

Peri-Procedure Management of Patients on Sodium-glucose cotransporter-2 (SGLT-2) Inhibitors

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.

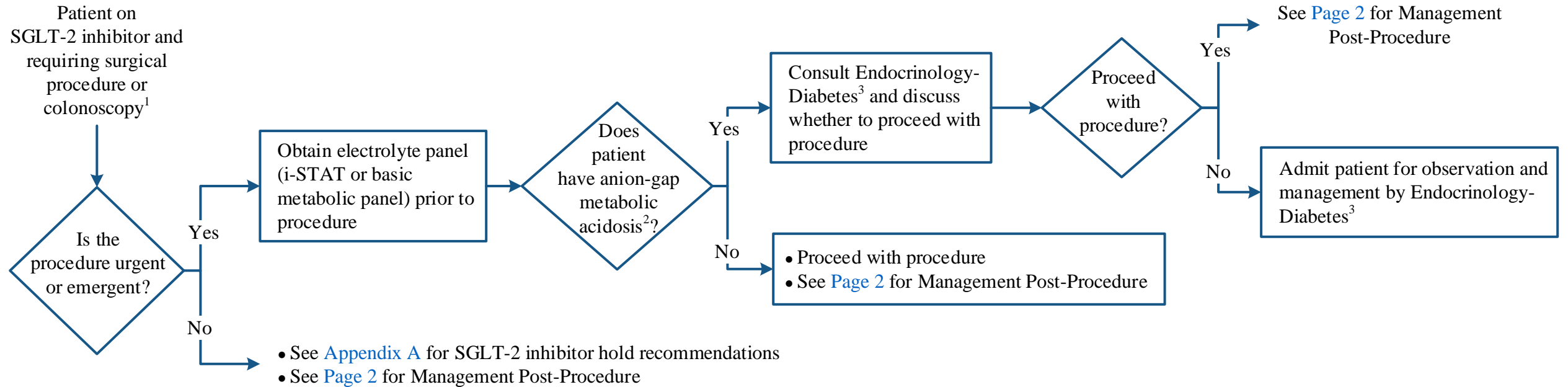
Note: Patients on SGLT2 inhibitors have an increased risk of euglycemic (glucose < 250 mg/dL) and hyperglycemic diabetic ketoacidosis (DKA) during the peri-procedure period.

MANAGEMENT PRE-PROCEDURE

PRESENTATION

ASSESSMENT

EVALUATION



¹ There are insufficient data to make recommendations regarding the need to hold SGLT-2 inhibitors for procedures other than scheduled surgery or colonoscopy

² Anion-gap metabolic acidosis defined as bicarbonate ≤ 18 mEq/L and anion gap >10 [anion gap = sodium – (chloride + bicarbonate)]

³ Consult the inpatient Endocrinology-Diabetes Team A by the on-call system with direct provider to provider communication

