

forxiga™
(dapagliflozin)

xigduoXR
(dapagliflozin/metformin HCl
extended-release) tablets

ONCE-DAILY

DON'T WAIT. MOTIVATE.



GLUCOSE OUT. RESULTS IN.



HbA1c reduction

Reduction of 1.98% at 24 weeks¹



Weight reduction

Reduction of 3.33 kg at 24 weeks¹



BP reduction

3.3 mmHg reduction in SBP at 24 weeks¹

forxiga™ and xigduo™ XR are not indicated for the management of obesity or high blood pressure, they are secondary endpoints in clinical trials.

Study design: In randomized, double-blind controlled trial, patients had baseline HbA1c 7.5-12% were randomized to receive either dapagliflozin 10 mg with metformin XR, dapagliflozin 10 mg alone or metformin XR alone for 24 weeks. The primary efficacy endpoint was the HbA1c change from baseline at week 24. Change in total body weight was one of the key secondary endpoints, and blood pressure changes were measured as safety assessment.

BP=blood pressure. HbA1c=glycated haemoglobin. SBP=systolic blood pressure.

Reference: 1. Henry RR, et al. International Journal of Clinical Practice. 2012;66(5):446-56.

xigduo™ XR abbreviated prescribing information:

Presentation: Dapagliflozin/metformin HCl extended-release film-coated tablet. **Indication:** An adjunct to diet and exercise to improve glycaemic control in adults with type 2 diabetes mellitus when treatment with both dapagliflozin and metformin is appropriate. **Dosage and Administration:** Orally (tablet to be swallowed whole) once daily with the evening meal. For initial therapy, dapagliflozin 10 mg and metformin extended-release 500 mg taken once daily, with metformin extended-release titratable to 2000 mg once daily. For add on combination therapy, dapagliflozin 10 mg and metformin extended-release at the dose already being taken, or the nearest therapeutically appropriate dose taken once daily. The maximum dose is dapagliflozin 10 mg/metformin extended-release 2000 mg once daily. **Contraindications:** Hypersensitivity to dapagliflozin, metformin HCl or excipients. Diabetic ketoacidosis, diabetic pre-coma. Moderate or severe renal impairment (CrCl <60 mL/min or eGFR <60 mL/min/1.73 m²). Acute conditions with the potential to alter renal function such as: dehydration, severe infection, shock, or intravascular administration of iodinated contrast agents. Acute or chronic diseases which may cause tissue hypoxia such as: cardiac or respiratory failure, pulmonary embolism, recent MI, shock, acute significant blood loss, sepsis, gangrene, pancreatitis. During or immediately following surgery where insulin is essential, elective major surgery. Hepatic impairment. Acute alcohol intoxication, alcoholism. Lactation. **Precautions:** Lactic acidosis. Renal impairment. Hepatic impairment. Iodinated contrast agent administration. Hypoxic states. Surgery. Risk of volume depletion, hypotension or electrolyte imbalance. Urinary tract infections. Vitamin B12 levels. Alcohol intake. Ketoacidosis. Risk of hypoglycaemia. Concomitant: insulin, sulphonylureas, beta-adrenergic blocker or ethanol. Pregnancy and lactation. **Elderly:** Interactions: Rifampicin, Mefenamic acid. Cationic drugs (eg, amiloride, digoxin, morphine, procainamide, quinidine, quinine, ranitidine, triamterene, trimethoprim, or vancomycin). Frusemide. Nifedipine. **Undesirable effects:** Dapagliflozin: Hypoglycaemia, genital infection, urinary tract infection, back pain, polyuria, renal impairment, decrease in CrCl, increased blood creatinine, volume depletion and mild GI symptoms (such as diarrhoea, nausea, vomiting, abdominal pain and loss of appetite). Full local prescribing information is available upon request. API.HK.XIG.0218

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