In the treatment of patients with type 2 diabetes and established CV disease receiving standard of care,†‡§

CV death can strike at any time

BATTLE CV DEATH NOW MORE THAN EVER§

CV Indication Approved

JARDIANCE demonstrated 38% RRR in CV death[1,2]

- Established HbA1c efficacy[2]
- Demonstrated safety profile[1,2]
- Convenient, once-daily oral dosing[2]

ADA & EASD recognize JARDIANCE as the SGLT2 inhibitor with stronger evidence of CV benefits[3#]

Jardiance® (empagliflozin)

CV: cardiovascular; RRR: relative risk reduction; ADA: American Diabetes Association; EASD: European Association for the Study of Diabetes; CVD: cardiovascular disease; OAD: oral antidiabetic drug; T2DM: type 2 diabetes mellitus

Reference: 1. Zinman B, et al. N Engl J Med. 2015;373(22):2117-2118. **2.** Jardiance Hong Kong Prescribing Information. **3.** Davies MJ, D'Alessio DA, Fradkin J,et al. Management of hyperglycaemia in type 2 diabetes, 2018. A consensus report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD). Diabetologia. 2018.

† JARDIANCE demonstrated RRR in CV death in adult patients with insufficiently controlled type 2 diabetes (baseline HbA1c 7-10%) and established CV disease (coronary artery disease, peripheral artery disease, or a history of myocardial infarction or stroke).[1]
‡ Standard of care included CV medications and glucose-lowering agents given at the discretion of physicians.[1]
§ Empagliflozin versus placebo on top of standard of care.[1]
# Management of hyperglycemia in type 2 diabetes, 2018. A consensus report by the ADA and EASD stated that among patients with established CVD, there is likely cardiovascular benefit, with the evidence of benefit modestly stronger for empagliflozin than canagliflozin[3]

JARDIANCE® Abbreviated Prescribing Information (aPI-JARD-01)

Presentation: Empagliflozin. Film-coated tablets 10 mg; 25 mg. **Indications: 10 mg and 25 mg:** Indicated in the treatment of type 2 diabetes mellitus to improve glycaemic control in adults as: monotherapy when diet and exercise alone do not provide adequate glycaemic control in patients for whom use of metformin is considered inappropriate due to intolerance; and as add-on combination therapy with other glucose-lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control. Indicated in patients with type 2 diabetes mellitus and established cardiovascular disease to reduce the risk of cardiovascular death. **10 mg:** Jardiance is indicated in adults for the treatment of symptomatic chronic heart failure with reduced ejection fraction. **Dosage and administration:** Glycaemic control and Reduction of risk of cardiovascular death: 10 mg once daily. In patients tolerating 10 mg once daily and requiring additional glycaemic control, the dose can be increased to 25 mg once daily. Can be taken with or without food. No dose adjustment is required for patients with eGFR ≥ 30 mL/min/1.73m² or with hepatic impairment, or for elderly patients. **Heart Failure:** 10 mg once daily. In HF patients with or without T2DM, 10 mg may be initiated or continued down to an eGFR of 20 ml/min/1.73m² or CrCl of 20 ml/min. **Contraindication:** Hypersensitivity to empagliflozin or any of the excipients. For Glycaemic Control and Reduction of risk of cardiovascular death, patients with severe renal impairment (eGFR < 30 mL/min/1.73m²), end-stage renal disease and patients on dialysis. The efficacy of JARDIANCE is dependent on renal function. For treatment of heart failure in patients with or without T2DM, 10 mg is not recommended in patients with eGFR < 20 ml/min/1.73m² or CrCl < 20 ml/min. Rare hereditary conditions that may be incompatible with an excipient. **Special warnings and precautions:** Should not be used in patients with type 1 diabetes or for treatment of DKA. Discontinue immediately when DKA is suspected or diagnosed. Treatment should be interrupted in patients who are hospitalised for major surgical procedures or acute serious medical illnesses, and may be restarted once the patient's condition has stabilised. For Glycaemic control and reduction of risk of CV death, discontinue when eGFR < 30 mL/min/1.73m² or CrCl < 30 mL/min. For HF, not recommended when eGFR < 20 mL/min/1.73m². Discontinue in cases of recurrent UTI. Due to a risk of modest decrease in blood pressure, caution should be exercised in patients with known cardiovascular disease, patients on diuretics, patients with history of hypotension or patients aged 75 years and older. Monitoring of volume status and electrolytes is recommended. Regularly examine the feet and counsel patients on routine preventative footcare. Caution is advised in patients at increased risk of genital infections. Avoid use during pregnancy and breast-feeding. Safety and effectiveness in children under 18 years of age have not been established. Initiation is not recommended in patients aged 85 years and older. Urine will test positive for glucose while patients are taking JARDIANCE. **Interactions:** Risk of dehydration and hypotension may increase when used in combination with thiazide and loop diuretics. Lower dose of insulin or an insulin secretagogue may be required to reduce the risk of hypoglycemia when used in combination with JARDIANCE. **Adverse reactions:** Hypoglycaemia (depends on type of background therapy of patients); Urinary tract infection, vaginal moniliasis, vulvovaginitis, balanitis and other genital infection; Increased urination, dysuria; Pruritus; Volume depletion; Thirst; Glomerular filtration rate decreased, blood creatinine increased, haematocrit increased, serum lipids increased. Post-marketing experience: Ketoacidosis, urosepsis, pyelonephritis, necrotising fasciitis of the perineum (Fournier's gangrene), allergic skin reaction, angioedema. **Storage condition:** Please refer to outer packaging for special precautions for storage. **Note:** Before prescribing, please consult full prescribing information.

