Brenzavvy®
(bexagliflozin)

BRENZAVVY® (bexagliflozin) is the first affordably priced, once-daily SGLT2 inhibitor[1-3]

BRENZAVVY is an SGLT2 inhibitor approved by the FDA for use, along with diet and exercise, to lower blood sugar levels in adults with type 2 diabetes[1]

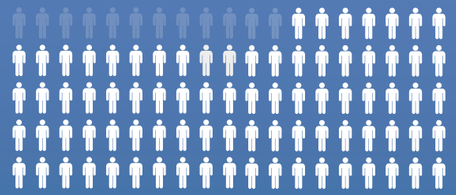
Please see Important Safety Information on pages 6 & 7 and accompanying Full Prescribing Information.

TheracosBio

Type 2 diabetes (T2DM) is common, with nearly 10% of Americans diagnosed in their lifetimes[4]

Despite its prevalence, T2DM poses a significant financial burden on patients that can impact starting on treatment and decrease adherence[3,5,6]

88%



It's estimated that 88% of US adults with T2DM are not taking an SGLT2 inhibitor

In fact, 13.5% of patients under 65 years of age reported skipping doses to extend their prescription[4]

There have never been more treatment options for T2DM, but treatment can still feel inaccessible[3,5,7]

- Commonly prescribed metformin may require additional medications to maintain adequate glycemic control
- Newer treatments like sodium-glucose cotransporter-2 (SGLT2) inhibitors, offer advantages but can be expensive

SGLT2 inhibitors provide enhanced glycemic control and cardiovascular, renal, and metabolic advantages[7,8]

- SGLT2 inhibitors can reduce blood glucose levels, body weight, and blood pressure[5]
- Select SGLT2 inhibitors have shown reductions in hospitalizations for heart failure, reduced atherosclerotic cardiovascular disease risk, and slowed the progression of renal disease[2]

BRENZAVVY, an SGLT2 inhibitor at a price your patients can afford[1-3]

T2DM patients can get BRENZAVVY for less than $50 per month without hassle

The estimated annual out-of-pocket costs for other SGLT2 inhibitors range from $1097 to $1211, compared with an estimated $600 per year for BRENZAVVY.[6]

BRENZAVVY	Other SGLT2 Inhibitors
<$2 per day	$15 per day

BRENZAVVY can be shipped straight to the patient without prior authorization from their provider

BRENZAVVY is available through several online pharmacies and independent pharmacies nationwide

Patients create a user account with an online pharmacy partner and can pay for BRENZAVVY out of pocket. Membership isn't required

Providers can e-prescribe directly to the pharmacy, and medications are shipped directly to the patient with only the patient's email address and a digital prescription

Please see additional Important Safety Information on pages 6 & 7 and accompanying Full Prescribing Information.

Brenzavvy® (bexagliflozin)

BRENZAVVY has been clinically proven to provide effective hemoglobin A1C (A1C) control[1]

BRENZAVVY has been studied as monotherapy in adults with T2DM

A1C reductions

Mean change from baseline (8.1%), (n=138): -0.5% at week 24*

-0.5%
at week 24*

Patients reaching A1C levels <7%

31% of patients treated with BRENZAVVY reached A1C <7% vs 20% treated with placebo†

*Adjusted mean change of -0.1% from a baseline of 7.9% for placebo (n=69). Difference from placebo (adjusted mean) was -0.4; Intention to treat population. ANCOVA was used to analyze data using imputed values by return to baseline analysis for missing data at week 24 (9% and 7% for bexagliflozin and placebo, respectively). The ANCOVA model included treatment, country, background anti-diabetes treatment status (treatment naïve or not) and the baseline A1C value as a covariate.

†Crude proportion using imputed AIC values for missing data at week 24 and averaged across multiply imputed dataset.

BRENZAVVY has been studied in combination with metformin in adults with T2DM

A1C reductions

Mean change from baseline (8.6%), (n=158): -1.0% at week 24‡

-1.0%
at week 24‡

Patients reaching A1C levels <7%

26% of patients treated with BRENZAVVY reached A1C <7% vs 10% treated with placebo§

‡Adjusted mean change of -0.5% from a baseline of 8.5% for placebo (n=159). Difference from placebo (adjusted mean) was -0.5. Intention to treat population. ANCOVA was used to analyze data using imputed values by return to baseline analysis for missing data at week 24 (10% and 9% for bexagliflozin and placebo, respectively). The ANCOVA model included treatment, baseline A1C value and country (US or Japan).

§Proportion using imputed A1C values for missing data at week 24 and averaged across multiply imputed datasets.

BRENZAVVY also provides modest decreases in body weight and systolic blood pressure[1]

BRENZAVVY is the first SGLT2 inhibitor to show efficacy in adults with T2DM with stage 3 chronic kidney disease in a randomized controlled trial[1,9]

The adverse reactions across clinical trials are typical for this drug class. The most common reactions (incidence >5%) are female genital mycotic infections, urinary tract infection, and increased urination.

