

Know How Bexagliflozin Stacks Up to Other SGLT2 Inhibitors

New bexagliflozin (*Brenzavvy*) will try to shake up the SGLT2 inhibitor market.

That's because bexagliflozin will cost about \$50/mo...versus about \$600/mo for other SGLT2 inhibitors (dapagliflozin, etc).

But bexagliflozin won't be covered by most payers yet...and it will only be available through a single online pharmacy at first. Expect distribution to broaden over the next couple months.

Know how bexagliflozin stacks up to the competition.

Bexagliflozin is ONLY approved for managing type 2 diabetes. It lowers A1c about 0.5%...similar to other SGLT2 inhibitors.

So far, evidence isn't strong enough to say that bexagliflozin improves cardiorenal outcomes like some SGLT2 inhibitors.

But cardiorenal benefits are likely a class effect.

For example, data show that all 5 other SGLT2 inhibitors reduce risk of heart failure hospitalization.

And there's good evidence that canagliflozin, dapagliflozin, or empagliflozin reduce chronic kidney disease progression.

Continue to prescribe an SGLT2 inhibitor based on indication and payer preference.

For instance, try to use an SGLT2 inhibitor with proven benefit if one of these meds is needed to reduce risk of CV events, heart failure, or chronic kidney disease progression.

But don't shy away from bexagliflozin for one of these uses if other SGLT2 inhibitors aren't accessible for your patient.

Or consider bexagliflozin if a patient only needs an SGLT2 inhibitor for type 2 diabetes.

If thinking about bexagliflozin, ensure that its \$50/month cost is less than the out-of-pocket expense for other SGLT2 inhibitors.

Caution about key risks with any SGLT2 inhibitor...genital yeast infections, volume depletion, rare Fournier's gangrene, etc.

For a deeper dive into the evidence for SGLT2 inhibitors, see our resource, *Diabetes Medications: Cardiovascular and Kidney Impact*.

Key References:

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