According to international guidelines:

IMPROVE.* **PROTECT.†** **PREVENT.‡**

T2D requires a holistic approach to reduce short-term and long-term risks*

For your patients with T2D and CVD

Add JARDIANCE early on to help reduce cardio-renal risk[1-3]

35%
RRR IN HOSPITALISATION FOR HEART FAILURE[1,2§]

39%
RRR IN INCIDENT OR WORSENING NEPHROPATHY[2¶]

38%
RRR IN CV DEATH[1,2#]

*According to the ADA 2022 Standards of Care in Diabetes: 'Diabetes is a complex, chronic illness requiring continuous medical care with multifactorial risk-reduction strategies beyond glycemic control. Ongoing diabetes

JARDIANCE also helped slow the decline in kidney function.[3]
JARDIANCE is not indicated for the treatment of chronic kidney disease.

For your patients with T2D and CVD

THE POWER TO ACCOMPLISH MORE

MULTIPLE BENEFITS** PROVEN PROTECTION††

JARDIANCE has an established safety profile.[1,2]

According to the JARDIANCE Summary of Product Characteristics, the overall incidence of AEs in patients treated with empagliflozin was similar to placebo. The most frequently reported adverse reaction was hypoglycaemia when used with sulphonylurea or insulin. The overall safety profile of empagliflozin was generally consistent across the studied indications. For detailed adverse reactions information, please consult the JARDIANCE Summary of Product Characteristics, section 4.8.[1]

JARDIANCE IS APPROVED‖ For use down to an eGFR of

30 mL/min/1.73 m²

For initiation and dosing details for T2D patients with and without CVD, please see the full label.‖

Boehringer Ingelheim

Lilly

FOOTNOTES

*According to the 2020 KDIGO® Diabetes Management in CKD Guideline: '...SGLT2i demonstrated substantial reductions in both composite cardiovascular outcomes and composite kidney outcomes. The cardiovascular and kidney benefits appear independent of glucose-lowering, suggesting other mechanisms for organ protection, such as reduction in intraglomerular pressure and single-nephron hyperfiltration leading to preservation of kidney function.'[2]
†According to the 2022 AHA/ACC/HFSA Clinical Practice Guideline: 'In patients with T2D and either established CVD or at high cardiovascular risk, SGLT2i should be used to prevent hospitalisations for HF.'[1]
§Hospitalisation for heart failure was a secondary CV outcome in the EMPA-REG OUTCOME® trial. The primary composite endpoint in the EMPA-REG OUTCOME® trial was 3-point MACE.[2]
¶Incident or worsening nephropathy is defined as progression to macroalbuminuria, doubling of serum creatinine, eGFR of ≤45 mL/min/1.73 m²; initiation of renal replacement therapy; death from renal disease. Incident or worsening nephropathy was a prespecified component of the secondary microvascular outcome in the EMPA-REG OUTCOME® trial.[3]
The primary composite endpoint in the EMPA-REG OUTCOME® trial was 3-point MACE, composed of death from CV causes, nonfatal MI, or nonfatal stroke, as analysed in the pooled JARDIANCE group versus the placebo group. The 14% RRR in 3-point MACE (HR: 0.86; 95% CI: 0.74–0.99) was driven by a reduction in the risk of CV death (HR: 0.62; 95% CI: 0.49, 0.77); there was no change in risk of nonfatal MI (HR: 0.87; 95% CI: 0.70–1.09) or nonfatal stroke (HR: 1.24; 95% CI: 0.92–1.67).[1,2]
‖ See Summary of Product Characteristics for dosing details.
**Reductions in HbA1c, weight, and blood pressure. In a 24-week, double-blind, placebo-controlled study of 637 patients with T2D, the efficacy and safety of JARDIANCE 10 mg (n=217) and JARDIANCE 25 mg (n=213) as add-on therapy to metformin ≥1,500 mg were evaluated versus placebo added to metformin (n=207). The primary endpoint was adjusted SE from baseline in HbA1c (%); weight loss and blood pressure reduction were key secondary and exploratory endpoints, respectively.[3,4]
††Reduced risk of CV death and HHF in adults with insufficiently controlled T2D and CV disease (CAD, PAD, or a history of MI or stroke). The primary composite outcome in the EMPA-REG OUTCOME® trial was 3-point MACE, composed of death from CV causes, nonfatal MI, or nonfatal stroke, as analysed in the pooled JARDIANCE group versus the placebo group. The 14% RRR in 3-point MACE (HR: 0.86; 95% CI: 0.74–0.99) was driven by a reduction in the risk of CV death (HR: 0.62; 95% CI: 0.49–0.77); there was no change in risk of nonfatal MI (HR: 0.87; 95% CI: 0.70–1.09) or nonfatal stroke (HR: 1.24; 95% CI: 0.92–1.67). The primary outcome occurred in 490 of 4,687 patients in the pooled JARDIANCE group and in 282 of 2,333 patients in the placebo group. Hospitalisation for heart failure was a secondary CV outcome in the EMPA-REG OUTCOME® trial (HR: 0.65; 95% CI: 0.50–0.85).[1,2]

REFERENCES

1. JARDIANCE [Summary of Product Characteristics]. Ingelheim am Rhein, Germany: Boehringer Ingelheim International GmbH; June 2022.
2. Zinman B et al.; EMPA-REG OUTCOME Investigators. Empagliflozin, cardiovascular outcomes, and mortality in type 2 diabetes. N Engl J Med. 2015;373(22):2117-28.
3. Wanner C et al.; EMPA-REG OUTCOME Investigators. Empagliflozin and progression of kidney disease in type 2 diabetes. N Engl J Med. 2016;375(4):323-34.
4. Häring et al.; EMPA-REG Met Trial Investigators. Empagliflozin as add-on to metformin in patients with type 2 diabetes: a 24-week, randomized, double-blind, placebo-controlled trial. Diabetes Care. 2014;37(6):1650-9.

ABBREVIATION KEY:

AE: adverse event; CAD: coronary artery disease; CF: cardiovascular; CI: confidence interval; CVD: cardiovascular disease; eGFR: estimated glomerular filtration rate; HHF: hypertensive heart failure; HR: hazard ratio; MI: myocardial infarction; PAD: peripheral arterial disease; RRR: relative resk reduction; SE: standard error; T2D: type 2 diabetes.

Jardiance® (empagliflozin)