THE ONLY OAD WITH CV INDICATION

Jardiance is indicated in T2DM patients and established cardiovascular disease to reduce the risk of cardiovascular death[2]

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PC-HK-100645 (Oct-2021)

For patients with type 2 diabetes who need additional glycaemic control*

GLYXAMBI: REINFORCED FOR THE CHALLENGE

Glyxambi®
(empagliflozin/
linagliptin)

The once-daily tablet that provides glycaemic-lowering power[1]

* GLYXAMBI is indicated to improve glycaemic control in adults with type 2 diabetes mellitus when treatment with both empagliflozin and linagliptin is appropriate[1]

† GLYXAMBI contains empagliflozin, the active ingredient in JARDIANCE (empagliflozin), and linagliptin, the active ingredient in TRAJENTA (linagliptin). Empagliflozin has been shown to reduce the risk of CV events by reducing cardiovascular death in patients with type 2 diabetes mellitus and established cardiovascular disease, the effect of GLYXAMBI on CV outcomes has not been established.

CV: cardiovascular.

Reference: 1. Glyxambi Hong Kong prescribing information.

GLYXAMBI® Abbreviated Prescribing Information (aPI_GLYXAMBI_12, 14A, 14B & 15_V3)

Presentation: 10 mg/5 mg film-coated tablet: empagliflozin 10 mg, linagliptin 5 mg. 25 mg/5 mg film-coated tablet: empagliflozin 25 mg, linagliptin 5 mg. **Indication:** Type 2 diabetes mellitus in adults, as an adjunct to diet and exercise to improve glycaemic control when treatment with both empagliflozin and linagliptin is appropriate. **Dosage and administration:** Start with 10 mg/5 mg once daily. In patients tolerating 10 mg/5 mg once daily and requiring additional glycaemic control, the dose can be increased to 25 mg/5 mg once daily. Can be taken with or without food and at any time of day. **Contraindication:** Hypersensitivity to empagliflozin or linagliptin or any of the excipients. Patients with eGFR persistently <45 mL/min/1.73 m² or CrCl persistently <45 mL/min. **Special warning and precautions:** Not for use in patients with type 1 diabetes. Discontinue use in patients with suspected or diagnosed DKA. Caution in patients at higher risk of DKA. Interrupt treatment for major surgical procedures or in acute serious medical illnesses. Monitoring of ketones level (blood test is preferred to urine test) is recommended in these patients. Caution is advised when in combination use with a sulfonylurea and/or insulin, which are known to cause hypoglycaemia. A dose reduction of the sulfonylurea or insulin may be considered. Treatment with empagliflozin may be restarted when the ketone values are normal, and the patient's condition has stabilized. Discontinue treatment if pancreatitis is suspected. Patients at risk of empagliflozin-induced drop in blood pressure and volume depletion. Carefully monitor volume status and electrolytes. Interrupt treatment temporarily until fluid loss is corrected. Treatment with SGLT2 inhibitors increases the risk for UTI. Evaluate patients for signs and symptoms of urinary tract infections and treat promptly if indicated. Discontinuation may be considered in cases of recurrent UTI. Regularly examine the feet and counsel all patients on routine preventative footcare. Discontinue treatment if bullous pemphigoid is suspected. Patients with suspected Fournier's Gangrene should start treatment immediately with broad-spectrum antibiotics and, if necessary, surgical debridement. Discontinue empagliflozin, closely monitor blood glucose levels, and provide appropriate alternative therapy for glycaemic control. Discontinuation of therapy should be considered in patients who present with or experience an exacerbation of arthralgia during treatment with linagliptin. Empagliflozin has not been studied in combination with GLP-1 analogues. Assess renal function prior to treatment initiation and periodically during treatment; and prior to initiation of concomitant medicines that