

DAPAGLIFLOZIN

Beyond Glucose Control – Cardio-Renal-Metabolic Protection

1. ORGAN PROTECTION BEYOND GLUCOSE LOWERING



Reduces risk of major adverse cardiovascular events, heart failure hospitalization and slows CKD progression – independent of glucose lowering.



Heart

↓ HF hospitalization
Improves outcomes



Kidneys

Slows eGFR decline
Reduces albuminuria



Vessels

↓ CV death
↓ MACE

Benefits seen in patients with and without diabetes



2. EXPANDING THERAPEUTIC ROLE

Evidence-based benefits across a wide range of conditions, making it a cornerstone in cardio-renal-metabolic care.



Chronic Kidney Disease

With or without diabetes



Heart Failure

HFrEF and HFpEF



Metabolic Disorders

Obesity, MetS, NAFLD



Type 2 Diabetes

Glycemic management

Broad evidence. Broad impact.

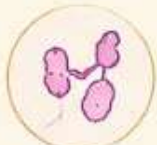
3. RECOGNITION OF RARE BUT SERIOUS ADVERSE EVENTS



Clinicians should be alert and educate patients about the following:



Euglycaemic Diabetic Ketoacidosis (euDKA)



Genital Mycotic Infections



Volume Depletion / Hypotension



Rare: Necrotizing fasciitis of the perineum (Fournier gangrene)

Early recognition and prompt management are essential

DAPAGLIFLOZIN 10 mg



Inhibits SGLT2 in proximal tubule



Increases urinary glucose excretion

4. VIGILANT PATIENT SELECTION AND MONITORING



Assess kidney function (eGFR)



Evaluate volume status and BP



Review concomitant medications



Assess risk factors for ketoacidosis

Patient Education



Maintain adequate hydration



Follow "sick-day" rules



Temporary discontinuation during acute illness, surgery or prolonged fasting



Report symptoms such as nausea, vomiting, abdominal pain, difficulty breathing or genital discomfort



Dapagliflozin – Transforming Outcomes. Protecting Organs. Improving Lives.

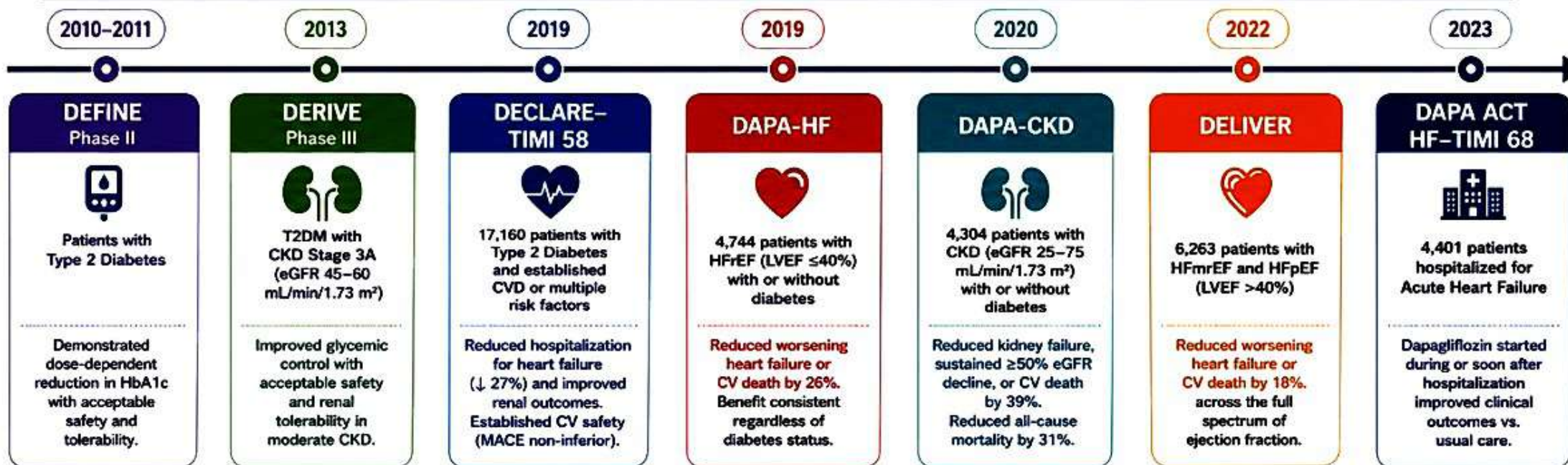


Dapagliflozin: From Glucose Lowering to Cardiorenal Protection

Key Clinical Trials That Shaped the Evidence



Dapagliflozin (a selective SGLT2 inhibitor) has transformed the care of patients with diabetes, heart failure and chronic kidney disease.



Abbreviations: CKD, chronic kidney disease; CV, cardiovascular; CVD, cardiovascular disease; eGFR, estimated glomerular filtration rate; HF, heart failure; HFmrEF, heart failure with mildly reduced ejection fraction; HFpEF, heart failure with preserved ejection fraction; HFrEF, heart failure with reduced ejection fraction; LVEF, left ventricular ejection fraction; MACE, major adverse cardiovascular events; T2DM, type 2 diabetes mellitus.

Sources: Clinical trial publications and press releases.
Years indicate primary publication year of key results.

Protects
KidneysSupports
Heart HealthBeyond
Glucose ControlFor Better
Patient Outcomes

KEY HIGHLIGHTS FOR CLINICAL PRACTICE



REAL-WORLD INSIGHTS INTO ORGAN PROTECTION BEYOND GLUCOSE LOWERING

- Consistent benefits in heart failure, CKD progression and mortality reduction across diverse populations.
- Real-world data support effectiveness in everyday clinical practice.



EXPANDING ROLE IN RENAL AND METABOLIC DISEASE OUTCOMES

- Slows CKD progression and reduces risk of kidney failure.
- Promising benefits in metabolic dysfunction, NAFLD, and weight management.



RECOGNITION OF RARE BUT SERIOUS CLINICAL ADVERSE EVENTS

- Euglycemic DKA
- Genital mycotic infections
- Volume depletion, hypotension
- Fournier's gangrene (very rare)

Early recognition and prompt management are essential.



IMPORTANCE OF VIGILANT PATIENT SELECTION AND MONITORING

- Assess risk factors and contraindications.
- Monitor renal function, volume status, and adverse events.
- Educate patients on sick-day rules and warning signs.

PROVEN BENEFITS ACROSS THE CARDIORENAL CONTINUUM

Slows CKD
ProgressionReduces Heart
Failure HospitalizationLowers Mortality
RiskBenefits Across
Diabetes and Non-Diabetes