

Title of Position Statement	Preferred sodium-glucose cotransporter-2 inhibitors (SGLT2i) for the treatment of type 2 diabetes mellitus (T2DM), chronic kidney disease (CKD) and chronic heart failure (CHF)
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NHS NORTH EAST LONDON POSITION STATEMENT

Preferred sodium-glucose cotransporter-2 inhibitors (SGLT2i) for treatment of type 2 diabetes mellitus (T2DM), chronic kidney disease (CKD) and chronic heart failure (CHF)

Generic dapagliflozin should be prescribed 1st line for patients who are eligible for SGLT2i treatment unless it is contraindicated, not tolerated, or clinically unsuitable.

BACKGROUND

- Generic dapagliflozin launched in the UK in September 2025.
- NHS England (NHSE) has requested that all Integrated Care Boards (ICBs) take action to optimise prescribing of SGLT2is by ensuring that eligible patients are offered generic dapagliflozin as the first line agent.
- Dapagliflozin is the most prescribed SGLT2i in England and locally in NEL.
- NICE considers SGLT2is to be similar in terms of glucose-lowering effects, with dapagliflozin and empagliflozin having the strongest evidence base for heart failure and CKD protection ([NICE TA390](#)). NICE guidance on the treatment of diabetes states that where more than one medicine in the same class is appropriate, the option with the lowest acquisition cost should be chosen ([NICE NG28](#)).
- The availability of generic dapagliflozin presents a significant opportunity to improve value and optimise prescribing across the system.
- Dapagliflozin is approved on [NEL Formulary](#) for use in NHS North East London for T2DM, CKD and CHF.

ACTIONS FOR HEALTHCARE PROFESSIONAL

- Prescribe generic dapagliflozin for **all clinical indications**, in line with [product licence](#), as the preferred first-line, best-value SGLT2i for **all patients newly initiated on SGLT2i treatment** across NHS NEL unless it is contraindicated, not tolerated, or clinically unsuitable.
- This includes use of generic dapagliflozin in paediatric patients aged 10 years and above for the treatment of T2DM.
- Other SGLT2is (canagliflozin, empagliflozin, ertugliflozin) on formulary should **not be** routinely initiated.
- Review and accept OptimiseRx profile messages which have been enabled to support clinicians by prompting prescribing of generic dapagliflozin when **initiating** SGLT2i therapy.
- If dapagliflozin is contraindicated, not tolerated or clinically unsuitable, this should be clearly documented in the patient's medical record and an alternative SGLT2i may be considered if clinically appropriate.

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- Treatment should be reviewed in patients whose current SGLT2i becomes contra-indicated, no longer tolerated or clinically unsuitable, and generic dapagliflozin should be considered if clinically appropriate.
- Prescribers should note that dosing requirements may differ between SGLT2i and should therefore consult the appropriate Summary of Product Characteristics (SmPC) before prescribing: <https://www.medicines.org.uk/emc>

ROLES AND RESPONSIBILITIES

- NHS North East London Pharmacy and Medicines Optimisation Team is responsible for reviewing this document and ensuring that the information contained within this position statement remains accurate and up to date. This position statement should be adhered to when reviewing any proposed diabetes and/or SGLT2i related documents and when making prescribing recommendations.
- Prescribers should follow the actions listed in this position statement, to ensure best practice for safe and effective prescribing and to support best patient care.

REFERENCES

- NICE TA390: [Canagliflozin, dapagliflozin and empagliflozin as monotherapies for treating type 2 diabetes mellitus](#)
- NICE NG28: [Type 2 diabetes in adults: Management 2015](#) (last updated February 2026)
- [NHSE Letter Optimising Prescribing of SGLT2 inhibitors](#)