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on Drugs and Therapeutics

Comparison Chart: **SODIUM-GLUCOSE COTRANSPORTER 2 (SGLT2) INHIBITORS**

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SODIUM-GLUCOSE COTRANSPORTER 2 (SGLT2) INHIBITORS

DRUG	USUAL ADULT DOSAGE	RENAL DOSAGE ADJUSTMENTS	COST ^{1,2}
Bexagliflozin – generic <i>Brenzavvy</i> (Theracos Bio) 20 mg tabs	20 mg PO once daily	eGFR <30 mL/min/1.73 m²: Not recommended	\$131.60 39.00
Canagliflozin – <i>Invokana</i> (Janssen) 100, 300 mg tabs	100 mg PO once daily, increase up to 300 mg once daily with UGT inducers* eGFR ≥60 mL/min/1.73 m²: 200 mg once daily, may increase to 300 mg once daily if needed eGFR <60 mL/min/1.73 m²: 200 mg once daily	eGFR 30–<60 mL/min/1.73 m²: 100 mg once daily eGFR <30 mL/min/1.73 m²: ■ Initiation not recommended ■ Patients with albuminuria can continue 100 mg once daily Dialysis: Contraindicated	598.60
Dapagliflozin – generic <i>Farxiga</i> (AstraZeneca) 5, 10 mg tabs	Type 2 diabetes: 5 mg PO once daily, increase to 10 mg once daily Heart failure and CKD: 10 mg PO once daily	eGFR 25–45 mL/min/1.73 m²: ■ Not recommended to improve glycemic control ■ For all other indications, 10 mg once daily eGFR <25 mL/min/1.73 m²: ■ Initiation not recommended ■ Can continue 10 mg once daily to reduce the risk of eGFR decline, ESRD, CV death, and hospitalization for heart failure Dialysis: Contraindicated	378.80 599.70
Empagliflozin – <i>Jardiance</i> (Boehringer Ingelheim/Lilly) 10, 25 mg tabs	10 mg PO once daily, increase up to 25 mg once daily	eGFR <45 mL/min/1.73 m²: ■ Initiation not recommended ■ Discontinue if eGFR persists in this range eGFR <30 mL/min/1.73 m², ESRD, or dialysis: Contraindicated	629.40
Ertugliflozin – <i>Steglatro</i> (Merck) 5, 15 mg tabs	5 mg PO once daily, increase up to 15 mg once daily	eGFR 30–<60 mL/min/1.73 m²: ■ Initiation not recommended ■ Discontinue if eGFR persists in this range eGFR <30 mL/min/1.73 m², ESRD, or dialysis: Contraindicated	357.00

*Uridine diphosphate-glucuronosyltransferase (UGT) inducers include rifampin, phenytoin, phenobarbital, and ritonavir.

ADMINISTRATION

- ▶ All should be taken in the morning to avoid nocturia
- ▶ All (except canagliflozin) can be taken with or without food; canagliflozin should be taken before the first meal of the day
- ▶ Correct volume depletion before starting
- ▶ Consider temporarily stopping in cases of reduced oral intake (such as acute illness or fasting) or fluid loss (such as gastrointestinal illness or excessive heat exposure)

COMMENTS

- SGLT2 inhibitors decrease renal glucose reabsorption and increase urinary glucose excretion, reducing fasting and postprandial blood glucose levels
- Reduce A1C 0.5–0.7%
- Weight loss (2–4 kg)
- Reduce systolic blood pressure
- No hypoglycemia when used as monotherapy
- **Pregnancy:** no human data; affected renal development in animal studies

RENAL CONSIDERATIONS

- ▶ Efficacy decreases with worsening renal function
- ▶ Risk of renal adverse effects is increased in elderly patients and in those with renal impairment
- ▶ Acute kidney injury (requiring hospitalization and dialysis in some cases) has been reported with canagliflozin and dapagliflozin

1. Approximate WAC for 30 days' treatment with the lowest usual dosage. WAC = wholesale acquisition cost, or manufacturer's published price to wholesalers; WAC represents published catalogue or list prices and may not represent actual transactional prices. Source: Analysource® Monthly. November 5, 2025. Reprinted with permission by First Databank, Inc. All rights reserved. ©2025. www.fdbhealth.com/policies/drug-pricing-policy.
2. Some drugs are available at costplusdrugs.com or directly from the manufacturer at a reduced price.

