Recommended dose

In patients with CKD at risk of progression, to reduce the risk of sustained eGFR decline, ESKD, CV death, and hospitalization for heart failure • No titration	Recommended dose **10 mg** Not recommended for initiation of treatment in eGFR <25 mL/min/1.73 m².		Contraindicated **Dialysis**
In patients with HFrEF, to reduce the risk of CV death and hospitalization for heart failure • Complements existing heart failure therapy • No titration	Recommended dose **10 mg** Not recommended for initiation of treatment in eGFR <25 mL/min/1.73 m².		Contraindicated **Dialysis**
In patients with T2D and either multiple CV risk factors or eCVD, to reduce the risk of hospitalization for heart failure • No titration	Recommended dose **10 mg** Not recommended for initiation of treatment in eGFR <25 mL/min/1.73 m².		Contraindicated **Dialysis**
In patients with T2D, for glycemic control • With or without food	Recommended starting dose **5 mg**	Additional A1C control **10 mg**	Contraindicated **Dialysis**

* 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 m². gloxiga® is likely to be ineffective in this setting based upon its mechanism of action.

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.
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8 Bolinder J et al. J Clin Endocrinol Metab 2012;97:1020-1031.

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SGLT2-i

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Dapagliflozin/Metformin
SGLT2-i/Biguanide

MODAVA
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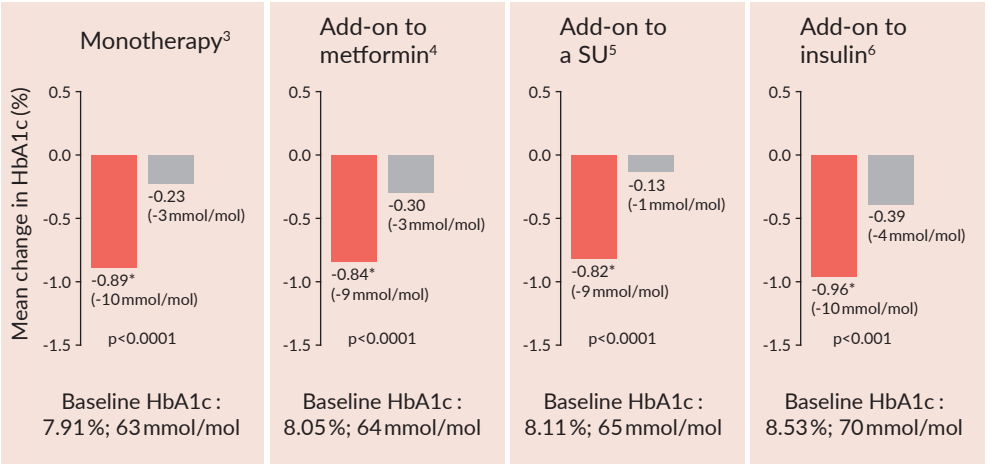
IN PATIENTS WITH T2D

- 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[1-2]

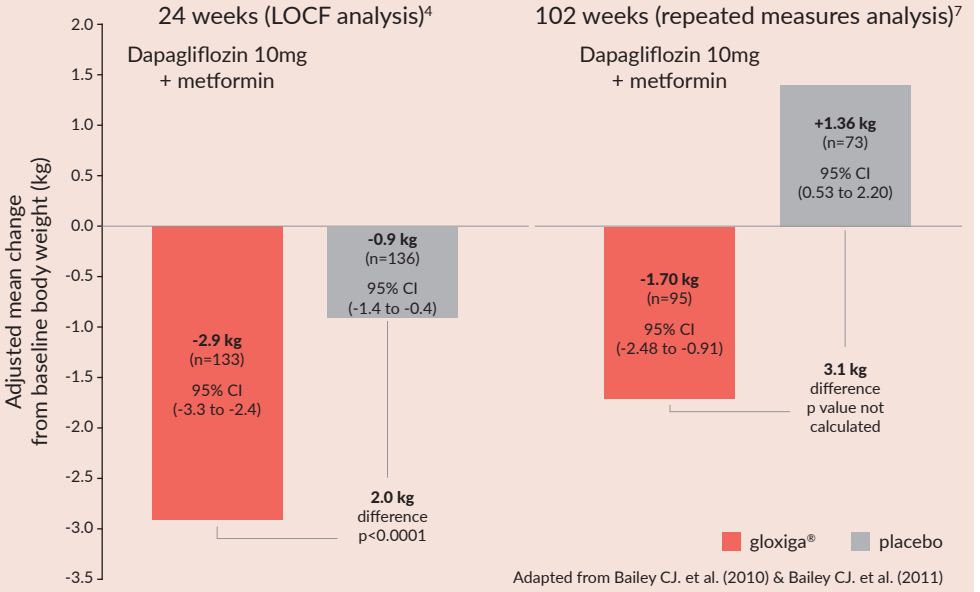
gloxiga®: Consistent reduction in HbA1c at week 24 across studies



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 ot weight loss over 102 weeks



Adapted from Bailey CJ. et al. (2010) & Bailey CJ. et al. (2011)

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

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 glycemic 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**.

Farxiga® (dapapliflozin) package insert/prineton(NJ), Bristol-Myers, squibb: Aug 2014.
Zang M, Zhangl. WUB et al. Diabetes Metab Res Rev 2014:30.204.21.