

Kidney conditions: CKD and SGLT2 inhibitors

NICE indicator

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This other replaces IND262.

Indicator

The percentage of patients on the CKD register and currently treated with an angiotensin receptor blocker (ARB) or an ACE inhibitor (unless these are contraindicated) who are also treated with an SGLT-2 inhibitor if they have:

- no type 2 diabetes and an eGFR 20 ml/min/1.73 m² to 44 ml/min/1.73 m², or
- no type 2 diabetes and an eGFR 45 ml/min/1.73 m² to 59 ml/min/1.73 m² and a urine albumin-to-creatinine ratio (ACR) of 22.6 mg/mmol or more, or
- type 2 diabetes and a urine ACR 3 mg/mmol or more.

Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#).

To find out how to use indicators and how we develop them, see our [NICE indicator process guide](#).

Rationale

Chronic kidney disease (CKD) is a long-term condition characterised by abnormal function or structure (or both) and is an important public health problem associated with significant morbidity, premature mortality and high healthcare costs. Management of CKD aims to prevent or delay disease progression and the development of complications. SGLT-2 inhibitors can be used as an add on to standard care with ARBs or ACE inhibitors for people with CKD as there is evidence for benefits in terms of CKD progression, cardiovascular events and mortality. Modifiable risks for diabetic ketoacidosis should be addressed for people with type 2 diabetes before starting on an SGLT-2 inhibitor.

Source guidance

- [Dapagliflozin for treating chronic kidney disease. NICE technology appraisal guidance 1075 \(2025\), recommendation 1.1](#)
- [Empagliflozin for treating chronic kidney disease. NICE technology appraisal guidance 942 \(2023\), recommendation 1.1](#)
- [Type 2 diabetes in adults: management. NICE guideline NG28 \(2015, updated 2022\), recommendations 1.8.17 to 1.8.19](#)

Specification

Numerator: The number of patients in the denominator who are currently treated with an SGLT-2 inhibitor.

Denominator: The number of patients on the CKD register currently treated with an ARB or an ACE inhibitor (unless these are contraindicated) and:

- no type 2 diabetes and eGFR 20 ml/min/1.73 m² to 44 ml/min/1.73 m², or
- no type 2 diabetes and eGFR 45 ml/min/1.73 m² to 59 ml/min/1.73 m² and urine ACR of 22.6 mg/mmol or more, or
- type 2 diabetes and urine ACR 3 mg/mmol or more.

Calculation: Numerator divided by the denominator, multiplied by 100.

Definitions:

- Current treatment with an ARB or an ACE inhibitor is defined as a prescription in the last 6 months of the reporting period. This should be before the last prescription of an SGLT-2 inhibitor.
- The last recorded ACR measurement and last recorded eGFR measurement should be used for inclusion in the indicator.

Exclusions: Patients with eGFR less than 20 ml/min/1.73 m².

Personalised care adjustments or exception reporting should be considered to account for situations where the patient declines, does not attend or if treatment with an SGLT-2 inhibitor is not appropriate.

Expected population size: Data from CPRD Aurum (March 2024 release) shows that 0.6% of people in England are on the CKD register, currently treated with an ARB or ACE inhibitor, and:

- no type 2 diabetes and eGFR 20 ml/min/1.73 m² to 44 ml/min/1.73 m², or
- no type 2 diabetes and eGFR 45 ml/min/1.73 m² to 59 ml/min/1.73 m² and urine ACR of 22.6 mg/mmol or more, or
- type 2 diabetes and urine ACR 3 mg/mmol or more.

58 patients for an average practice with 10,000 patients. [CPRD Aurum March 2024 \(Version 2024.03.001\) \[Data set\] Clinical Practice Research Datalink](#). To be suitable for use in QOF, there should be more than 20 patients eligible for inclusion in the denominator, per average practice with 10,000 patients, prior to application of personalised care adjustments.

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