

## Targeted Action to Dual Therapy

*Enhanced Glycemic Control  
with Renal Care*



In T2DM patients with renal complications

<sup>Rx</sup> Diet, Exercise &  
**LGpin™** Tablets  
Linagliptin 5 mg



In High risk T2DM patients Uncontrolled on Monotherapy

<sup>Rx</sup> Diet, Exercise &  
**LGpin-M™**  $\frac{500}{1000}$   
Linagliptin 2.5 mg + Metformin 500/1000 mg Tablets



In Newly Diagnosed T2DM with High HbA1c

<sup>Rx</sup> Diet, Exercise &  
**LGpin-M<sup>XR</sup>™**  
Linagliptin 5 mg + Metformin 500 mg (ER) Tablets



In T2DM patients with renal complications

In High risk T2DM patients Uncontrolled on Monotherapy

In Newly Diagnosed T2DM with High HbA1c



## Background

- Current therapies for Type 2 diabetes, including some combinations, may cause hypoglycemia and/or weight gain, hindering effective glycemic and weight control. Linagliptin, a DPP-4 inhibitor, offers an alternative for patients inadequately controlled by metformin or sulfonylureas. According to the American Diabetes Association, metformin is the first-line treatment for Type 2 diabetes. However, patients not controlled with metformin alone may benefit from combination therapy. When paired with metformin, linagliptin provides glucose-lowering effects that are weight-neutral, with a low risk of hypoglycemia. Additionally, linagliptin has a renal advantage, as it does not require dose adjustment in renal impairment, making it a suitable option for enhanced glycemic control with renal protection.

## Available Strengths

- **LGPin 5** – Linagliptin 5 mg Tablets
- **LGPin M** – Linagliptin 2.5 mg + Metformin 500/ 1000 Tablets
- **LGPin M XR** – Linagliptin 5 mg + Metformin 500 Extended Release Tablets

## Indication

- **LGPin 5** : Indicated as an adjunct to diet and exercise **In T2DM Patient with Renal Complications**
- **LGPin-M** : Indicated as an adjunct to diet and exercise **In High Risk T2DM patients Uncontrolled on Monotherapy**
- **LGPin-M XR** : Indicated as an adjunct to diet and exercise **In Newly Diagnosed T2DM with High HbA1c**

## Mechanism of Action

- **Linagliptin** : Selectively inhibits DPP-4, an enzyme that breaks down incretin hormones, thereby prolonging the action of glucagon-like peptide-1 and glucose-dependent insulintropic peptide, which play a key role in regulating glucose levels after meals.
- **Metformin** : Works by reducing hepatic glucose production, decreases intestinal glucose absorption, and improves insulin sensitivity, thereby increases peripheral glucose uptake and utilization.

## Distinctive Features of Linagliptin:

- Dosage adjustments are not necessary for patients with renal impairment.
- Reduces albuminuria and HbA1c levels without posing a risk to cardiovascular or kidney health.
- Supports renal function improvement.
- Exhibits a long-term safety profile for cardiovascular and kidney health.

## Dosage & Administration

- **LGPin-5**: The recommended dosage is one tablet per day, or as prescribed by the doctor.
- **LGPin-M**: The recommended dosage is 1 to 2 tablets per day, or as prescribed by the doctor.
- **LGPin-M XR**: The recommended dosage is one tablet per day, or as prescribed by the doctor.

References:1.JClinEndocrinolMetab.2013Jul;98(7):E1163-72. |2.Circulation.2019;139:351-361. |3.Drugs(2014)74:1927-1946 |4.PT.2011Dec;36(12):807-812,842. |5.DiabetMed.2011Nov;28(11):1352-61

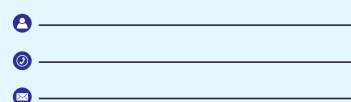


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