

Kidney conditions: CKD and SGLT2 inhibitors

NICE indicator

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www.nice.org.uk/indicators/ind324

This indicator replaces IND322.

Indicator

The percentage of patients on the CKD register who are treated with an SGLT-2 inhibitor if they have:

- type 2 diabetes, or
- no type 2 diabetes and
 - an eGFR 20 ml/min/1.73 m² to 44 ml/min/1.73 m² and are currently treated with an ACE inhibitor or angiotensin receptor blocker (ARB) (unless these are contraindicated) or
 - an eGFR 45 ml/min/1.73 m² to 59 ml/min/1.73 m², are currently treated with an ACE inhibitor or ARB (unless these are contraindicated) and have a urine albumin-to-creatinine ratio (ACR) of 22.6 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 to treat CKD as there is evidence for benefits in terms of CKD progression, cardiovascular events and mortality and are also associated with a reduction in cardiovascular events when used to treat type 2 diabetes. Modifiable risks for diabetic ketoacidosis should be addressed for people with type 2 diabetes before starting on an SGLT-2 inhibitor.

Source guidance

- [Type 2 diabetes in adults: management. NICE guideline NG28 \(2015, updated 2026\)](#), recommendations 1.18.1 and 1.18.2
- [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

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 who have:

- Type 2 diabetes, or
- no type 2 diabetes and
 - eGFR 20 ml/min/1.73 m² to 44ml/min/1.73 m² and are currently treated with an ACE inhibitor or ARB (unless these are contraindicated), or
 - eGFR 45 ml/min/1.73 m² to 59 ml/min/1.73 m², are currently treated with an ACE inhibitor or ARB (unless these are contraindicated), and have a urine ACR of 22.6 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 1.1% of people in England are on the CKD register, and have:

- type 2 diabetes, or
- no type 2 diabetes and
 - eGFR 20 ml/min/1.73 m² to 44 ml/min/1.73 m² and are currently treated with an ACE inhibitor or ARB (unless these are contraindicated), or

- eGFR 45 ml/min/1.73 m² to 59 ml/min/1.73 m², are currently treated with an ACE inhibitor or ARB (unless these are contraindicated), and have a urine ACR of 22.6 mg/mmol or more (113 patients for an average practice with 10,000 patients). This estimate does not exclude all people with type 2 diabetes and an eGFR less than 20 ml/min/1.73 m² ([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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