

SGLT-2 INHIBITORS

	Canagliflozin (Invokana)	Dapagliflozin (Farxiga)	Empagliflozin (Jardiance)
Mechanism:	Inhibits the sodium glucose co-transporter 2 (SGLT-2) protein, which reduces the reabsorption of glucose, increases the urinary excretion of glucose, and decreases plasma glucose concentrations.		
HbA1C:	↓ A1C by ~ 0.7 to 1%	↓ A1C by ~ 0.5 to 0.7%	↓ A1C by ~ 0.7 to 0.9%
Fasting Blood Glucose:	↓ FBG by ~ 27 to 35 mg/dL	↓ FBG by ~ 15 to 28 mg/dL	↓ FBG by ~ 19 to 25 mg/dL
Body Weight:	↓ body weight by ~ 2 to 3%	↓ body weight by ~ 3%	↓ body weight by ~ 2 to 3%
Blood Pressure:	↓ Systolic BP by ~ 3 to 5 mmHg	↓ Systolic BP by ~ 2 to 5 mmHg	↓ Systolic BP by ~ 3 to 4 mmHg
eGFR:	Must be ≥ 45 mL/min	Must be ≥ 60 mL/min	Must be ≥ 45 mL/min
Disadvantages:	↑ LDL by 4 to 8%	↑ LDL by 2.9%	↑ LDL by 5 to 7%
Dose:	100mg daily prior to the first meal of the day (300mg daily max)	5mg daily in the morning (10mg daily max)	10mg daily in the morning (25mg daily max)
Side Effects:	- Weight loss - Hypoglycemia - Increased urination - Increased thirst - Increased Magnesium/Phosphate		
Adverse Effects/Warning:	BBW: Increased risk of leg and foot amputations - Risk of fractures - Hyperkalemia - Ketoacidosis - Genital mycotic infections - Urinary tract infection	- Risk of bladder cancer - Ketoacidosis - Genital mycotic infection - Urinary tract infection	- Ketoacidosis - Genital mycotic infections - Urinary tract infection
Clinical Pearls:	Approved to reduce risk of CV mortality in patients with T2D and ASCVD	Approved for treatment of HFrEF in adults with or without T2D	Approved to reduce risk of CV mortality in patients with T2D and ASCVD