Please see additional Important Safety Information on pages 6 & 7 and accompanying Full Prescribing Information.

IMPORTANT SAFETY INFORMATION

Limitation of Use: BRENZAVVY (bexagliflozin) is not recommended for use to improve glycemic control in patients with type 1 diabetes mellitus. It may increase the risk of diabetic ketoacidosis in these patients.

Contraindications

BRENZAVVY is contraindicated in patients with hypersensitivity to bexagliflozin or any excipient in BRENZAVVY. Anaphylaxis and angioedema have been reported with sodium-glucose co-transporter 2 (SGLT2) inhibitors.

Warnings and Precautions

Diabetic Ketoacidosis in Patients with Type 1 Diabetes Mellitus and Other Ketoacidosis

BRENZAVVY increases the risk of life-threatening ketoacidosis in patients with type 1 diabetes. Type 2 diabetes and pancreatic disorders are also risk factors for ketoacidosis and fatal events of ketoacidosis have been reported in patients with type 2 diabetes using SGLT2 inhibitors. Precipitating conditions for diabetic ketoacidosis or other ketoacidosis include under-insulinization due to insulin dose reduction or missed insulin doses, acute febrile illness, reduced caloric intake, ketogenic diet, surgery, volume depletion, and alcohol abuse. Signs and symptoms of diabetic ketoacidosis are consistent with dehydration and severe metabolic acidosis and include nausea, vomiting, abdominal pain, generalized malaise, and shortness of breath. Assess patients who present with signs and symptoms of metabolic ketoacidosis, regardless of blood glucose levels. If suspected, discontinue BRENZAVVY, treat promptly and monitor for resolution before restarting. Consider ketone monitoring in patients with type 1 diabetes mellitus as well as in others at risk for ketoacidosis. Withhold BRENZAVVY in clinical situations known to predispose to ketoacidosis and resume when clinically stable. Educate all patients on the signs and symptoms of ketoacidosis and instruct patients to discontinue BRENZAVVY and seek medical attention immediately if signs and symptoms occur.

Lower Limb Amputation

Lower limb amputations have been observed in patients treated with BRENZAVVY in a study of patients with type 2 diabetes who had either established cardiovascular disease (CVD) or were at risk for CVD. Of the 23 BRENZAVVY-treated patients who had amputations, 15 were amputations of the toe and midfoot and 8 were amputations above and below the knee. Some patients had multiple amputations. Lower limb infections, gangrene, ischemia, and osteomyelitis were the most common precipitating medical events leading to the need for an amputation. The risk of amputation was highest in patients with a baseline history of prior amputation, peripheral vascular disease, and neuropathy.

Before initiating BRENZAVVY, consider factors in the patient's history that may predispose to the need for amputations, such as a history of prior amputation, peripheral vascular disease, neuropathy, and diabetic foot ulcers. Counsel patients receiving BRENZAVVY about the importance of routine preventative foot care and monitor for signs and symptoms of diabetic foot infection (including osteomyelitis), new pain or tenderness, sores or ulcers involving the lower limbs, and institute appropriate treatment.

Volume Depletion

BRENZAVVY can cause intravascular volume contraction which may sometimes manifest as symptomatic hypotension or acute transient changes in creatinine. Acute kidney injury requiring hospitalization and dialysis has been reported in patients with type 2 diabetes receiving SGLT2 inhibitors. Before initiating, assess volume status and renal function in patients with impaired renal function (eGFR less than 60 mL/min/1.73 m^2), elderly patients, patients with low systolic blood pressure, or patients on loop diuretics. In patients with volume depletion, correct this condition. After initiating, monitor for signs and symptoms of volume depletion and renal function.

Urosepsis and Pyelonephritis

Serious urinary tract infections including urosepsis and pyelonephritis requiring hospitalization have been identified in patients receiving SGLT2 inhibitors, including BRENZAVVY. Treatment with BRENZAVVY increases the risk for urinary tract infections. Evaluate patients for signs and symptoms of urinary tract infections and treat them promptly.

Hypoglycemia with Concomitant Use with Insulin and Insulin Secretagogues

Insulin and insulin secretagogues (e.g., sulfonylureas) are known to cause hypoglycemia. BRENZAVVY may increase the risk of hypoglycemia when used in combination with insulin and/or an insulin secretagogue. A lower dose of insulin or insulin secretagogue may be required to minimize the risk of hypoglycemia when used in combination with BRENZAVVY.

