitors with generic dapagliflozin

1. Purpose

To provide a safe and consistent approach for switching patients from branded Forxiga and all other sodium-glucose co-transporter-2 (SGLT2) inhibitors (empagliflozin, canagliflozin, ertugliflozin) to generic dapagliflozin, to support cost effective prescribing.

2. Background

Dapagliflozin, empagliflozin, canagliflozin and ertugliflozin are all SGLT2 inhibitors recommended by [NICE NG28](#) for the management of type 2 diabetes (T2DM) in adults both as monotherapy and in combination with other antidiabetic medication, when lifestyle measures alone are insufficient; additionally, dapagliflozin is approved for use in chronic heart failure ([TA679](#), [TA902](#)) and chronic kidney disease ([TA1075](#)), supporting its broader therapeutic role.

NICE recommends that if two drugs in the same class are appropriate, to choose the option with the lowest acquisition cost.⁴ [NHSE Letter Oct 2025-Optimising prescribing of SGLT2 inhibitors generic dapagliflozin](#)

Patent expiry

In 2025, the patent for Forxiga expired and acquisition cost of dapagliflozin reduced significantly in comparison to other available SGLT2 inhibitors.⁵

Note – A patent protection still remains in place for Forxiga when used for patients with CKD without T2DM

SGLT2 inhibitor	Drug tariff prices - April 2026	
Dapagliflozin	£4.10 (28, 10mg tablets)	£5.21 (28, 5mg tablets)
Canagliflozin	£39.20 (30, 300mg tablets)	£39.20 (30, 100mg tablets)
Empagliflozin	£36.59 (28, 25mg tablets)	£36.59 (28, 10mg tablets)
Ertugliflozin	£29.40 (28, 15mg tablets)	£29.40 (28, 5mg tablets)

3. Dosing information: Summary of licensed indications and renal function limits

The dose of dapagliflozin is dependent on the patient's indication and their clinical circumstances. The standard adult dose for dapagliflozin is 10mg once daily. Dose adjustments are not generally required in renal impairment: however, it is not recommended to initiate treatment with dapagliflozin in patients with eGFR less than 15 mL/min/1.73m².

A starting dose of 5mg is required in severe hepatic impairment, if well tolerated dose can be increased to 10mg.

Summary of licensed indications and renal function limits - [Prescribing information CKS NICE](#)

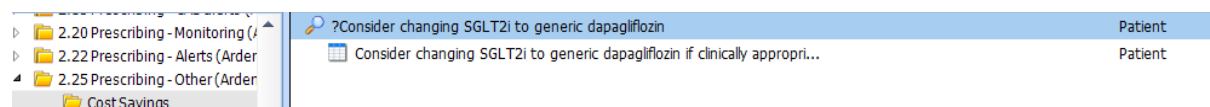
Practices should ensure that relevant blood results are current before amending prescribed medication. The onus is on the practice to decide if existing results can be used for each patient, considering the patients' individual circumstances, and the required frequency of their blood tests.

4. Switch implementation

Inclusion criteria

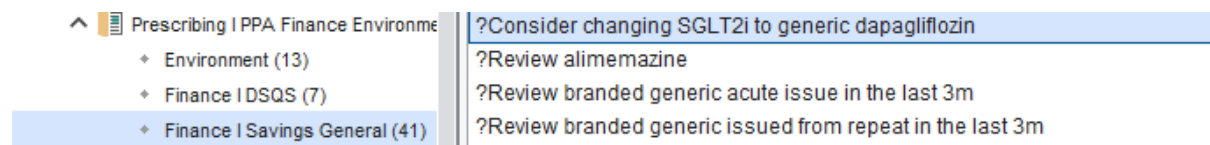
Patients aged 18 years and older currently being prescribed empagliflozin, canagliflozin, ertugliflozin or branded dapagliflozin. Ardens searches are available in practice systems to identify these patients, as shown below.

