Optimising prescribing of SGLT2 inhibitors with generic dapagliflozin, version 2.0- February 2026

Hertfordshire and West Essex ICS recommend dapagliflozin (generic) as the preferred choice SGLT2 inhibitor, and support switching from alternative SGLT2 inhibitors to dapagliflozin in appropriate patients[1,2,3]. Dapagliflozin (generic) is the lowest cost SGLT2 inhibitor (see appendix 1 for background information and pricing).

1. Switch guidance

- Existing adult patients currently prescribed SGLT2 inhibitors other than dapagliflozin should be switched to generic dapagliflozin following assessment against the inclusion/exclusion criteria below (see supporting search tools for EMIS and SystmOne).
- All patients currently prescribed Branded Forxiga® should be switched to generic dapagliflozin.
- Switching should be based on a recent renal function monitoring test (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 patient letter and text to support the switch as appropriate, see appendix 4 and 5.

2. 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 see table 1 below

Table1

Patient cohorts	Generic dapagliflozin eligibility
T2DM	Yes
Heart Failure	Yes
CKD with T2DM	Yes
CKD without Type 2 diabetes mellitus	No

Refer to appendices 2 and 3 respectively, for a table comparing all SGLT2 inhibitor licensing information and comparative safety considerations for SGLT2 inhibitors.

3. Exclusion criteria

- Previous intolerance/hypersensitivity to dapagliflozin or any of the excipients listed in the SPC
- Previous treatment failure with dapagliflozin
- Pregnancy or breastfeeding
- 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
- Fixed dose combination product of any SGLT2 inhibitors such as Qtern® (dapagliflozin/saxagliptin), Xigduo® 5mg/1,000mg (dapagliflozin/metformin) and Xigduo® 5mg/850mg (dapagliflozin/metformin) are DOUBLE RED, not recommended for prescribing within primary and secondary care. Individual components should be prescribed separately. Dapagliflozin generic is not available as fixed dose combination products.

4. Recommended doses of dapagliflozin

- 10mg dapagliflozin once daily is the recommended standard dose of dapagliflozin[4]
- Patients should be advised to finish their existing SGLT2 inhibitor tablets before starting dapagliflozin
- No dose adjustment is required based on renal function[4].
- No dose adjustment is necessary for patients with mild or moderate hepatic impairment. In patients with severe hepatic impairment, a starting dose of 5mg dapagliflozin is recommended. If well tolerated, the dose can be increased to 10mg[4].

5. Switch support tools

- Patient information letter (see appendix 4)
- Sample text message template (see appendix 5)
- Patient friendly information sheet.

Follow up

- 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[3]. The advice is not to check for 4-6 weeks unless required for another clinical reason[3]. A modest initial decline in eGFR that is haemodynamic in nature and reversible 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. 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. **Refer to appendix 3 for further information.**

References

1- The HWE ICB "Sodium-glucose cotransporter-2 (SGLT2) inhibitors (Gliflozins) in adults with Type 2 Diabetes (T2DM)" summary document
2- The HWE treatment pathway 'SGLT2 inhibitors for treating chronic heart failure'- link
3- The 'treatment pathway Dapagliflozin, Empagliflozin & Canagliflozin for treating Chronic Kidney Disease (CKD) with or without Type 2 Diabetes'- link
4- Dapagliflozin, Empagliflozin, Ertugliflozin and Canagliflozin- Summary of Product Characteristics available at www.medicines.org.uk- Accessed October 2025
5- NICE BNF at https://bnf.nice.org.uk/ Accessed- October 2025
6- UK Kidney association statement- Use of generic dapagliflozin in CKD: UKKA statement | UK Kidney Association
7- With thanks to BLMK ICB for sharing their switch guidance information.
8- Further prescribing information- SGLT2 inhibitors- prescribing information
9- A reminder of the potential side effects associated with SGLT2 inhibitor treatment, including a small Diabetes and being ill | Managing when you're sick | Diabetes UK.

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Appendix 1

Background

SGLT2 inhibitors are indicated across a range of cardiovascular, renal and metabolic (CVRM) conditions, type 2 diabetes (T2DM), chronic kidney disease (CKD) and chronic heart failure (CHF). Dapagliflozin is the most prescribed SGLT2 inhibitor in HWE ICB, followed by empagliflozin. These two agents are considered by NICE to have similar clinical effectiveness.

The patent for branded dapagliflozin (Forxiga®) expired in August 2025 as a result, bioequivalent generic dapagliflozin is available in the UK supply chain, leading to a significant reduction in costs (see table 1 below).

Table 1. Comparing SGLT2 inhibitors prices (based on Drug Tariff, November 2025).

	Dapagliflozin	Empagliflozin	Canagliflozin	Ertugliflozin
Tablet strengths	5mg 10mg	10mg 25mg	100mg 300mg	5mg 15mg
Costs for 28 days treatment (generic)	10mg= £13.92 *5mg (starting dose in severe hepatic impairment only) £15.05	10mg/25mg = £36.59	100/300mg= £39.20	5mg/15mg= £29.40

Appendix 2:

Table 2. Dapagliflozin licensing information (obtained from BNF and SPC).

SGLT2 inhibitor	License indication	eGFR (ml/min/1.73m^2)					
		≥60	59-45	44-30*	< 30*	< 20*	< 15*
Dapagliflozin	T2DM HF CKD#	Start 10mg daily and continue [5mg (starting dose in severe hepatic impairment only)]					Continue existing patients on 10mg daily. No new initiations if eGFR <15.

*The glucose lowering efficacy is dependent on renal function & is reduced in people with eGFR <45ml/min & likely absent when eGFR <30ml/min. Additional glucose lowering therapies should be considered in people with T2DM when eGFR is persistently < 45ml/min & HbA1c is above the individualised target.
#Patients with chronic kidney disease without T2DM are excluded from switch to generic dapagliflozin (as the patent remains in place for this cohort).

Appendix 3:
All SGLT2 Inhibitors- Important prescribing information

1. MHRA drug safety update April 2016: inhibitors: updated advice on the risk of diabetic ketoacidosis
   Review DKA risk factors and address modifiable risk factors such as low-carbohydrate or ketogenic diets.
2. MHRA drug safety update February 2019: reports of Fournier's gangrene (necrotising fasciitis of the genitalia or perineum)
3. MHRA drug safety update March 2020: SGLT2 inhibitors: monitor ketones in blood during treatment interruption for surgical procedures or acute serious medical illness
4. Advised caution, patients with a low beta-cell function reserve (e.g. type 2 diabetes patients with low C-peptide or latent autoimmune diabetes in adults (LADA) or patients with a history of pancreatitis), patients with conditions that lead to restricted food intake or severe dehydration, patients for whom insulin doses are suddenly reduced and patients with increased insulin requirements due to acute medical illness, surgery or alcohol abuse.

Appendix 4: 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 5: Patient text message templates

Part A

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 LINK. Click the link HERE if you would like to discuss this further with a clinician.

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.