

Empagliflozin 10mg Tablets to Dapagliflozin 10mg Tablets Switch Guidance for GP practices

Disclaimer:

This resource has been developed to facilitate the safe and effective switch from empagliflozin 10mg to dapagliflozin 10mg, using current accessible references and is correct at the time of approval.

Clinicians using this resource must refer to local guidelines, use their own clinical judgement and take responsibility for their prescribing decisions.

Nottingham and Nottinghamshire ICB (N&N ICB) Medicines Optimisation Team only have oversight for the management of errors occurring within their own organisation. Each organisation is therefore responsible for any prescribing errors or omissions that may occur within their organisation because of using this resource and must follow their own safety governance process.

Organisations must inform N&N ICB Medicines Optimisation team should they become aware of any errors or updates required within this document.

Adapted from the Derbyshire ICB Pharmacy Team guidance for switching to dapagliflozin. With thanks and acknowledgement to Derby & Derbyshire ICB Medicines Optimisation Team.

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2. Introduction

The patent for dapagliflozin expired in August 2025 which makes it significantly more cost effective than empagliflozin. Currently both agents have the same local traffic light classification for their commonly used indications.

Dapagliflozin is already the most prescribed sodium-glucose co-transporter 2 inhibitor (SGLT2i) nationally. NHS England has recommended that ICBs support switching from empagliflozin to generic dapagliflozin and encourages switching over as soon as possible for enhanced cost efficiencies.

This document gives guidance on switching from empagliflozin 10mg to dapagliflozin 10mg for patients with type 2 diabetes mellitus (T2DM) and/or heart failure (HF).

The switch from empagliflozin 10mg to dapagliflozin 10mg is supported by:

- diabetes, renal, cardiology/heart failure specialists at Nottingham University Hospitals (NUH) and Sherwood Forest Hospitals (SFH) plus GP with specialist interest in diabetes and metabolic disease.
- NHS England

Patients on empagliflozin 25mg are excluded from this switch. (This is because empagliflozin 25mg is the dose used for patients who need tighter glycaemic control than was achieved on empagliflozin 10mg).

Patients on empagliflozin for chronic kidney disease (CKD) *without diabetes* are currently excluded from this switch. NHS England (Oct 2025) says CKD in patients without T2DM should be considered a patent protected indication for Forxiga® currently.

3. Comparative efficacy

The evidence indicates that dapagliflozin is as effective as empagliflozin. Dapagliflozin is licensed for T2DM and HF and has been recommended by NICE.

4. Scope

The guidance supports prescribers and pharmacists to:

- **switch individuals aged 18 years and over established on empagliflozin 10mg, to dapagliflozin 10mg for T2DM and / or HF, where clinically appropriate as part of shared decision making.**
- **review the indication and dosing appropriateness prior to switching to ensure dapagliflozin is prescribed safely and only where appropriate.**

This guidance does not include advice on switching patients from empagliflozin 25mg, this is outside of the scope of this guidance.

Changes should only be made AFTER consultation with the individual.

5. Individuals EXCLUDED from empagliflozin to dapagliflozin switch

Individuals should not be switched to dapagliflozin if:

- They are less than 18 years of age.
- They have tried and not tolerated dapagliflozin in the past.
- They are taking a combination product.
- They have an indication other than T2DM or HF.
- They have CKD without T2DM, NHS England (Oct 2025) says CKD in patients without T2DM should be considered a patent protected indication for Forxiga® currently.
- They have a known hypersensitivity to dapagliflozin or any of the excipients.
- They have type 1 diabetes mellitus – SGLT2i are not licensed in type 1 diabetes and should not be used.

Please refer to the APC [diabetes treatment guideline](#) and to the [SmPC for dapagliflozin](#) for information on interactions.

Please check the [SmPC](#) for the full list of contraindications and cautions to consider when switching to dapagliflozin.