may reduce renal function and periodically thereafter. Initiation is not recommended for patients aged 75 years and older. Not recommended in patients under 18 years of age. Avoid use during pregnancy and breast feeding. **Interactions:** Increased risk of hypoglycaemia with insulin and SU. Empagliflozin: May add to the diuretic effect of thiazide and loop diuretics and may increase the risk of dehydration and hypotension Linagliptin: Co-administration with rifampicin decreased steady-state AUC and C_{max}. **Adverse reactions:** Common: Vaginal moniliasis, vulvovaginitis, balanitis and other genital infections, urinary tract infection, nasopharyngitis, hypoglycaemia (when used with SU or insulin), increased urination, cough, rash (10 mg/5 mg), pruritus (25 mg/5 mg), arthralgia, lipase increased, serum lipids increased, amylase increased (10 mg/5 mg). **Uncommon:** Hypersensitivity, angioedema (25 mg/5 mg), urticaria (10 mg/5 mg), ketoacidosis (10 mg/5 mg), dysuria, rash (25 mg/5 mg), pruritus (10 mg/5 mg), pancreatitis (10 mg/5 mg), thirst (25 mg/5 mg), blood creatinine increased (25 mg/5 mg), glomerular filtration rate decreased, amylase increased (25 mg/5 mg), volume depletion. **Rare:** Mouth ulceration. **Not known:** Urosepsis, pyelonephritis, necrotising fasciitis of the perineum (Fournier's gangrene), angioedema (10 mg/5 mg), urticaria (25 mg/5 mg), ketoacidosis (25 mg/5 mg), phimosis, bullous pemphigoid, pancreatitis (25 mg/5 mg), mouth ulceration (25 mg/5 mg), thirst (10 mg/5 mg), blood creatinine increased (10 mg/5 mg), haematocrit increased. **Storage condition:** Please refer to outer packaging for special precautions for storage. **Note:** Before prescribing, please consult full prescribing information.

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GLYXAMBI CONTAINS THE ACTIVE INGREDIENT IN JARDIANCE†[1]

PC-HK-100531 (Apr 2021)

Trajenta®
(linagliptin) 5mg tablets

TrajentaDuo®
(linagliptin/metformin HCl)

Simple.
Every day.

TRAJENTA® Abbreviated Prescribing Information (aPI-TRAJENTA_11b_V1)
Presentation: Linagliptin. Film-coated tablet 5 mg. **Indications:** Adjunct to diet and exercise to improve glycaemic control in adults with type 2 diabetes mellitus as monotherapy when metformin is inappropriate due to intolerance or contraindicated due to renal impairment, or in combination with other medicinal products for the treatment of diabetes, including insulin, when these do not provide adequate glycaemic control. **Dosage and administration:** 5 mg once daily. No dose adjustment is required for patients with renal impairment or with hepatic impairment. No dose adjustment is necessary based on age. Use with caution in patients ≥80 years of age. Can be taken with or without a meal at any time of the day. **Contraindication:** Hypersensitivity to the active substance or to any of the excipients. Special warnings and precautions: Should not be used in patients with type 1 diabetes or for the treatment of diabetic ketoacidosis. Caution of hypoglycaemia when used in combination with a sulphonylurea and/or insulin, a dose reduction of the sulphonylurea or insulin may be considered. Discontinue when pancreatitis is suspected, and should not restarted if acute pancreatitis is confirmed. Caution in patients with a history of pancreatitis. Discontinue if bullous pemphigoid is suspected. **Interactions:** Co-administration with rifampicin decreases steady-state AUC and Cmax of linagliptin. **Adverse reactions: Very common:** hypoglycaemia. **Common:** Lipase increased. **Uncommon:** Nasopharyngitis, hypersensitivity (e.g. bronchial hyperreactivity), cough, constipation, rash, amylase increased. **Rare:** Pancreatitis, angioedema, urticaria, bullous pemphigoid. **Storage condition:** Store below 30°C. This medicinal product does not require any special storage conditions. **Note:** Before prescribing, please consult full prescribing information.