SODIUM-GLUCOSE COTRANSPORTER 2 (SGLT2) INHIBITORS (continued)

CARDIOVASCULAR and RENAL INDICATIONS AND DATA

Drug	CV or Renal FDA Approval	Indication/Efficacy	Some Clinical Trials
Bexagliflozin	None	▪ Noninferior to placebo for MACE in patients with type 2 diabetes	BEST ¹
Canagliflozin	CV & Renal	▪ FDA-approved to reduce the risk of MACE in adults with type 2 diabetes and CV disease ▪ FDA-approved to reduce the risk of end-stage kidney disease, doubling of serum creatinine, CV death, and hospitalization for HF in adults with type 2 diabetes and diabetic nephropathy with albuminuria	CANVAS and CANVAS-R ² CREDENCE ³
Dapagliflozin	CV & Renal	▪ FDA-approved to reduce the risk of hospitalization for HF in adults with type 2 diabetes and established CV disease or multiple CV risk factors ▪ FDA-approved to reduce the risk of CV death, hospitalization for HF, and urgent HF visits in adults with HF ▪ FDA-approved to reduce the risk of sustained eGFR decline, end-stage kidney disease, CV death, and hospitalization for HF in adults with CKD at risk of disease progression	DECLARE-TIMI 58 ⁴ DAPA-HF ⁵ and DELIVER ⁶ DAPA-CKD ⁷
Empagliflozin	CV & Renal	▪ FDA-approved to reduce the risk of CV death in adults with type 2 diabetes and established CVD ▪ FDA-approved to reduce the risk of CV death and hospitalization for HF in patients with HF ▪ FDA-approved to reduce the risk of sustained eGFR decline, end-stage kidney disease, CV death, and hospitalization for HF in adults with CKD at risk of progression	EMPA-REG OUTCOME ⁸ EMPEROR-Reduced ⁹ EMPEROR-Preserved ¹⁰ EMPA-KIDNEY ¹¹
Ertugliflozin	None	▪ Noninferior to placebo for MACE in patients with type 2 diabetes	VERTIS-CV ¹²

CV = cardiovascular; CKD = chronic kidney disease; HF = heart failure; MACE = major adverse cardiovascular events (cardiovascular death, nonfatal MI, or nonfatal stroke)

1. JJV McMurray et al. The bexagliflozin efficacy and safety trial (BEST): a randomized, double-blind, placebo-controlled trial. Diabetes 2020; 69(suppl 1):32-OR.
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4. SD Wiviott et al. Dapagliflozin and cardiovascular outcomes in type 2 diabetes. N Engl J Med 2019; 380:347.
5. JJV Murray et al. Dapagliflozin in patients with heart failure and reduced ejection fraction. N Engl J Med 2019; 381:1995.
6. SD Solomon et al. Dapagliflozin in heart failure with mildly reduced or preserved ejection fraction. N Engl J Med 2022; 387:1089.
7. HJL Heerspink et al. Dapagliflozin in patients with chronic kidney disease. N Engl J Med 2020; 383:1436.
8. B Zinman et al. Empagliflozin, cardiovascular outcomes, and mortality in type 2 diabetes. N Engl J Med 2015; 373:2117.
9. M Packer et al. Cardiovascular and renal outcomes with empagliflozin in heart failure. N Engl J Med 2020; 383:1413.
10. SD Anker et al. Empagliflozin in heart failure with a preserved ejection fraction. N Engl J Med 2021; 385:1451.
11. WG Herrington et al. Empagliflozin in patients with chronic kidney disease. N Engl J Med 2023; 388:117.
12. CP Cannon et al. Cardiovascular outcomes with ertugliflozin in type 2 diabetes. N Engl J Med 2020; 383:1425.