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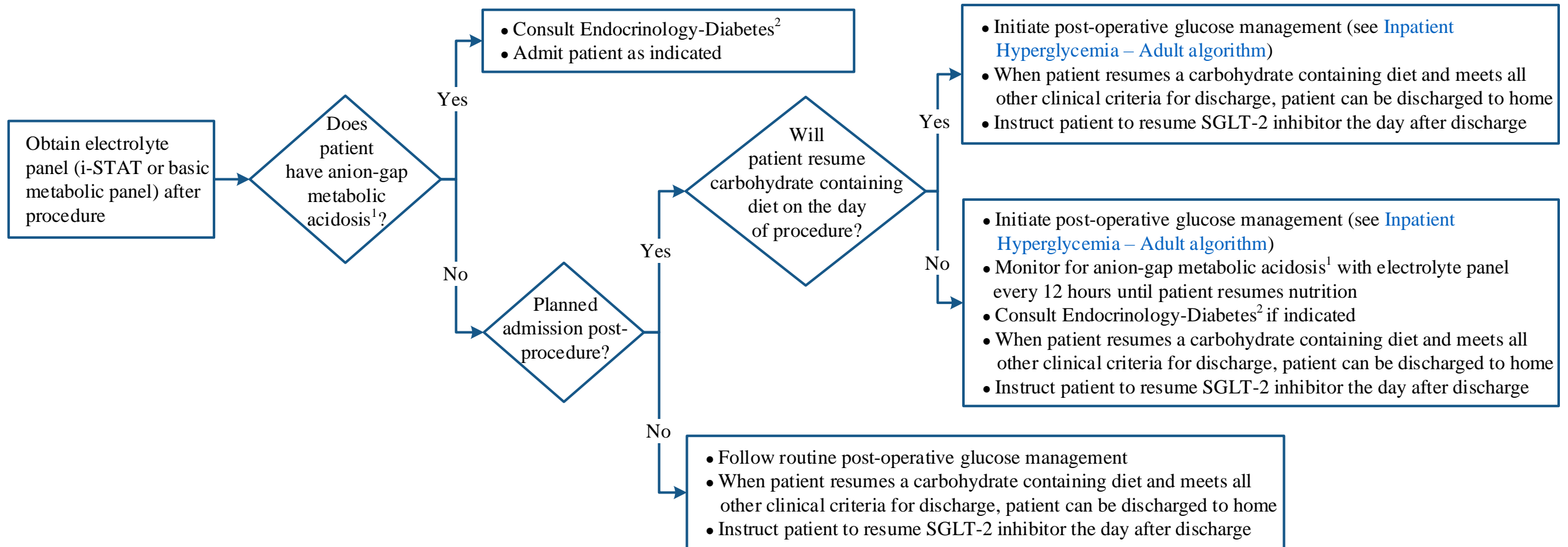
Note: Patients on SGLT2 inhibitors have an increased risk of euglycemic (glucose < 250 mg/dL) and hyperglycemic diabetic ketoacidosis (DKA) during the peri-procedure period.

MANAGEMENT POST-PROCEDURE

ASSESSMENT

EVALUATION

INTERVENTIONS/FOLLOW UP



¹ Anion-gap metabolic acidosis defined as bicarbonate ≤ 18 mEq/L and anion gap >10 [anion gap = sodium – (chloride + bicarbonate)]

² Consult the inpatient Endocrinology-Diabetes Team A by the on-call system with direct provider to provider communication

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APPENDIX A: SGLT-2 Inhibitors¹ and Recommended Hold Times

Note: Holding SGLT-2 inhibitors prior to surgery increases the risk for hyperglycemia.

- During the period when SGLT-2 inhibitors are held, it is essential that patients monitor their blood glucose prior to breakfast (fasting) and at bedtime (2 times daily)
- Patients should be instructed to contact their procedural/surgical team and treating primary care physician (PCP)/endocrinologist IMMEDIATELY for any glucose value > 250 mg/dL
- If a patient is either unable to reach the treating PCP/endocrinologist or the PCP/endocrinologist is uncomfortable with management, an URGENT Endocrinology-Diabetes referral should be placed. For urgent Endocrinology-Diabetes referrals, page the outpatient team through the on-call system.

Require holding for 3 days (72 hours)

- Canagliflozin (Invokana®)
- Canagliflozin/metformin (Invokamet®)
- Canagliflozin/metformin XR (Invokamet® XR)
- Dapagliflozin (Farxiga®)
- Dapagliflozin/metformin XR (Xigduo®)
- Dapagliflozin/metformin XR (Xigduo® XR)
- Dapagliflozin/saxagliptin (Qtern®)
- Dapagliflozin/saxagliptin/metformin (Qternmet® XR)
- Empagliflozin (Jardiance®)
- Empagliflozin/metformin (Synjardy®)
- Empagliflozin/metformin XR (Synjardy® XR)
- Empagliflozin/linagliptin (Glyxambi®)
- Empagliflozin/linagliptin/metformin XR (Trijardy® XR)

Require holding for 4 days (96 hours)

- Ertugliflozin (Steglatro™)
- Ertugliflozin/metformin (Segluromet™)
- Ertugliflozin/sitagliptin (Steglujan™)

¹ All SGLT-2 inhibitors are non-formulary

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SUGGESTED READINGS

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DEVELOPMENT CREDITS

This practice consensus statement is based on majority opinion of the Peri-Procedure Management of Patients on SGLT-2 work group at the University of Texas MD Anderson Cancer Center for the patient population. These experts included:

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