TRAJENTA DUO® Abbreviated Prescribing Information (aPI-TRA_DUO_12b_V1)
Presentation: Linagliptin/metformin hydrochloride. Film-coated tablet 2.5 mg/500 mg, 2.5 mg/850 mg, 2.5 mg/1,000 mg. **Indications:** Indicated in adults with type 2 diabetes mellitus as an adjunct to diet and exercise to improve glycaemic control, in patients inadequately controlled on their maximally tolerated dose of metformin alone; or in combination with other medicinal products for the treatment of diabetes, including insulin, in patients inadequately controlled with metformin and these medicinal products; or in patients already being treated with the combination of linagliptin and metformin as separate tablets. **Dosage and administration:** *Adults with normal renal function (GFR ≥90ml/min):* should not exceed the maximum recommended daily dose of 5 mg linagliptin plus 2,000 mg metformin. For patients not adequately controlled on metformin alone, the usual starting dose of Trajenta Duo should provide linagliptin dosed as 2.5 mg twice daily (5 mg total daily dose) plus the dose of metformin already being taken. For patients switching from co-administration of linagliptin and metformin, Trajenta Duo should be initiated at the dose of linagliptin and metformin already being taken. For patients inadequately controlled on dual combination therapy with the maximal tolerated dose of metformin and a sulphonylurea, the dose of Trajenta Duo should provide linagliptin dosed as 2.5 mg twice daily (5 mg total daily dose) and a dose of metformin similar to the dose already being taken. When linagliptin plus metformin hydrochloride is used in combination with a sulphonylurea, a lower dose of the sulphonylurea may be required to reduce the risk of hypoglycaemia. For patients inadequately controlled on dual combination therapy with insulin and the maximal tolerated dose of metformin, the dose of Trajenta Duo should provide linagliptin dosed as 2.5 mg twice daily (5 mg total daily dose) and a dose of metformin similar to the dose already being taken. When linagliptin plus metformin hydrochloride is used in combination with insulin, a lower dose of insulin may be required to reduce the risk of hypoglycaemia. Use with caution in patients > 80 years of age. *Adults with renal impairment:* No dose adjustment needed for linagliptin. GFR 60-89ml/min: Maximum daily dose of metformin is 3000 mg. Dose reduction may be considered in relation to declining renal function. GFR 45-59ml/min: Maximum daily dose of metformin is 2000 mg. The starting dose is at most half of the maximum dose. GFR 30-44ml/min: Maximum daily dose of metformin is 1000 mg. The starting dose is at most half of the maximum dose. GFR <30ml/min: Metformin is contraindicated. *Adults with hepatic impairment:* Trajenta Duo is not recommended in patients with hepatic impairment due to the active substance metformin. *Method of administration:* Trajenta Duo should be taken twice daily with meals to reduce the gastrointestinal adverse reactions associated with metformin. **Contraindication:** Hypersensitivity to active substances or to any of the excipients. Any type of acute metabolic acidosis. Diabetic pre-coma. Severe renal failure (GFR <30 ml/min). Acute conditions with the potential to alter renal function. Disease which may cause tissue hypoxia. Hepatic impairment, acute alcohol intoxication, alcoholism. **Special warnings and precautions:** Should not be used in patients with type 1 diabetes. Sulphonylureas and insulin are known to cause hypoglycaemia. Caution is advised when Trajenta Duo is used in combination with a sulphonylurea and/or insulin. Dose reduction of sulphonylurea and/or insulin may be considered when use in combination. Metformin accumulation occurs at acute worsening of renal function and increases the risk of lactic acidosis. In case of dehydration, metformin should be temporarily discontinued. Medicinal products that can acutely impair renal function (such as antihypertensives, diuretics and NSAIDs) should be initiated with caution in metformin-treated patients. Metformin should be discontinued prior to or at the time of the imaging procedure and not restarted until at least 48 hours after, provided that renal function has been re- evaluated and found to be stable. Metformin is contraindicated in patients with GFR <30 ml/min and should be temporarily discontinued in the presence of conditions that alter renal function. In patients with stable chronic heart failure, Trajenta Duo may be used with a regular monitoring of cardiac and renal function. For patients with acute and unstable heart failure, Trajenta Duo is contraindicated. Metformin must be discontinued at the time of surgery under general, spinal or epidural anaesthesia. Therapy may be restarted no earlier than 48 hours following surgery or resumption of oral nutrition and provided that renal function has been re-evaluated and found to be stable. Caution should be exercised when treating patients 80 years and older. Patients with previously well controlled type 2 diabetes on Trajenta Duo who develops laboratory abnormalities or clinical illness (especially vague and poorly defined illness) should be evaluated promptly for evidence of ketoacidosis or lactic acidosis. If pancreatitis is suspected, Trajenta Duo should be discontinued; if acute pancreatitis is confirmed, Trajenta Duo should not be restarted. Caution should be exercised in patients with a history of pancreatitis. If bullous pemphigoid is suspected, Trajenta Duo should be discontinued. **Interactions:** (Linagliptin) Rifampicin. (Metformin) *Combination requiring precautions for use:* Glucocorticoids, beta-2-agonists, and diuretics with intrinsic hyperglycaemic activity. Medicinal products that adversely affect renal function and may increase the risk of lactic acidosis, e.g. NSAIDs, including selective cyclo-oxygenase (COX) II inhibitors, ACE inhibitors, angiotensin II receptor antagonists and diuretics, especially loop diuretics. Inhibitors of OCT1 (such as verapamil), inducers of OCT 1 (such as rifampicin), inhibitors of OCT2 (such as cimetidine, dolutegravir, ranolazine, trimethoprime, vandetanib, isavuconazole), and inhibitors of both OCT1 and OCT2 (such as crizotinib, olaparib). *Concomitant use not recommended:* Alcohol. Iodinated contrast agents. **Adverse reactions: Very common:** Hypoglycaemia, abdominal pain. **Common:** Taste disturbance, diarrhoea, nausea, lipase increased. **Uncommon:** Nasopharyngitis, hypersensitivity (e.g. bronchial hyperreactivity), cough, decreased appetite, vomiting, constipation, liver function disorders, rash, pruritus, amylase increased. **Rare:** Pancreatitis, angioedema, urticaria, bullous pemphigoid. **Very rare:** Lactic acidosis, vitamin B_{12} deficiency, hepatitis, erythema. **Storage conditions:** Store in the original package in order to protect from moisture. **Note:** Before prescribing, please consult full prescribing information.

