

# Empagliflozin

Prescribing information for Empagliflozin: [United Kingdom](#) and [Republic of Ireland](#).  
Adverse event reporting information can be found at the bottom of the page

# Linagliptin

5mg tablets

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This promotional document has been developed and funded by Boehringer Ingelheim for healthcare professionals in the UK and Ireland only.

## All onboard? A case-based approach to managing T2D in adults with complex comorbidities

### Case snapshots (fictional cases)

#### Fabian (61 y.o.)



**History:** T2D, hypertension, smoker, raised NT-proBNP (650 pg/mL)

**Medications:** metformin 1 g BD, CCB, statin

**Diagnosis:** HF with mildly reduced EF (LVEF 44%)

**Action:** Consider SGLT2i (Empagliflozin) for HF and glycaemic control

**Learning:** NT-proBNP can guide early HF detection in T2D<sup>1</sup>

#### Moira (58 y.o.)



**History:** T2D, hypertension, ACR 28 mg/mmol, eGFR 85 mL/min/1.73 m<sup>2</sup>

**Medications:** metformin 1 g BD, ARB, statin

**Diagnosis:** Early CKD (A2 albuminuria)

**Action:** Optimise BP, consider SGLT2i (Empagliflozin) for renal protection

**Learning:** Albuminuria may precede eGFR decline – screen regularly<sup>2</sup>

#### Martha (79 y.o.)



**History:** T2D, CKD stage 3b, recent collapse

**Medications:** metformin 1 g BD, sulphonylurea, Empagliflozin 10 mg/day, ACEi, statin

**Diagnosis:** Recurrent hypoglycaemia

**Action:** Discontinue sulphonylurea, and initiate Linagliptin

**Learning:** Linagliptin is generally well-tolerated in the elderly\* and those with CKD and T2D<sup>†3-5</sup>

### Medication insights

#### Empagliflozin: Composite primary endpoints:

CKD – EMPA-KIDNEY

↓ (3.6% ARR)<sup>†</sup>  
**28%**

Relative risk reduction in kidney disease progression or CV death versus placebo<sup>6</sup>

HFrEF – EMPEROR-REDUCED

↓ (5.2% ARR)<sup>§</sup>  
**25%**

Relative risk reduction in CV death or HHF in LVEF ≤40% versus placebo<sup>7</sup>

HFmrEF and HFpEF – EMPEROR-PRESERVED

↓ (3.3% ARR)<sup>¶</sup>  
**21%**

Relative risk reduction in CV death or HHF in LVEF >40% versus placebo<sup>8</sup>

It is not recommended to initiate treatment with Empagliflozin in patients with an eGFR <20 mL/min/1.73 m<sup>2</sup>.<sup>9</sup>

#### Linagliptin:



Linagliptin has demonstrated efficacy in adults, including elderly patients over the age of 75 versus placebo when used as a monotherapy or an add-on therapy (post-hoc)<sup>†4</sup>



Efficacy of Linagliptin remains consistent across all stages of kidney function in eligible patients with T2D<sup>5,10</sup>



Linagliptin is always 5 mg once daily, with no need for dose adjustments in renal impairment<sup>3</sup>

#### Safety information

The most frequently reported adverse event for Linagliptin was hypoglycaemia when given in combination with metformin plus a sulphonylurea. When Linagliptin is used in combination with a sulphonylurea and/or insulin, caution is advised and a dose reduction of the sulphonylurea or insulin may be considered.<sup>3</sup>

The most frequently reported adverse event for Empagliflozin was hypoglycaemia when given with a sulphonylurea or insulin. When Empagliflozin is used in combination with a sulphonylurea and/or insulin, a lower dose of the sulphonylurea or insulin may be considered.<sup>9</sup>

#### Therapeutic indications

Linagliptin is indicated in adults with type 2 diabetes as an adjunct to diet and exercise to improve glycaemic control as monotherapy (when metformin is inappropriate due to intolerance, or contraindicated due to renal impairment) and in combination therapy.<sup>3</sup>

Empagliflozin is indicated for the treatment of adults with insufficiently controlled type 2 diabetes as an adjunct to diet and exercise as monotherapy (when metformin is inappropriate due to intolerance) and in combination therapy. Empagliflozin is indicated in adults for the treatment of chronic kidney disease. Empagliflozin is indicated in adults for the treatment of symptomatic chronic heart failure.<sup>9</sup>

\*Data based on pooled analysis and randomised control trials where Linagliptin was given as either monotherapy or an add-on therapy; †Data based on post-hoc subgroup analysis from pooled data; ‡HR=0.72; 95% CI: 0.64, 0.82; §HR=0.75; 95% CI: 0.65, 0.86; ¶HR=0.79; 95% CI: 0.69, 0.90; p<0.001.

ACEi: angiotensin-converting enzyme inhibitor; ACR: albumin-to-creatinine ratio; ARB: angiotensin II receptor blocker; ARR: absolute risk reduction; BD: twice daily; BP: blood pressure; CCB: calcium channel blocker; CKD: chronic kidney disease; CV: cardiovascular; EF: ejection fraction; eGFR: estimated glomerular filtration rate; HF: heart failure; HFpEF: heart failure with preserved ejection fraction; HFmrEF: heart failure with reduced ejection fraction; HHF: hospitalisation for heart failure; LVEF: left ventricular ejection fraction; NT-proBNP: N-terminal pro-B-type natriuretic peptide; SGLT2i: sodium-glucose cotransporter-2 inhibitor; T2D: type 2 diabetes; y.o: years old.

Please review the Summary of Product Characteristics for Linagliptin and Empagliflozin for the full information on dosing, adverse events, contraindications, special warnings and precautions for use before prescribing. Available at: [www.medicines.org.uk](http://www.medicines.org.uk) (UK) and <https://www.medicines.ie> (ROI).<sup>3,9</sup>

1. NICE guideline. NG106. Available at: <https://www.nice.org.uk/guidance/ng106> (accessed May 2026); 2. Kidney Disease: Improving Global Outcomes CKD Work Group. Kidney Int. 2024;105:S117–S314; 3. Linagliptin Summary of Product Characteristics. Available at: [www.medicines.org.uk](http://www.medicines.org.uk) (UK) and <https://www.medicines.ie> (ROI) (accessed May 2026); 4. Del Prato S, et al. *Nutr Metab Cardiovasc Dis*. 2016;26:886–892; 5. Groop PH, et al. *Diabetes Obes Metab*. 2014;16:560–568; 6. Herrington WG, et al. *N Engl J Med*. 2023;388(2):117–127; 7. Packer M, et al. *N Engl J Med*. 2020;383(15):1413–1424; 8. Anker SD, et al. *N Engl J Med*. 2021;385(16):1451–1461; 9. Empagliflozin Summary of Product Characteristics. Available at: [www.medicines.org.uk](http://www.medicines.org.uk) (UK) and <https://www.medicines.ie> (ROI) (accessed May 2026); 10. McGill JB, et al. *Diabetes Care*. 2013;36:237–244.

Adverse events should be reported. Reporting forms and information can be found at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) (UK) or <https://www.hpra.ie/homepage/about-us/report-an-issue> (IRE). Adverse events should also be reported to Boehringer Ingelheim Drug Safety on 0800 328 1627 (freephone) (UK) or 01 2913960 (IRE), or by email: [PV\\_local\\_uk\\_ireland@boehringer-ingelheim.com](mailto:PV_local_uk_ireland@boehringer-ingelheim.com)