Necrotizing Fasciitis of the Perineum (Fournier's Gangrene)

Serious, life-threatening cases requiring urgent surgical intervention have been identified in postmarketing surveillance in both males and females with diabetes mellitus receiving SGLT2 inhibitors. Serious outcomes have included hospitalization, multiple surgeries, and death. Assess patients presenting with pain or tenderness, erythema, or swelling in the genital or perineal areas, along with fever or malaise. If suspected, start treatment, and discontinue BRENZAVVY.

Genital Mycotic Infections

BRENZAVVY increases the risk of genital mycotic infections. Patients who have a history of genital mycotic infections or who are uncircumcised are more likely to develop genital mycotic infections. Monitor and treat appropriately.

MOST COMMON ADVERSE REACTIONS (>5%):
The most common adverse reactions (incidence > 5%) were female mycotic infections, urinary tract infection, and increased urination.

USE IN SPECIFIC POPULATIONS

- Pregnancy: BRENZAVVY is not recommended during the second and third trimesters.
- Lactation: BRENZAVVY is not recommended when breastfeeding.
- Geriatric patients: There is a higher incidence of adverse reactions related to volume depletion.
- Renal Impairment: There is a higher incidence of adverse reactions related to reduced renal function.
- Hepatic Impairment: BRENZAVVY is not recommended for patients with severe hepatic impairment.

DRUG INTERACTIONS:
Inducers of UGT1A9 could result in more rapid clearance of BRENZAVVY by metabolism. Doses of insulin and sulfonylureas may need to be reduced to offset the action of BRENZAVVY. The safety of BRENZAVVY is compromised when it is coupled with insulin or an insulin secretagogue (sulfonylureas and meglitinides – the latter rarely used in the US). Lithium carbonate is used as a mood stabilizer in bipolar disorder. Lithium ions might be preferentially (compared to sodium ions) taken up with glucose in the kidney. Empirical evidence has shown that lithium levels can be lower when SGLT2 inhibitors are administered. SGLT2 inhibitors produce pronounced glucosuria, which makes urine testing for glucose diagnostically useless. Measurements of 1,5 anhydroglucitol are also compromised.

For additional important safety information about BRENZAVVY, please see the full Prescribing Information.

Please see accompanying Full Prescribing Information.

BRENZAVVY increases patients' access to an SGLT2 inhibitor[1-3]

Increased accessibility to the powerful SGLT2i drug class could help patients start and stay on therapy[3,5]

- Patients create a user account with an online pharmacy partner and can pay for BRENZAVVY out of pocket
- With some simple patient information, healthcare providers can e-prescribe directly to the pharmacy so BRENZAVVY can be shipped directly to the patient
- BRENZAVVY can be shipped straight to the patient through online pharmacies without prior authorization from their provider. Membership isn't required
- Patients can visit independent pharmacies nationwide for convenient and immediate access to BRENZAVVY

See how patients get BRENZAVVY

ProfitGuard® BuyLine® PBAHealth®

Please see additional Important Safety Information on pages 6 & 7 and accompanying Full Prescribing Information.

References: 1. Brenzavvy [package insert]. Marlborough, MA; TheracosBio, LLC; 2023. **2.** Cost Plus. Brenzavvy (bexagliflozin). https://www.costplusdrugs.com/medications/brenzavvy-20mg/. Accessed October 26, 2023. **3.** ElSayed NA, Aleppo G, Aroda VR; American Diabetes Association. 9. Pharmacologic approaches to glycemic treatment: Standards of Care in Diabetes-2023. *Diabetes Care*. 2023;46(Suppl 1):S140-S157. **4.** Centers for Disease Control and Prevention. A snapshot: diabetes in the United States. https://www.cdc.gov/diabetes/library/socialmedia/infographics/diabetes.html. Accessed October 4, 2023. **5.** Eberly LA, Yang L, Eneanya ND, et al. Association of race/ethnicity, gender, and socioeconomic status with sodium-glucose cotransporter 2 inhibitor use among patients with diabetes in the US. *JAMA Netw Open*. 2021;4(4):e216139. **6.** Taha MB, Valero-Elizondo J, Yahya T, et al. Cost-related medication nonadherence in adults with diabetes in the United States: the National Health Interview Survey 2013-2018. *Diabetes Care*. 2022;45(3):594-603. **7.** Tsushima Y, Lansang MC, Makin V. The role of SGLT-2 inhibitors in managing type 2 diabetes. *Cleve Clin J Med*. 2021;88(1):47-58. **8.** Brown E, Heerspink HJL, Cuthbertson DJ, Wilding JPH. SGLT2 inhibitors and GLP-1 receptor agonists: established and emerging indications. *Lancet*. 2021;398(10296):262-276. **9.** Allegretti AS, Zhang W, Zhou W, et al. Safety and effectiveness of bexagliflozin in patients with type 2 diabetes mellitus and stage 3a/3b CKD. *Am J Kidney Dis*. 2019;74(3):328-337.

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