

DAPAHENZ-5,10

Dapagliflozin 5 mg and 10 mg Tablets

DAPAHENZ-M 10/500

Dapagliflozin 10 mg + Metformin (ER) 500 mg Tablets

DAPAHENZ-M 10/1000

Dapagliflozin 10 mg + Metformin (ER) 1000 mg Tablets



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Background:

Achieving optimal glycaemic control early in the course of type 2 diabetes is an important goal for patients. Early intervention may prevent disease progression and minimise long-term microvascular and macrovascular complications. Traditional step-wise pharmacotherapy begins with metformin. Metformin alone usually fails to maintain long term glycaemic control. Clinical trials have shown improved glycemic control in patients with T2DM treated with dapagliflozin as an add-on therapy to metformin.

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 orally, 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 orally
	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 orally 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



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Prescribing Information

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. | 5. Int J Clin Pract, May 2012, 66, 5, 446-456

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