SGLT2 Inhibitors Precautions Guide

Sodium-Glucose Cotransporter-2 inhibitors (SGLT2i)

MCT2D MICHIGAN COLLABORATIVE FOR TYPE 2 DIABETES

CHRONIC KIDNEY DISEASE

- **Reduced** glycemic benefit if eGFR<45.
- **Monitor** kidney function ~2-3 wks after initiation.
- **Stop** if acute kidney injury, symptomatic hyperglycemia, or uncontrolled hyperkalemia.

PRIOR TO SURGERY

- **Hold for 4 days prior.**
- Resume after full oral intake is established.

VOLUME STATUS AND DEHYDRATION

- **Monitor** blood pressure.
- Adjust diuretics if volume depleted or hypotensive.
- Treat severe hyperglycemia prior to starting SGLT2i.
- Drink **~2 liters** H_2O/day, adjust for heart failure status.

HYPOGLYCEMIA

- Rare (<1%) risk of severe hypoglycemia.
- Consider reduce TDD insulin up to 20%.
- Consider reduce SU ~50%.
- **Monitor** glucose control closely.

GENITAL MYCOTIC INFECTIONS AND URINARY TRACT INFECTION

- **5-10% risk.**
- Treat severe hyperglycemia prior to starting.
- **Avoid** if history of chronic UTI, prior severe yeast infections.
- **Consider risks and benefits** if high risk (females, adults over age 60, or uncircumcised males).
- **Treat & continue** if mild; stop if recurrent.
- Counsel on perineal hygiene.

EUGLYCEMIC KETOACIDOSIS

- **Avoid** SGLT2i with very low carb diet (<50g/d).
- **Hold** for sick days, fasting, or prior to surgery.

NECROTIZING FASCIITIS OF PERINEUM

- **Advise** patients to seek medical attention for pain, redness, swelling of genitals and fever.

LOWER LIMB / TOE AMPUTATION [2,4,5]

- **Monitor** foot health and treat PAD and diabetic foot infection promptly.
- Consider avoiding Invokana in very high risk individuals or prior amputation.

BONE FRACTURE [1,3,5]

- **Screen** for fall risk.
- **Avoid** hypotension in elderly adults.
- May consider avoiding Invokana in very high risk individuals.

SEVERITY: LOW MODERATE HIGH

RARE/UNPROVEN
These risks have been reported in some clinical trials. Recent meta-analyses show no statistically significant risk. Use caution.

TDD = total daily dose; SU – sulfonylurea

(1) ADA 2025 doi: doi.org/10.2337/dc25-S004 (2) Das 2020 doi: 2020 2019 10.1016/j.jacc.2020.05.037 (3) Qiu 2021 doi: 10.1177/14791641211011016
(4) Buse 2020 doi: 10.2337/dci19-0066 (5) Li 2023 doi: 10.3389/fphar.2023.1275060