The Medical Letter®
on Drugs and Therapeutics

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

**Updated November 6, 2025**

# SODIUM-GLUCOSE COTRANSPORTER 2 (SGLT2) INHIBITORS

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

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

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.

## 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

# 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<br>▪ **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]<br>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<br>▪ **FDA-approved** to reduce the risk of CV death, hospitalization for HF, and urgent HF visits in adults with HF<br>▪ **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]<br>DAPA-HF[5] and DELIVER[6]<br>DAPA-CKD[7] |
| Empagliflozin | CV & Renal | ▪ **FDA-approved** to reduce the risk of CV death in adults with type 2 diabetes and established CVD<br>▪ **FDA-approved** to reduce the risk of CV death and hospitalization for HF in patients with HF<br>▪ **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]<br>EMPEROR-Reduced[9]<br>EMPEROR-Preserved[10]<br>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.
2. B Neal et al. Canagliflozin and cardiovascular and renal events in type 2 diabetes. N Engl J Med 2017; 377:644.
3. V Perkovic et al. Canagliflozin and renal outcomes in type 2 diabetes and nephropathy. N Engl J Med 2019; 380: 2295.
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

## SGLT2 INHIBITOR COMBINATION PRODUCTS

| DRUG/FORMULATIONS | USUAL ADULT DOSAGE | DOSAGE ADJUSTMENTS | COST[1,2] |
|---|---|---|---|
| **SGLT2 Inhibitor/Metformin Combinations** | | | |
| **Canagliflozin/metformin – *Invokamet***<br>50/500, 50/1000, 150/500, 150/1000 mg tabs<br>**extended-release – *Invokamet XR***<br>50/500, 50/1000, 150/500, 150/1000 mg ER tabs | 50/500 mg-150/500 mg PO twice daily with meals<br><br>100/1000 mg -300/1000 mg PO once daily in the morning with a meal | **eGFR 45 to <60 mL/min/1.73 m²:** Canagliflozin 100 mg daily<br><br>**eGFR 30 to <45 mL/min/1.73 m²:**<br>▪ Initiation not recommended<br>▪ Limit dose of canagliflozin to 100 mg daily<br>**eGFR <30 mL/min/1.73 m², ESRD, or dialysis:** Contraindicated<br>**UGT Inducers:** See canagliflozin on page 2 | $598.60<br><br>598.60 |
| **Dapagliflozin/metformin –** generic<br>5/1000, 10/1000 mg ER tabs<br>***Xigduo XR***<br>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:**<br>Not recommended<br>**eGFR <30 mL/min/1.73 m², ESRD, or dialysis:** Contraindicated | 378.50<br><br>599.70 |
| **Empagliflozin/metformin – *Synjardy***<br>5/500, 5/1000, 12.5/500, 12.5/1000 mg tabs<br>**extended-release – *Synjardy XR***<br>5/1000, 10/1000, 12.5/1000, 25/1000 mg ER tabs | 5/500-12.5/1000 mg PO bid with meals<br><br>5/1000-25/1000 mg PO once daily in the morning with a meal | **eGFR <45 mL/min/1.73 m², ESRD, or dialysis:** Contraindicated | 629.40<br><br>629.40 |
| **Ertuglflozin/metformin – *Segluromet***<br>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:**<br>▪ Initiation not recommended<br>▪ Discontinue if eGFR is persistently in this range<br>**eGFR <30 mL/min/1.73 m², ESRD, or dialysis:** Contraindicated | 357.00 |
| **SGLT2 Inhibitor/DPP-4 Inhibitor Combinations** | | | |
| **Empagliflozin/linagliptin – *Glyxambi***<br>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:**<br>▪ Initiation not recommended<br>▪ Discontinue if eGFR is persistently in this range<br>**eGFR <30 mL/min/1.73 m², ESRD, or dialysis:** Contraindicated | 629.40 |
| **Ertugliflozin/sitagliptin – *Steglujan***<br>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:**<br>▪ Initiation not recommended<br>▪ Discontinue if eGFR is persistently in this range<br>**eGFR <30 mL/min/1.73 m², ESRD, or dialysis:** Contraindicated | 549.90 |

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