DAPAHENZ-5,10

Dapagliflozin 5 mg and 10 mg Tablets

DAPAHENZ-M-5/1000

Dapagliflozin 5 mg and Metformin (ER) 1000 mg Tablets

DAPAHENZ-M-10/500

Dapagliflozin 10 mg and Metformin (ER) 500 mg Tablets

DAPAHENZ-M-10/1000

Dapagliflozin 10 mg and Metformin (ER) 1000 mg Tablets



ER - Extended Release



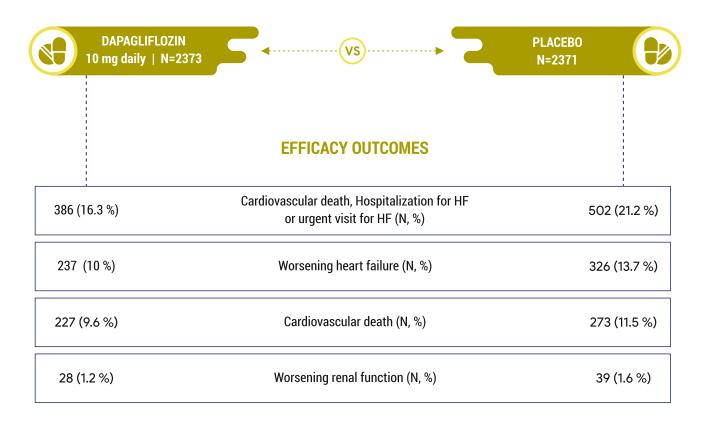
DAPA-HFTRIAL

Dapagliflozin in Patients with Heart Failure and Reduced Ejection Fraction

A RANDOMIZED, PLACEBO-CONTROLLED TRIAL | DURATION - 18.2 MONTHS

INCLUSION CRITERIA

Patients with symptomatic Heart Failure (HF), ejection fraction of 40% or less, NT-proBNP of at least 600 pg/ml (or ≥400 pg/ml if hospitalized for HF within last 12 months), atrial fibrillation or atrial flutter ≥ 900 pg/ml.



CONCLUSION

Among patients with heart failure and a reduced ejection fraction, the risk of worsening heart failure or death from cardiovascular causes was lower among those who received dapagliflozin.

Reference: N Engl J Med 2019; 381:1995-2008



Efficacy and Renal Safety of Dapagliflozin in Patients with Type 2 Diabetes Mellitus Also Receiving Metformin

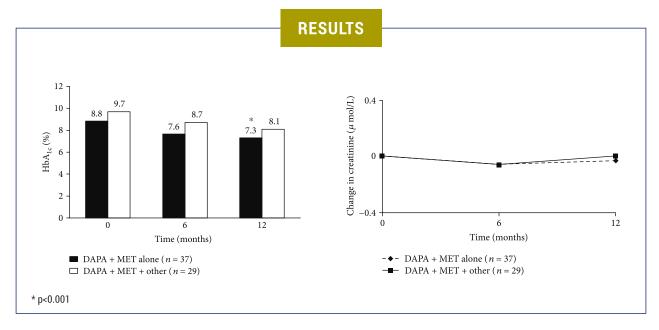
A RETROSPECTIVE OBSERVATIONAL STUDY ON 66 PATIENTS WITH T2D | DURATION - 12 MONTHS

DOSE

Group A (n=37): Dapagliflozin 10 mg once daily and Metformin 1.5–2.5 g/day

Group B (n=29): Dapagliflozin 10 mg once daily, Metformin 1.5–2.5 g/day and other

Glucose-lowering drugs (glimepiride or insulin)



In patients who received DAPA + MET, the change from baseline in HbA1c levels at 6 months was significantly greater that in patients who received DAPA + MET + other glucose lowering drugs (p=0.020); however, no significant between-group difference was observed at 12 months (p = 0.053). Any negative effect was not found on renal function (assessed by blood creatinine and urine microalbumin levels) during the study.

CONCLUSION

Dapagliflozin is effective and safe in patients with T2D also receiving metformin. Glycemic control was already achieved with Dapagliflozin + Metformin, and add-on therapy was not associated with further improvements.

DAPAHENZ-5,10

Dapagliflozin 5 mg and 10 mg Tablets

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Dapagliflozin 10 mg and Metformin (ER) 500 mg Tablets

DAPAHENZ-M-5/1000

Dapagliflozin 5 mg and Metformin (ER) 1000 mg Tablets

DAPAHENZ-M-10/1000

Dapagliflozin 10 mg and Metformin (ER) 1000 mg Tablets

Mechanism of Action:

Dapagliflozin is an inhibitor of Sodium-glucose transport protein 2 (SGLT2). By inhibiting the transporter protein SGLT2 in the kidneys, dapagliflozin reduces renal glucose reabsorption, leading to urinary glucose excretion and a reduction in blood glucose levels.

Metformin decreases hepatic glucose production, decreases intestinal absorption of glucose, and improves insulin sensitivity by increasing peripheral glucose uptake and utilization.

Dapagliflozin with **Metformin** provides additional reduction in blood glucose concentrations with the added benefit of modest weight loss and reduction in systolic blood pressure.

	INDICATION	DOSING
DAPAHENZ	As an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus	5 mg once daily, taken in the morning. The dose can be increased to 10 mg once daily
	In patients with heart failure with reduced ejection fraction, to reduce the risk of CV death and hospitalization for heart failure	10 mg once daily
	In patients with T2D with multiple CV risk factors, to reduce the risk of hospitalization for heart failure	
DAPAHENZ-M	As an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus when treatment with both dapagliflozin and metformin is appropriate	Dapahenz-M should be taken once daily in the morning with food or as prescribed by the Doctor.

USPs:

- Convenient Once Daily Dosing
- Low Risk of Hypoglycemia
- Reduces hospitalization for heart failure
- Reduces cardiovascular death and all-cause mortality
- Prevents and reduces progression of kidney disease

References : 1. Circulation. 2019;139:2528-2536 | 2. Lancet Diabetes Endocrinol. 2019 Aug;7(8):606-617. | 3. Drugs. 2012 Dec 3;72(17):2289-312. | 4. Diabetes Metab Syndr Obes. 2016; 9: 25-35

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