SOME ADVERSE EFFECTS

- Genital mycotic infections
- Fournier's gangrene
- Volume depletion
- Acute kidney injury
- Hypotension
- Increased LDL-cholesterol
- Increased hemoglobin and/or hematocrit
- Ketoacidosis
- Increased risk of lower limb amputations with canagliflozin and ertugliflozin; SGLT2 inhibitors should generally not be used in patients at risk for foot amputation
- Possible increased fracture risk
- Dapagliflozin is contraindicated for use in patients with active bladder cancer

DRUG INTERACTIONS

Class:

- Hypoglycemia has occurred when used in combination with insulin and sulfonylureas

Canagliflozin:

- UGT inducers (e.g., rifampin, phenytoin, phenobarbital, ritonavir) decrease the AUC of canagliflozin and possibly its efficacy; canagliflozin dosage adjustments are recommended
- Canagliflozin could increase digoxin serum concentrations

SODIUM-GLUCOSE COTRANSPORTER 2 (SGLT2) INHIBITORS (continued)

SGLT2 INHIBITOR COMBINATION PRODUCTS			
DRUG/FORMULATIONS	USUAL ADULT DOSAGE	DOSAGE ADJUSTMENTS	COST ^{1,2}
SGLT2 Inhibitor/Metformin Combinations			
Canagliflozin/metformin – <i>Invokamet</i> 50/500, 50/1000, 150/500, 150/1000 mg tabs extended-release – <i>Invokamet XR</i> 50/500, 50/1000, 150/500, 150/1000 mg ER tabs	50/500 mg-150/500 mg PO twice daily with meals	eGFR 45 to <60 mL/min/1.73 m²: Canagliflozin 100 mg daily	\$598.60
	100/1000 mg -300/1000 mg PO once daily in the morning with a meal	eGFR 30 to <45 mL/min/1.73 m²: ▪ Initiation not recommended ▪ Limit dose of canagliflozin to 100 mg daily eGFR <30 mL/min/1.73 m², ESRD, or dialysis: Contraindicated UGT Inducers: See canagliflozin on page 2	598.60
Dapagliflozin/metformin – generic 5/1000, 10/1000 mg ER tabs <i>Xigduo XR</i> 2.5/1000, 5/500, 5/1000, 10/500, 10/1000 mg ER tabs	5/500-10/1000 mg PO once daily in the morning with the first meal of the day	eGFR 30 to <45 mL/min/1.73 m²: Not recommended	378.50
		eGFR <30 mL/min/1.73 m², ESRD, or dialysis: Contraindicated	599.70
Empagliflozin/metformin – <i>Synjardy</i> 5/500, 5/1000, 12.5/500, 12.5/1000 mg tabs extended-release – <i>Synjardy XR</i> 5/1000, 10/1000, 12.5/1000, 25/1000 mg ER tabs	5/500-12.5/1000 mg PO bid with meals	eGFR <45 mL/min/1.73 m², ESRD, or dialysis: Contraindicated	629.40
	5/1000-25/1000 mg PO once daily in the morning with a meal		629.40
Ertugliflozin/metformin – <i>Segluromet</i> 2.5/500, 2.5/1000, 7.5/500, 7.5/1000 mg tabs	2.5/500-7.5/1000 mg PO bid with meals	eGFR 30 to <60 mL/min/1.73 m²: ▪ Initiation not recommended ▪ Discontinue if eGFR is persistently in this range eGFR <30 mL/min/1.73 m², ESRD, or dialysis: Contraindicated	357.00
SGLT2 Inhibitor/DPP-4 Inhibitor Combinations			
Empagliflozin/linagliptin – <i>Glyxambi</i> 10/5, 25/5 mg tabs	10/5-25/5 mg PO once daily in the morning, with or without food	eGFR <45 mL/min/1.73 m², ESRD, or dialysis: ▪ Initiation not recommended ▪ Discontinue if eGFR is persistently in this range eGFR <30 mL/min/1.73 m², ESRD, or dialysis: Contraindicated	629.40
Ertugliflozin/sitagliptin – <i>Steglujan</i> 5/100, 15/100 mg tabs	5/100-15/100 mg PO once daily in the morning, with or without food	eGFR 30 to <60 mL/min/1.73 m²: ▪ Initiation not recommended ▪ Discontinue if eGFR is persistently in this range eGFR <30 mL/min/1.73 m², ESRD, or dialysis: Contraindicated	549.90

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Approximate WAC for 30 days’ treatment with the lowest usual dosage. WAC = wholesale acquisition cost, or manufacturer’s published price to wholesalers; WAC represents published catalogue or list prices and may not represent actual transactional prices. Source: Analysource® Monthly. November 5, 2025. Reprinted with permission by First Databank, Inc. All rights reserved. ©2025. www.fdbhealth.com/policies/drug-pricing-policy.

2.

Some drugs are available at costplusdrugs.com or directly from the manufacturer at a reduced price.