



In adults v **CHRONIC KI** DISEAS



TO REDUCE THI SUSTAINED EGFR DE AND CV AND REM



FORXIGA is indicated to of sustained eGFR dec CV and renal death in a





Once daily With or without food

Based on eGFR (mL/min/1.73 m²), the dosage recommendations are:

- Assess renal function prior to initiation of FORXIGA therapy and regularly thereafter.
- * Comparative clinical significance has not been established.

Other dosing considerations: Other considerations for special populations **Renal impairment:** The glucose-lowering efficacy of FORXIGA is dependent on renal function and declines with decreasing renal function. • Assess volume status and, if necessary, correct volume depletion prior to initiation of FORXIGA therapy. Monitoring of renal function is required prior to initiation of FORXIGA therapy and regularly thereafter. In patients with eGFR less than • Concomitant use with insulin or an insulin secretagogue (e.g., sulfonylurea): When FORXIGA is used as add-on therapy 60 mL/min/1.73 m², more frequent monitoring of renal dysfunction is recommended. with insulin or an insulin secretagogue (e.g., sulfonylurea), a lower dose of insulin or the insulin secretagogue may be considered Hepatic impairment: No dosage adjustment for FORXIGA is required for patients with mild or moderate hepatic impairment. FORXIGA to reduce the risk of hypoglycemia. exposure is increased in patients with severe hepatic impairment. Please consult the Product Monograph at www.azinfo.ca/forxiga/pm367 for warnings, precautions, adverse reactions, drug interactions, dosing, and conditions of clinical use. The Product Monograph is also available by calling 1-800-668-6000. [†] Please see the FORXIGA Product Monograph for complete dosing and administration information. CKD: chronic kidney disease; CV: cardiovascular; eGFR: estimated glomerular filtration rate; ESKD: end-stage kidney disease; ESRD: end-stage renal disease; REFERENCES HF: heart failure; HFrEF: heart failure with reduced ejection fraction; hHF: hospitalization for heart failure; 1. FORXIGA Product Monograph. AstraZeneca Canada Inc. August 6, 2021. SGLT2i: sodium-glucose co-transporter 2 inhibitor; T2DM: type 2 diabetes mellitus. 2. AstraZeneca data on file.

MEMBER OF INNOVATIVE MEDICINES CANADA



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E RISK OF ECLINE, ESKD, DALL DEATH	<section-header><text></text></section-header>	FORXIGA use as an improve glyc T2DM for w due to co FORXI patients w control in ade a sulfonylure sitaglipti insulin (a metformin a above, along provide

FORXIGA 10 mg

Once daily With or without food

starting dose: FORXIGA 5 mg C.

• eGFR 25 to <45: FORXIGA is likely to be ineffective in improving glycemic control in adults with T2DM with an eGFR <45 mL/min/1.73m². Therefore, FORXIGA is not recommended for use to improve glycemic control in T2DM patients with an eGFR persistently <45 mL/min/1.73 m². • **eGFR <25:** Initiation of treatment with FORXIGA is not recommended in patients with an eGFR <25 mL/min/1.73 m². • **On dialysis:** FORXIGA is contraindicated in patients on dialysis.

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In adults with **TYPE 2 DIABETES MELLITUS**



TO IMPROVE GLYCEMIC CONTROL

is indicated in monotherapy for adjunct to diet and exercise to cemic control in adult patients with whom metformin is inappropriate ontraindications or intolerance.

IGA is also indicated in adult with T2DM to improve glycemic ld-on combination with metformin, ea, metformin and a sulfonylurea, in (alone or with metformin) or lone or with metformin), when lone or the existing therapy listed g with diet and exercise, does not e adequate glycemic control.

In adults for the treatment of **HEART FAILURE WITH REDUCED EJECTION FRACTION**



AS ADD-ON COMBINATION TO REDUCE THE RISK OF CV DEATH, hHF AND **URGENT HEART FAILURE VISIT IN PATIENTS WITH HFrEF**

FORXIGA is indicated in adults, as an adjunct to standard of care therapy, for the treatment of HFrEF to reduce the risk of CV death, hHF and urgent HF visit.



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Recommended

If additional glycemic control is needed: FORXIGA 10 mg



Once daily With or without food

Once daily With or without food