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*In the treatment of patients with HFrEF**

EMPOWERED BY YOU
POWERED BY Jardiance®
(empagliflozin)

Proven Efficacy

- **25% RRR** in CV death or HHF on top of standard of care‡§[1,2]
- Protected the kidneys by slowing the decline in kidney function over time‖[1,2]

Demonstrated Safety and Tolerability Profile[1,2]

Simple Dosing

Oral, once-daily dose with no titration†[2]

JARDIANCE NOW recommended as first-line therapy
New HFrEF Guidelines

FOOTNOTES

* Adult patients with chronic heart failure (NYHA class II, III, or IV) and reduced ejection fraction (LVEF ≤ 40%).[1,2]

† When JARDIANCE is used in combination with a sulphonylurea or with insulin, a lower dose of the sulphonylurea or insulin may be considered to reduce the risk of hypoglycaemia.[2]

‡ In the EMPEROR-Reduced® trial, a randomised, double-blind, parallel-group, placebo-controlled study of 3730 patients with HFrEF, the efficacy and safety of JARDIANCE 10 mg (n=1863) was evaluated vs placebo (n=1867). The primary composite endpoint in the EMPEROR-Reduced® trial was a composite of CV death or HHF, analysed as time to the first event. Patients treated with JARDIANCE experienced a 25% RRR in this endpoint (HR=0.75; 95% CI: 0.65, 0.86; p<0.001).[1,2]

§ Standard of care: All patients received appropriate treatments for heart failure, including diuretics, inhibitors of the renin angiotensin system and neprilysin, beta blockers, mineralocorticoid receptor and, when indicated, cardiac devices.[1]

‖ The rate of the decline in eGFR was a prespecified secondary outcome of the EMPEROR-Reduced® trial.[1]