EMIS



2.20 Prescribing - Monitoring (1)	?Consider changing SGLT2i to generic dapagliflozin	Patient
2.22 Prescribing - Alerts (Arden)	Consider changing SGLT2i to generic dapagliflozin if clinically appropri...	Patient
2.25 Prescribing - Other (Arden)		
Cost Savings		

SystemOne



Prescribing PPA Finance Environment	?Consider changing SGLT2i to generic dapagliflozin
Environment (13)	?Review alimemazine
Finance IDSQS (7)	?Review branded generic acute issue in the last 3m
Finance I Savings General (41)	?Review branded generic issued from repeat in the last 3m

The Cornwall formulary shows that generic dapagliflozin should be regarded as the first line choice SGLT2 inhibitor for all indications other than CKD in patients **without** type 2 diabetes.

Exclusion criteria

- Patients with severely impaired renal function, as per NICE guidelines
- Patients who have a history of diabetic ketoacidosis (DKA)

- Patients with a known allergy or intolerance to dapagliflozin or its excipients.
- Patients who have previously failed a trial of dapagliflozin
- People with Type 1 Diabetes
- Patient is <18 years old
- Pregnancy or breastfeeding
- **Do not switch** – if the patient has CKD without T2DM (branded Forxiga has patent protection on this indication)

Clinical review

- Assess renal function (eGFR)
- Review cardiovascular and heart failure status
- Check for history of adverse effects with dapagliflozin
- Discuss rationale and obtain informed consent

Discontinue current SGLT2 inhibitor

- Stop other SGLT2; advise patient to finish existing tablets before starting generic dapagliflozin
- No washout period required unless adverse effects are present

Initiate dapagliflozin

- Start generic dapagliflozin at a dose of 10 mg once daily
- Start at 5mg only in patients with severe hepatic impairment
- Can be taken with or without food
- Continue other antidiabetic agents as previously prescribed

Monitoring

- There is no indication for additional testing for either eGFR and/or urine ACR when making the switch to generic dapagliflozin ⁶
- Monitor HbA1c at the next routine interval. Consider an earlier review for patients who are high-risk such as those patients co-prescribed antihypertensive (ACE inhibitors/ARB) 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

Safety Considerations

- Advise patients of DKA risk and not to start low carbohydrate or ketogenic diet whilst on SGLT2
- Inform patient of signs of genitourinary infections, DKA and Fournier's gangrene to be aware of and document that patient has been informed in patient record.
- Remind patient of sick day rules (temporarily stop if they are unable to eat and drink or are fasting)
- MHRA alerts on SGLT2 inhibitors include:
 - [Risk of diabetic ketoacidosis](#)
 - [Monitor ketones in blood during treatment interruption](#)

- [Reports of Fournier's gangrene](#)
- [SGLT2 inhibitors: updated advice on increased risk of lower-limb amputation \(mainly toes\)](#) (particularly with canagliflozin)

Governance

- Clinical appropriateness should always be considered, and any switches should be discussed and agreed with patients through shared decision-making.
- Record all medication switches, including rationale and clinical justification
- Document all patient discussions regarding medication changes, ensuring informed consent and shared decision-making are clearly noted
- Maintain a central log or database for tracking switches
- In undertaking this review and change activity, the practice acknowledges that it accepts clinical governance responsibility for completing this work.

5. References

1. [National Institute for Health and Care Excellence. Dapagliflozin for treating chronic heart failure with reduced ejection fraction \(TA679\)](#)
2. [National Institute for Health and Care Excellence. Dapagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction \(TA902\)](#)
3. [National Institute for Health and Care Excellence. Dapagliflozin for treating chronic kidney disease \(TA1075\)](#)
4. [National Institute for Health and Care Excellence. Type 2 diabetes in adults: management \(NG28\)](#)
5. [NHS Business Services Authority: Drug Tariff](#)
6. [UK Kidney Association \(UKKA\) statement: Use of generic dapagliflozin in CKD](#)