forxiga®

(dapagliflozin)

1	POSTAGE PAID HONG KONG CHINA 中國香港 郵費已付	Permit No. 特許編號 7520

NEW INDICATION

CKD

TREATMENT*,§,1

forxiga®
(dapagliflozin)

Dear Doctor,

Today, AstraZeneca Hong Kong is proud to announce the new **Chronic Kidney Disease** treatment indication of FORXIGA[1].
FORXIGA is now the only SGLT2i registered in Hong Kong not only for T2D control, but also for the treatments of HFrEF and CKD[1,§].

Now, you can prescribe FORXIGA in adults for the treatments of[1]:

1. Insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise
2. Symptomatic chronic heart failure with reduced ejection fraction
3. **Chronic kidney disease**[§] **NEW!**

Act now, and save your CKD patients starting from today

AstraZeneca Hong Kong

FORXIGA in CKD

Reduced

Kidney Function Decline, ESKD or Renal or CV Death
by 39%[‡,2]
vs placebo
(HR 0.61; 95% CI, 0.51, 0.72; p<0.001)

All-cause Mortality
by 31%[2]
vs placebo
(HR 0.69; 95% CI, 0.53, 0.88; p=0.004)

ONCE DAILY - WITHOUT TITRATION[1,†]

- Initiate with GFR ≥ 25[1]
- Proven in Broad CKD Patient Range[¶,3]
- Well-tolerated[2,3]

SCAN TO WATCH INFO VIDEO

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NEW INDICATION

CKD TREATMENT*,§,1

* FORXIGA is indicated for the treatment of chronic kidney disease in adult patients with or without T2D.
† In patients with severe hepatic impairment, a starting dose of 5 mg is recommended. If well tolerated, the dose may be increased to 10 mg.
‡ Primary composite endpoint of ≥50% sustained decline in eGFR, reaching ESKD, or renal or CV death. ESKD is defined as the need for maintenance dialysis for at least 28 days, renal transplantation or sustained eGFR<15 mL/min/1.73m^2 for at least 28 days.
§ Due to limited experience, it is not recommended to initiate treatment with dapagliflozin in patients with GFR <25 mL/min.
¶ Diabetic nephropathy, chronic glomerulonephritides, ischaemic or hypertensive CKD, or CKD of other or unknown cause.

CKD, chronic kidney disease; CV, cardiovascular; ESKD, end stage kidney disease; HFrEF, heart failure with reduced ejection fraction; GFR, glomerular filtration rate; SGLT2i, sodium-glucose cotransporter-2 inhibitor; T2D, type 2 diabetes.

References: 1. FORXIGA Hong Kong Prescribing Information. 2. Heerspink HJL, et al. N Engl J Med. 2020;383:1436-1446. 3. Wheeler DC, et al. Lancet Diabetes Endocrinol. 2021;9:22-31.

Abbreviated Prescribing Information (API)
FORXIGA (dapagliflozin)
Composition: Dapagliflozin propanediol monohydrate film coated tablet, 5 mg or 10 mg. Therapeutic Indications: For the treatment of insufficiently controlled type 2 diabetes mellitus in adults as an adjunct to diet and exercise, either as monotherapy when metformin is considered inappropriate due to intolerance, or in addition to other medicinal products for the treatment of type 2 diabetes. For the treatment of symptomatic chronic heart failure with reduced ejection fraction. For the treatment of chronic kidney disease. Dosage and Administration: Type 2 diabetes mellitus: Recommended dose is 10 mg to be taken orally once daily at any time of day with or without food. Tablets are to be swallowed whole. Heart Failure: Recommended dose is 10 mg to be taken orally once daily. Chronic Kidney Disease: Recommended dose is 10mg to be taken orally once daily. In patients with severe hepatic impairment, a starting dose of 5 mg is recommended. Contraindications: Hypersensitivity to the active substance or to any of its excipients. Warnings and Precautions: Renal function, risk of volume depletion and/or hypotension should be taken into account in patients. Dosage of insulin and sulphonylurea (SU) may need to be readjusted to reduce the risk of hypoglycaemia. May add to the diuretic effect of thiazide and loop diuretics and may increase the risk of dehydration and hypotension. Use with caution in patients with increased risk of diabetic ketoacidosis; on anti-hypertensive therapy with a history of hypotension; elderly (≥ 65 years). Treatment should be temporarily interrupted when volume depleted; when treating pyelonephritis or urosepsis; in patients who are hospitalized for major surgical procedures or acute serious medical illnesses, until ketone values are normal. Should not be initiated in patients with type 1 diabetes; hereditary problems of galactose intolerance, total lactase deficiency, or glucose-galactose malabsorption. Additional glucose lowering treatment should be considered for glycaemic control improvementif GFR is persistently below 45 ml/min for the treatment of diabetes; no dose adjustment is required based on renal function for the treatment of heart failure and chronic kidney disease. Due to limited experience, it is not recommended to initiate treatment with dapagliflozin in patients with GFR < 25 mL/min. Discontinue if suspected or diagnosed diabetic ketoacidosis; if Fournier's gangrene is suspected; when pregnancy is detected; while breast-feeding. Limited or no data in cardiac failure NYHA class IV; pregnancy; and paediatric population. Adverse Reactions: Very common: hypoglycaemia when used with SU or insulin. Common: vulvovaginitis, balanitis and related genital infections, urinary tract infection, dizziness, rash, back pain, dysuria, polyuria, dyslipidaemia, decreased creatinine renal clearance (during initial treatment), and increased haematocrit. Uncommon: Fungal infection, volume depletion, thirst, constipation, dry mouth, nocturia, vulvovaginal and genital pruritus, increased blood creatinine (during initial treatment), increased blood urea, and decreased weight. Rare: diabetic ketoacidosis (when used in type 2 diabetes). Very rare: necrotising fasciitis of the perineum (Fournier's gangrene), angioedema. Not known: acute kidney injury. Drug interaction: Coadministration with rifampicin may reduce dapagliflozin systemic exposure; coadministration with mefenamic acid may increase dapagliflozin systemic exposure. Monitoring glycaemic control with 1,5-AG assay is not recommended in patients taking SGLT2 inhibitors. Storage: Store below 30 °C. Local prescribing information is available upon request. API.HK.FOR.1221

Intended for Healthcare professionals only.
Please visit contactazmedical.astrazeneca.com, for (1) enquiring Medical Information (MI), (2) reporting Individual Case Safety Report (ICSR) and/or (3) reporting Product Quality Complaint (PQC) to AstraZeneca Hong Kong Limited.

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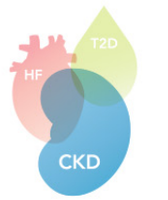
AstraZeneca 阿斯利康
AstraZeneca Hong Kong Limited
Unit 1-3, 11/F, 18 King Wah Road,
North Point, Hong Kong
Tel: (852) 2420 7388
Fax: (852) 2422 6788



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