NEW in **HFrEF***

FORXIGA is now **A CLASS 1A FIRST-LINE THERAPY** for all HFrEF patients in ESC 2021 HF guideline[14,††]

SAVE LIFE WITH FORXIGA

TRANSFORM YOUR HFrEF SOC WITH FORXIGA[2]

26% ↓ **Risk of CV Death or Worsening of HF†**
(HR 0.74 [95% CI, 0.65, 0.85]; p<0.001)

30% ↓ **Risk of Worsening of HF†,‡**
(HR 0.70 [95% CI, 0.59, 0.83])

18% ↓ **Risk of CV Mortality‡**
(HR 0.82 [95% CI, 0.69, 0.98])

17% ↓ **All-cause Mortality§,||**
(HR 0.83 [95% CI, 0.71, 0.97])

No increased rates of major hypoglycemia vs placebo in DAPA-HF[2]

FORXIGA AS A **SIMPLE ADD-ON TO HFrEF SOC**[1]

10 MG | **1 TABLET/DAY WITH NO TITRATION¶**

FORXIGA tablet shown is not actual size.

CAN BE PRESCRIBED FOR PATIENTS AT THE FIRST OPPORTUNITY IN OR WITH

Existing HF Therapy and Diuretics

Common CV and T2D Medications

eGFR ≥30 mL/min/1.73m² **

* In addition to the original indication for the treatment of insufficient controlled type 2 diabetes mellitus as an adjunct to diet and exercise, it has a new indication for the treatment of symptomatic chronic heart failure with reduced ejection fraction[1].
† An episode of worsening heart failure was either an unplanned hospitalization or an urgent visit resulting in intravenous therapy for heart failure.
‡ Exploratory endpoint.
§ Secondary endpoint.
‖ Due to the hierarchical testing strategy, all-cause mortality was nominally significant.
¶ 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.
** In patients treated with FORXIGA for both HF and T2D, additional glucose-lowering treatment should be considered if GFR falls persistently below 45 mL/min.
†† In 2021 ESC Guidelines for the treatment of HFrEF, dapagliflozin or empagliflozin are recommended for patients with HFrEF to reduce the risk of HF hospitalization and death (class I, level A).

CI=confidence interval. CV=cardiovascular. DAPA-HF=Dapagliflozin And Prevention of Adverse outcomes in Heart Failure. eGFR=estimated glomerular filtration rate. HF=heart failure. HFrEF=HF with reduced ejection fraction. HR=hazard ratio. SGLT2i=sodium glucose co-transporter 2 inhibitor. SOC=standard of care. T2D=type 2 diabetes.

forxiga® (dapagliflozin)

CONSISTENT BENEFITS*
IN A BROAD RANGE OF HFrEF PATIENTS

- Diabetes status[3] P_{int}=0.80
- Baseline NT-proBNP[8] P_{int}=0.09
- Health status outcomes[9,†] P_{int}=0.52
- hHF history[4] P_{int}=0.08
- Age[10] P_{int}=0.76
- LVEF[5] P_{int}=0.76
- SBP[11] P_{int}=0.78
- Baseline mortality risk[6] P_{int}=0.71
- Renal function[12] P_{int}=0.54
- HF etiology[7] P_{int}=0.55
- Background therapy[13] $P_{int}\geq$0.16

forxiga® (dapagliflozin)

Efficacy achieved in HFrEF patients regardless of (post-hoc analyses)

WHEN IT'S TIME TO INTENSIFY THE HFrEF REGIMEN, **PRESCRIBE FORXIGA®**

* Benefits refer to the reduction of risk in primary composite endpoint of cardiovascular death or a worsening HF event.

† Health status outcomes were examined using the Kansas City Cardiomyopathy Questionnaire, a validated, self-administered instrument that quantifies HF-related symptoms, function, and quality of life.

HF=heart failure. HFrEF=heart failure with reduced ejection fraction. hHF=hospitalization for heart failure. LVEF=left ventricular ejection fraction. NT-proBNP=N-terminal pro-B-type natriuretic peptide. SBP=systolic blood pressure.

References: 1. FORXIGA Hong Kong Prescribing Information. Nov 2020. 2. McMurray JJV, et al. N Engl J Med 2019;381:1995–2008. 3. Petrie MC, et al. JAMA. 2020;323:1353-1368. 4. Sabatine MS Presented at American Heart Association Scientific Sessions 2019, November 16-18, 2019, Philadelphia, PA USA. 5. Dewan P, et al. Eur J Heart Fail. 2020;22:1247-1258. 6. Docherty KF, et al. Presented at European Society of Cardiology Congress 2020. August 29 - September 1, 2020, Amsterdam, Netherlands. 7. Butt JH, et al. Eur J Heart Fail. 2021. doi: 10.1002/ejhf.2124. Online ahead of print. 8. Køber Lars, et al. J Am Coll Cardiol. 2020;75(11_Supplement_1):675. 9. Kosiborod MN, et al. Circulation. 2020;141:90-99. 10. Martinez FA, et al. Circulation. 2020;141:100-111. 11. Seferelli M, et al. Eur Heart J. 2020;41:3402-3418. 12. Jhund PS, et al. Circulation. 2021;143:298–309. 13. Docherty KF, et al. Eur Heart J. 2020;41:2379-2392. 14. McDonagh TA, et al. European Heart Journal 2021;00:1-128.

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. 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. 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 a GFR < 60 ml/min for glycaemic control improvement in the treatment of diabetes; in patients with type 1 diabetes; hereditary problems of galactose intolerance, total lactase deficiency, or glucose-galactose malabsorption. Discontinue if 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. Limited data in severe renal impairment (GFR <30 ml/min) or end stage renal disease. 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.0421

Intended for Healthcare professionals only.
Please visit contactmedical.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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