






## Recommended dose

<p><b>In patients with CKD at risk of progression</b>, to reduce the risk of sustained eGFR decline, ESKD, CV death, and hospitalization for heart failure</p> <ul style="list-style-type: none"> <li>• No titration</li> </ul>	 <p>Recommended dose <b>10 mg</b></p> <p>Not recommended for initiation of treatment in eGFR &lt;25 mL/min/1.73 m<sup>2</sup>.</p>	<p>Contraindicated <b>Dialysis</b></p>
<p><b>In patients with HFrEF</b>, to reduce the risk of CV death and hospitalization for heart failure</p> <ul style="list-style-type: none"> <li>• Complements existing heart failure therapy</li> <li>• No titration</li> </ul>	 <p>Recommended dose <b>10 mg</b></p> <p>Not recommended for initiation of treatment in eGFR &lt;25 mL/min/1.73 m<sup>2</sup>.</p>	<p>Contraindicated <b>Dialysis</b></p>
<p><b>In patients with T2D and either multiple CV risk factors or eCVD</b>, to reduce the risk of hospitalization for heart failure</p> <ul style="list-style-type: none"> <li>• No titration</li> </ul>	 <p>Recommended dose <b>10 mg</b></p> <p>Not recommended for initiation of treatment in eGFR &lt;25 mL/min/1.73 m<sup>2</sup>.</p>	<p>Contraindicated <b>Dialysis</b></p>
<p><b>In patients with T2D</b>, for glycemic control</p> <ul style="list-style-type: none"> <li>• With or without food</li> </ul>	 <p>Recommended starting dose <b>5 mg</b></p>  <p>Additional A1C control <b>10 mg</b></p> <p>* gloxiga® is not recommended for use to improve glycemic control in adults with type 2 diabetes mellitus with an eGFR less than 45 mL/min/1.73 m<sup>2</sup>. gloxiga® is likely to be ineffective in this setting based upon its mechanism of action.</p>	<p>Contraindicated <b>Dialysis</b></p>

gloxiga® tablets shown are not actual sizes.

**CKD**, chronic kidney disease; **CV**, cardiovascular; **eCVD**, established cardiovascular disease; **eGFR**, estimated glomerular filtration rate; **ESKD**, end-stage kidney disease; **HFrEF**, heart failure with reduced ejection fraction; **T2D**, type 2 diabetes.

**For details of full prescription information, please read the label prescription in the box of medicine.**

### References

- 1 FARXIGA® (dapagliflozin) [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; 2021.
- 2 Frias JP, Guja C, Hardy E, et al. Exenatide once weekly plus dapagliflozin once daily versus exenatide or dapagliflozin alone in patients with type 2 diabetes inadequately controlled with metformin monotherapy (DURATION-8): a 28 week, multicentre, double-blind, phase 3, randomised controlled trial. *Lancet Diabetes Endocrinol.* 2016;4(12):1004-1016.
- 3 Ferrannini E et al. *Diabetes Care* 2010;33:2217-2224.
- 4 Bailey CJ et al. *Lancet* 2010;375:2223-2233.
- 5 Strojek K et al. *Diabetes Obes Metab* 2011;13:928-938.
- 6 Wilding JPH et al. *Ann Intern Med* 2012;156:405-415.
- 7 Bailey CJ et al. Poster 988-P. Poster presented at 71st Scientific Sessions of the American Diabetes Association, San Diego, California, June 24-28, 2011.
- 8 Bolinder J et al. *J Clin Endocrinol Metab* 2012;97:1020-1031.

CREATE  
A WORLD  
WITHOUT  
**DIABETES**



**gloxiga®**  
Dapagliflozin  
SGLT2-i

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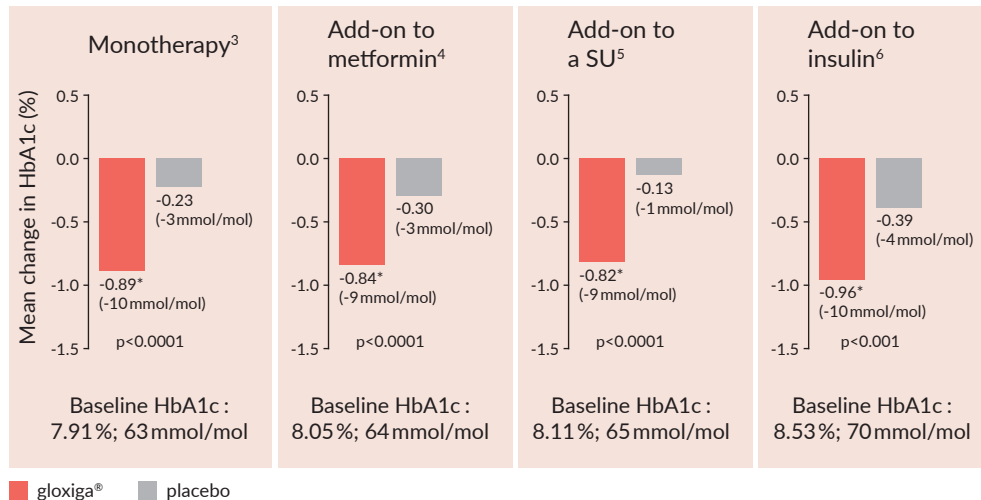


