

SGLT2 inhibitor

Common medications	canagliflozin (Invokana®/Invokamet®) dapagliflozin (Forxiga®/Xigduo®) empagliflozin (Jardiance®/Synjardy®)														
Cardiorenal benefits in high- risk populations	<ul style="list-style-type: none"> • Heart protection: reduces the risk of heart attacks and heart failure • Kidney protection: improves kidney function and reduces albuminuria (protein in the urine) 														
Blood glucose lowering and weight-reducing action	<ul style="list-style-type: none"> • Increases the body's ability to get rid of sugar through urine (pee) • Sugar-dependent action: stronger blood sugar-lowering when blood sugars are above target; weak (or no) blood sugar-lowering when blood sugars are at- or below-target (medication on its own does not cause low blood sugars, but may have low blood sugar with other diabetes medications) • Weak (or no) blood sugar-lowering when kidney function is low (eGFR <45 mL/min/1.73m²) <table border="1" data-bbox="532 814 1489 940"> <thead> <tr> <th></th> <th>Glucose-lowering efficacy</th> <th>A1C-lowering (%)</th> <th>Weight-lowering (kg)</th> </tr> </thead> <tbody> <tr> <td>SGLT2i</td> <td>Intermediate to high</td> <td>0.5 – 0.7</td> <td>2 – 3</td> </tr> </tbody> </table>				Glucose-lowering efficacy	A1C-lowering (%)	Weight-lowering (kg)	SGLT2i	Intermediate to high	0.5 – 0.7	2 – 3				
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Special Considerations	<ul style="list-style-type: none"> • Monitor for genital mycotic (yeast) infections, counsel on genital hygiene • If experiencing dehydrating illness (e.g. vomiting, diarrhea, fever), implement SADMANS <ul style="list-style-type: none"> – fluid replacement with electrolytes – stop SGLT2i medication if unable to stay hydrated. Restart SGLT2i medication when eating and drinking normally • If taking loop diuretic: <ul style="list-style-type: none"> – if dehydrated, speak with your health-care provider • If taking insulin and/or insulin secretagogue and eGFR >45 mL/min/1.73m²: <ul style="list-style-type: none"> – If A1C ≤8.0%, consider dose reduction (i.e. 10-20% insulin and/or 50% insulin secretagogue) – With episodes of hypoglycemia, stop insulin secretagogue and reduce insulin dose <p>Continued</p>														

SGLT2 inhibitor (continued)

Special Considerations (continued)	<ul style="list-style-type: none">• Caution when combined with very low carbohydrate eating patterns and/or with suspected insulin deficiency• Risk of Diabetic Ketoacidosis (DKA), which may occur without hyperglycemia, rare in type 2 diabetes: treat promptly if suspected<ul style="list-style-type: none">– Signs of DKA may include nausea, vomiting, lack of appetite, abdominal pain, excessive thirst, difficulty breathing, confusion, unusual fatigue or sleepiness• Discontinue before scheduled surgery (e.g. 3–4 days), during critical illness, situations associated with high risk of acute kidney injury or during prolonged fasting• Good foot care always recommended – particularly in those with high-risk feet (loss of protective sensation, previous foot ulcer or amputation)• Small reduction in eGFR (<20%) expected when initiated
Cautions: Delay initiation of SGLT2i until condition resolved	<ul style="list-style-type: none">• Volume depletion• Low blood pressure (<95 mmHg)• Active Critical Limb Ischemia• Diabetic Ketoacidosis• Active genital mycotic infections (yeast infections)• Active urinary tract infection
Contraindications	<ul style="list-style-type: none">• Canagliflozin:<ul style="list-style-type: none">– contraindication in dialysis; do not initiate if eGFR <30mL/min/1.73m²• Dapagliflozin:<ul style="list-style-type: none">– contraindication in dialysis; do not initiate if eGFR <25mL/min/1.73m²• Empagliflozin:<ul style="list-style-type: none">– contraindication if eGFR <20mL/min/1.73m²

For more information see: [Stay Safe When You Have Diabetes and Are Sick or at Risk of Dehydration](#)