ACC=American College of Cardiology; ACEi=angiotensin-converting enzyme inhibitor; ARB=angiotensin II receptor blocker; ARNI=angiotensin receptor neprilysin inhibitor; CCS=Canadian Cardiovascular Society; CHFS=Canadian Heart Failure Society; CI=confidence internal; CV=cardiovascular; eGFR=estimated glomerular filtration rate; HFrEF=heart failure with reduced ejection fraction; HHF=hospitalisation for heart failure; HR=hazard ratio; LVEF=left ventricular ejection fraction; MRA=mineralocorticoid receptor antagonist; NYHA= New York Heart Association; RRR=relative risk reduction; SGLT2i=sodium-glucose co-transporter 2 inhibitor

REFERENCES

1. Packer M, et al. N Engl J Med. 2020;383(15):1413-1424. **2.** Jardiance Hong Kong Prescribing Information.

JARDIANCE® Abbreviated Prescribing Information (aPI-JARD-01)

Presentation: Empagliflozin. Film-coated tablets 10 mg; 25 mg. **Indications: 10 mg and 25 mg:** Indicated in the treatment of type 2 diabetes mellitus to improve glycaemic control in adults as: monotherapy when diet and exercise alone do not provide adequate glycaemic control in patients for whom use of metformin is considered inappropriate due to intolerance; and as add-on combination therapy with other glucose-lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control. Indicated in patients with type 2 diabetes mellitus and established cardiovascular disease to reduce the risk of cardiovascular death. **10 mg:** Jardiance is indicated in adults for the treatment of symptomatic chronic heart failure with reduced ejection fraction. **Dosage and administration:** Glycaemic control and Reduction of risk of cardiovascular death: 10 mg once daily. In patients tolerating 10 mg once daily and requiring additional glycaemic control, the dose can be increased to 25 mg once daily. Can be taken with or without food. No dose adjustment is required for patients with eGFR ≥ 30 mL/min/1.73m^2 or with hepatic impairment, or for elderly patients. **Heart Failure:** 10 mg once daily. In HF patients with or without T2DM, 10 mg may be initiated or continued down to an eGFR of 20 ml/min/1.73m^2 or CrCl of 20 ml/min. **Contraindication:** Hypersensitivity to empagliflozin or any of the excipients. For Glycaemic Control and Reduction of risk of cardiovascular death, patients with severe renal impairment (eGFR < 30 mL/min/1.73m^2), end-stage renal disease and patients on dialysis. The efficacy of JARDIANCE is dependent on renal function. For treatment of heart failure in patients with or without T2DM, 10 mg is not recommended in patients with eGFR < 20 ml/min/1.73m^2 or CrCl < 20 ml/min. Rare hereditary conditions that may be incompatible with an excipient. **Special warnings and precautions:** Should not be used in patients with type 1 diabetes or for treatment of DKA. Discontinue immediately when DKA is suspected or diagnosed. Treatment should be interrupted in patients who are hospitalised for major surgical procedures or acute serious medical illnesses, and may be restarted once the patient's condition has stabilised. For Glycaemic control and reduction of risk of CV death, discontinue when eGFR < 30 mL/min/1.73m^2 or CrCl < 30 mL/min. For HF, not recommended when eGFR < 20 mL/min/1.73m^2. Discontinue in cases of recurrent UTI. Due to a risk of modest decrease in blood pressure, caution should be exercised in patients with known cardiovascular disease, patients on diuretics, patients with history of hypotension or patients aged 75 years and older. Monitoring of volume status and electrolytes is recommended. Regularly examine the feet and counsel patients on routine preventative footcare. Caution is advised in patients at increased risk of genital infections. Avoid use during pregnancy and breast-feeding. Safety and effectiveness in children under 18 years of age have not been established. Initiation is not recommended in patients aged 85 years and older. Urine will test positive for glucose while patients are taking JARDIANCE. **Interactions:** Risk of dehydration and hypotension may increase when used in combination with thiazide and loop diuretics. Lower dose of insulin or an insulin secretagogue may be required to reduce the risk of hypoglycemia when used in combination with JARDIANCE. **Adverse reactions:** Hypoglycaemia (depends on type of background therapy of patients); Urinary tract infection, vaginal moniliasis, vulvovaginitis, balanitis and other genital infection; Increased urination, dysuria; Pruritus; Volume depletion; Thirst; Glomerular filtration rate decreased, blood creatinine increased, haematocrit increased, serum lipids increased. Post-marketing experience: Ketoacidosis, urosepsis, pyelonephritis, necrotising fasciitis of the perineum (Fournier's gangrene), allergic skin reaction, angioedema. **Storage condition:** Please refer to outer packaging for special precautions for storage. **Note:** Before prescribing, please consult full prescribing information.

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