

Practical Points for SGLT2 Inhibitor Usage



Sick Day Protocol

- Temporarily withhold SGLT2 inhibitors if unwell for 24-48 hours; before major surgery & prolonged fasting
- Resume SGLT2 inhibitor once recovered and can eat and drink normally.
- Patient should seek medical attention if still unwell >48 hours.

Key Drug-Drug Interactions with SGLT2i Use

Lithium



May reduce serum lithium concentrations. **Monitor lithium levels and adjust dose as necessary.**

Digoxin



Can increase the plasma maximum plasma concentration (C_{max}:36%) and area under the curve (AUC:20%) of digoxin. **Therapeutic drug monitoring recommended during concurrent use and adjust digoxin dose as necessary.**

Uridine diphosphate glucuronosyltransferase (UGT) enzyme inducers



UGT enzyme inducers such as rifampin, phenytoin, ritonavir, and phenobarbital may reduce the effectiveness of SGLT2 inhibitors. **Consider increasing dose of SGLT2 inhibitor when used with these medications.**

RAASi (ACEi, ARBs MRAs)



Current observational data is suggestive of reduced hyperkalemia risk with concurrent RAASi and SGLT2 inhibitor use.



Special Situations

Hepatic Impairment

- SGLT2 inhibitors can be continued in mild or moderate hepatic impairment. However, only Empagliflozin is recommended for use in severe hepatic impairment.
- **Risk-benefit evaluation is necessary before use in patients with cirrhosis.**

Pregnancy and Breastfeeding

- Contraindicated in pregnancy and not advised during breastfeeding due to potential risk to infant's kidney development.