**Gloxiga-M®**  
Dapagliflozin / Metformin  
SGLT2-i/Biguanide

## IN PATIENTS WITH T2D

- Proven A1C reductions, plus weight reduction and SBP benefits
- Across clinical trials, gloxiga®, as initial combination therapy or as add-on, demonstrated significant reductions in glucose and body weight<sup>1-2</sup>

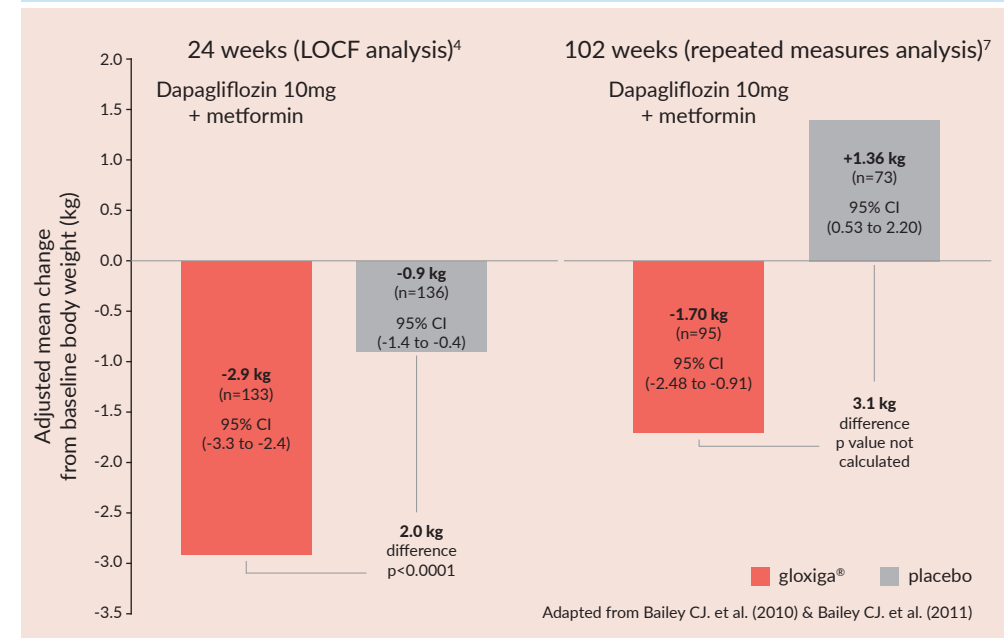
### gloxiga®: Consistent reduction in HbA1c at week 24 across studies



These data are taken from different studies and the results should not be compared across studies,

\* Statistically significant vs. placebo using Dunnett's correction. su, sulphonylurea.

## gloxiga®: secondary benefit of weight loss over 102 weeks



- Weight loss at 24 weeks, with decreased waist circumference is consistent with a reduction of body-fat mass<sup>4</sup>
- In a separate study, weight loss was mainly attributable to reduction in body fat mass rather than loss of fluid or lean tissue<sup>8#</sup>

Data are mean change from baseline after adjustment for baseline value (mean baseline weight: dapagliflozin 86.3 kg, placebo 87.7 kg).

24-week data are based on LOCF analysis excluding data after rescue: 102-week data are based on longitudinal repeated measures analysis and include data after rescue.

# As measured by dual energy absorptiometry at 24 weeks

## gloxiga®: Additional glycemc control studies

- gloxiga® can be used to start treatment as monotherapy or in combination with metformin.
- gloxiga® is also a complementary to other antidiabetic agents. It has been studied as an add-on or in combination with **Metformin**, **Sitagliptin** (a dipeptidyl peptidase-4 inhibitor), **Glimepiride** (a sulfonylurea), **Pioglitazone** (a thiazolidinedione), **Exenatide extended-release** (a glucagon-like peptide-1 receptor agonist), and **Insulin**.