Jardiance®
(empagliflozin)

Jardiance Duo®
(empagliflozin/metformin HCl)

POWER TO PROTECT*†‡

Start NOW for your patient's TOMORROW

^The ONLY oral T2D treatment indicated for

PREVENTION OF CV DEATH

in patients with T2D and established CV disease on top of standard of care[1¶]

NOW for patients with T2D and **eGFR ≥30** mL/min/1.73m²[1‡‡‡]

In patients with T2D and established CV disease

INDICATION

38% RRR IN CV DEATH**

HR=0.62
95% CI (0.49, 0.77)
p<0.001 vs. placebo.[1,2]

35% RRR IN HHF**

HR=0.65
95% CI (0.5, 0.85)
p=0.002 vs. placebo.[1,3]

ADDITIONAL BENEFIT[1¶]

*Natural risk of CV death and HHF in adults with T2D and CVD.[1,2,3] †Reductions in HbA1c, weight, and blood pressure.[1,4] ‡According to the 2015 ESMO Diabetes Management in CKD guideline, NICE's 2018 line of treatment for organ protection when T2D is present, most of the required for glycaemic control.[5] The empagliflozin clinical trials enrolled 70% of the patients with T2D, the efficacy and safety of empagliflozin in patients with T2D and eGFR <30 mL/min/1.73m² is not known. Jardiance is not recommended for use in patients with end-stage renal disease.[1] The primary endpoint was composite cardiovascular (CV) death, non-fatal MI, non-fatal stroke and hospitalisation for unstable angina. The secondary endpoint was composite cardiovascular death, non-fatal MI, non-fatal stroke and hospitalisation for heart failure, and CV death and all-cause mortality. The primary endpoint was met in the EMPA-REG OUTCOME trial (HR=0.86; 95.02% CI (0.74, 0.99); p=0.04) and the secondary endpoints were met in the EMPA-REG OUTCOME trial (HR=0.65; 95% CI (0.50, 0.85); p=0.002) and in the EMPA-REG OUTCOME trial (HR=0.62; 95% CI (0.49, 0.77); p<0.001). **Relative risk reduction (by a reduction in the risk of CV death (HR=0.62; 95% CI (0.49, 0.77)) from 10.5% in placebo to 6.5% in empagliflozin 10 mg and 7.7% in empagliflozin 25 mg). ‡‡‡Based on the EMPA-REG OUTCOME trial, the most common adverse reactions in the empagliflozin group (≥5% and more than placebo) were nasopharyngitis (6.7% vs. 5.8%), urinary tract infection (6.4% vs. 5.6%), and CV death (5.6% vs. 4.9%).[1,6] ¶Jardiance is the first SGLT2 inhibitor with a CV outcome in the EMPA-REG OUTCOME trial (HR=0.62; 95% CI: 0.49, 0.77).[1,6]

[1]The complete trial for CV death was one of primary endpoints, SGLT2 other glucosides and was analysed by a hierarchical approach. [2]Natural risk of CV death and HHF in adults with T2D and established CV disease on top of standard of care (including SGLT2 other glucosides and glucose-lowering therapies). [3]Natural risk of HHF in adults with T2D and established CV disease on top of standard of care (including SGLT2 other glucosides and glucose-lowering therapies). [4]The primary endpoint was met in the EMPA-REG OUTCOME trial (HR=0.86; 95.02% CI (0.74, 0.99); p=0.04) and the secondary endpoints were met in the EMPA-REG OUTCOME trial (HR=0.65; 95% CI (0.50, 0.85); p=0.002) and in the EMPA-REG OUTCOME trial (HR=0.62; 95% CI (0.49, 0.77); p<0.001). [5]Primary endpoints: Primary endpoints of EMPA-REG were met.

CVD=cardiovascular disease; CI=confidence interval; CV=cardiovascular; HR=hazard ratio; CV=cardiovascular; CVD=cardiovascular disease; HHF=hospitalisation for heart failure; HbA1c=haemoglobin A1c; MI=myocardial infarction; MACE=major adverse cardiovascular events; MI=myocardial infarction; NICE=National Institute for Health and Care Excellence; CV=cardiovascular; eGFR=estimated glomerular filtration rate; SGLT2=sodium-glucose cotransporter 2 inhibitor

References: 1. JARDIANCE® Malaysia Prescribing Information. 2. Zinman B, Wanner C, Lachin JM, et al. EMPA-REG OUTCOME Investigators. Empagliflozin, cardiovascular outcomes, and mortality in type 2 diabetes. N Engl J Med. 2015;373:2117-28. 3. EMPA-REG OUTCOME® results and the publication's hypothesis generating nature. Boehringer Ingelheim. Data on file. Wanner C, Research Section I, et al. (EMPA-REG REG) Trial investigators. Empagliflozin and clinical outcomes in patients with type 2 diabetes mellitus, established cardiovascular disease, and impaired renal function. Diabetes Care. 2016;39:1445-1454. 4. KDIGO 2020 Clinical practice guideline for diabetes management in chronic kidney disease. Kidney Int. 2020;98(Suppl 4):S1-S115.

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For healthcare professionals only.

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