Jardiance (Empagliflozin) — PBS Eligibility

SGLT-2 inhibitor; T2DM, heart failure & CKD

PBS AUTHORITY

10 mg once daily covers four PBS indications — type 2 diabetes, heart failure (reduced or preserved EF) and chronic kidney disease. A CV-risk/ATSI fast-track has removed the HbA1c requirement for T2DM since 1 Apr 2025, and CKD eligibility was broadened from 1 Nov 2025. Confirm the exact current eGFR/UACR bands and wording at pbs.gov.au.

ELIGIBILITY — FOUR PATHWAYS

✓ **T2DM — standard**	T2DM confirmed (not T1DM, LADA or gestational); with metformin unless contraindicated/intolerant. Standard listing still needs HbA1c above the PBS threshold despite metformin.
✓ **T2DM — CV-risk/ATSI**	No HbA1c threshold if established cardiovascular disease, high CV risk, or Aboriginal or Torres Strait Islander, with metformin — in force from 1 Apr 2025.
✓ **Heart failure**	PBS-listed as adjunct to standard HF therapy across the EF spectrum (HFrEF and HFpEF), irrespective of diabetes status.
✓ **Chronic kidney disease**	eGFR/albuminuria-based; broadened 1 Nov 2025 to cover earlier-stage disease; funded with or without diabetes. Exact bands are detailed — confirm directly at pbs.gov.au.

BY INDICATION

Indication	Dose	Key note
Type 2 diabetes	10 mg; may increase to 25 mg if tolerated and more glycaemic control is needed	Combine with metformin, SU, DPP-4i or insulin; not with a GLP-1 RA or another SGLT-2i
Heart failure	10 mg only — 25 mg not studied or funded for HF	Adjunct to standard HF therapy; not monotherapy
CKD	10 mg only, irrespective of eGFR within range	No renal dose adjustment; eligibility eGFR differs by indication

VERIFY AT PBS

Expect a small, reversible eGFR dip in the first ~4 weeks — don't stop for this alone. Exact eGFR/UACR bands, HbA1c thresholds and item codes are not reproduced here — confirm at pbs.gov.au.

■ SAFETY

- Sick-day rules: stop temporarily during acute illness with vomiting/diarrhoea/dehydration, major surgery, prolonged fasting, or severe infection — euglycaemic DKA risk; check ketones if unwell despite normal glucose
- Genital thrush is common — counsel and treat; rare but serious: Fournier's gangrene — urgent review for perineal pain
- Volume depletion, especially in older patients on diuretics — review BP and hydration
- Hypoglycaemia risk only if combined with a sulfonylurea or insulin

◆ CHECK / EXCLUDE

- Confirm current eGFR/UACR bands for the CKD indication at pbs.gov.au — broadened Nov 2025 and multi-tiered, not a single cut-off
- Exclude: T1DM/DKA history, dialysis/transplant (stop before), pregnancy/breastfeeding; caution with recurrent genital infection/UTI
- eGFR under 20: avoid initiation; existing patients may continue
- Don't combine with another SGLT-2 inhibitor