



“Advancing
T2DM Care
with **Robust**
Control”

In T2DM with High CV risk

^{Rx} Diet, Exercise &
AffOdapa[®] $\frac{5}{10}$
Dapagliflozin 5/10 mg Tablets



In T2DM Uncontrolled on Monotherapy

^{Rx} Diet, Exercise &
AffOdapa-M[®] $\frac{500}{1000}$
Dapagliflozin 10 mg + Metformin 500/1000 mg Tablets



In T2DM with High CV risk

^{Rx} *Diet, Exercise &*
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Dapagliflozin 5/10 mg Tablets

In T2DM Uncontrolled on Monotherapy

^{Rx} *Diet, Exercise &*
AffOdapa[®]-M $\frac{500}{1000}$
Dapagliflozin 10 mg + Metformin 500/1000 mg Tablets

Background:

Early achievement of optimal glycaemic control in type 2 diabetes is essential to delay disease progression and reduce long-term microvascular and macrovascular complications. While metformin is the first-line therapy, its effectiveness often declines over time. Clinical evidence supports dapagliflozin as an effective add-on to metformin, provides superior glycaemic control.

Mechanism of Action:

Dapagliflozin: Selectively inhibits renal SGLT2, lowers glucose reabsorption and promotes urinary glucose excretion, thereby reducing blood glucose levels.

Metformin: Lowers hepatic glucose production, reduces intestinal glucose absorption, and enhances insulin sensitivity by increasing peripheral glucose uptake.

Combined therapy offers greater glycaemic control with added benefits of weight reduction and systolic blood pressure lowering.

| Brand | Indication | Dosing |
|--|--|---|
| ^{Rx} <i>Diet, Exercise &</i> AffOdapa [®] $\frac{5}{10}$ Dapagliflozin 5/10 mg Tablets | As an adjunct to diet and exercise In T2DM patients with High CV risk | 5 mg once daily orally, taken in the morning. The dose can be increased to 10 mg once daily or as prescribed by the Doctor. |
| ^{Rx} <i>Diet, Exercise &</i> AffOdapa [®] -M $\frac{500}{1000}$ Dapagliflozin 10 mg + Metformin 500/1000 mg Tablets | As an adjunct to diet and exercise In T2DM patients Uncontrolled on Monotherapy | Affodapa-M should be taken once daily orally with food or as prescribed by the Doctor. |

Benefits:

- Improved Glycemic Control
- Provides kidney protection by slowing disease progression
- Reduces hospitalization due to heart failure
- Lowers cardiovascular and all-cause mortality
- Minimal risk of hypoglycemia
- Convenient once-daily dosing for better adherence

References: 1. Circulation. 2019;139:2528-2536 | 2. Lancet Diabetes Endocrinol. 2019 Aug;7(8):606-617. | 3. Drugs. 2012 Dec 3;72(17):2289-312. | 4. Diabetes Metab Syndr Obes. 2016; 9: 25-35. | 5. Int J Clin Pract, May 2012, 66, 5, 446-456



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