See [Appendix 1](#) for general BNF overview of prescribing parameters

6. Switching to dapagliflozin

- Run a search to identify suitable individuals:
 - Searches for SystmOne and EMIS are available (see [Appendix 2](#)).
 - The searches will list adults aged 18 years and over who currently have empagliflozin 10mg on repeat template.
- A data collection form ([Appendix 3](#)) can be used to identify suitable patients.
- Include patients with T2DM or HF with no valid exclusion criteria as outlined in section 5.
- See [Appendix 1](#) for general BNF overview of prescribing parameters.
- Refer to the SmPC for dapagliflozin for detailed information of cautions and contraindications that may need to be considered before proceeding with the switch.
- Review patients that have not had a prescription issued for empagliflozin in the past 3 months – consider compliance and continued need.
- Review patients that have a T1DM code – consider coding and licensed use.
- Add dapagliflozin 10mg to repeat medications and remove empagliflozin 10mg. (Follow appropriate procedures for any patients using Electronic Repeat Dispensing)
- All changes must be communicated to the patient. This may be via a face-to-face or telephone consultation. Explain the need for cost-effective prescribing to make the best use of NHS resources. Explain that dapagliflozin is as effective as empagliflozin. In addition, a leaflet should also be issued for patients suitable for the switch in a format that is clear and accessible for the patient and/or their representative. A leaflet is available on the ICB Medicines Optimisation Team website – [dapagliflozin_switch_pil.pdf](#).
- **IMPORTANT – Patients in care settings.** Communication should be sent to the patient and ideally be communicated to care/nursing staff as per usual procedure.
- Individuals should be advised to use up their supply of empagliflozin before starting the newly prescribed dapagliflozin to prevent any wastage.
- After finishing their supply of empagliflozin, start dapagliflozin at the time the next dose of empagliflozin would have been due. Dapagliflozin is taken once daily. The tablet should be swallowed whole with a drink of water and can be taken with or without food.
- Liaise with local pharmacies in advance of multiple changes where possible, to support stock management.

7. Recording the switch

Empagliflozin must be removed from the repeat template and dapagliflozin added.

The switch must be documented in the patient record, and the correct read code must be added.

The correct read codes are:

- SystmOne: XaJKo Drug changed to cost effective alternative (SNOMED code: 408374000)
- EMIS: Drug changed to cost effective alternative (SNOMED code: 408374000)

If taking part in a funded ICB switch scheme, payment will only be made if the correct read code is used during the time frame stated in the practice agreement.

8. Dosing considerations

The standard dose of dapagliflozin is 10mg once daily and this is considered to be broadly equivalent in efficacy to empagliflozin 10mg.

Dapagliflozin 5mg is the starting dose for patients with severe hepatic impairment. Empagliflozin is not recommended for use in severe hepatic impairment.

See [Appendix 1](#) for general BNF overview of prescribing parameters

9. Drug Interactions

Please refer to the APC [diabetes treatment guideline](#) and to the [SmPC for dapagliflozin](#) for information on interactions.

10. Patient compliance aids (e.g. monitored dosage systems/ multidose compartment aids)

There are no known pharmaceutical issues with using dapagliflozin in compliance devices, however, consider understanding and ability to follow sick day rules.

Repackaging medication outside of the manufacturers original packaging involves risks and is often unlicensed.

The community pharmacist should be made aware of the change to avoid dispensing/supply error/duplication of script.

11. Appendix 1 – General BNF overview of prescribing parameters

Indication	Dapagliflozin	Empagliflozin
T2DM	10mg	10mg initially, can increase to 25mg if need tighter glycaemic control.
HF	10mg	10mg
CKD	10mg	10mg
Special Populations	Dapagliflozin	Empagliflozin
Renal impairment	eGFR < 45 mL/min/1.73m ² the glucose lowering effect will be reduced. eGFR < 15 mL/min/1.73m ² not recommended to initiate.	eGFR < 45 mL/min/1.73m ² the glucose lowering effect will be reduced. eGFR < 20 mL/min/1.73m ² not recommended to initiate.
Hepatic impairment	No dose adjustment is necessary for patients with mild or moderate hepatic impairment. In patients with severe hepatic impairment, a starting dose of 5 mg is recommended . If well tolerated, the dose may be increased to 10 mg.	No dose adjustment is required for patients with hepatic impairment. Empagliflozin exposure is increased in patients with severe hepatic impairment. Therapeutic experience in patients with severe hepatic impairment is limited and therefore not recommended for use in this population .
Elderly	No dose adjustment is recommended based on age.	No dose adjustment is recommended based on age. In patients 75 years and older, an increased risk for volume depletion should be taken into account.

12. Appendix 2 – Clinical Systems Resources

SystmOne	EMIS Web
<p>A search for patients aged 18 and over with a current repeat for empagliflozin 10mg is available in the F12 group of searches:</p> <ul style="list-style-type: none">• F12 007 ICB Meds Op Searches > 001e Cost Effective Workstreams	<p>A search for patients aged 18 and over with a current repeat for empagliflozin 10mg is available in:</p> <ul style="list-style-type: none">• 'ICB workstreams folder'

13. Appendix 3 - Data collection form

Patient ID	Age (18 years or over)	Current empagliflozin dose	Diagnosis of T2DM and/or HF and no other indication (Y/N)	Tried dapagliflozin in the past? (Y/N)	C/I or exclusion to dapagliflozin switch? (Y/N)	Compliance - prescriptions currently being issued (Y/N)	Switch agreed (Y/N)