JARDIANCE® helps protect the kidneys and heart across a broad range of patients with CKD[1]

RRR in kidney disease progression or CV death*[1]

28%

HR=0.72; 95% CI: 0.64, 0.82; p<0.001
ARR=3.6%
NTT=28[‡1]

RRR in first & recurrent all-cause hospitalisation‡[1]

14%

HR=0.86; 95% CI: 0.78, 0.95; p=0.003

Triple Protection

Now approved for the treatment of adult patients with CKD[3]

JARDIANCE® is approved for the treatment of T2D, T2D+CVD, HF across the LVEF spectrum and CKD[3] - offering triple protection for interconnected cardio-, renal-, and metabolic diseases.

MAKE PROTECTION YOUR SUPERPOWER

JARDIANCE® protects by reducing risk of CV death or kidney disease progression for patients with CKD*[2], risk of CV death or HHF for patients with HF‖[4,5], and risk of CV death for patients with T2D+CVD**[6]

The kidney and the numbers shown are only for illustration purposes and do not refer to any specific part of the kidney.

Declining eGFR increases risk of CV death[3]

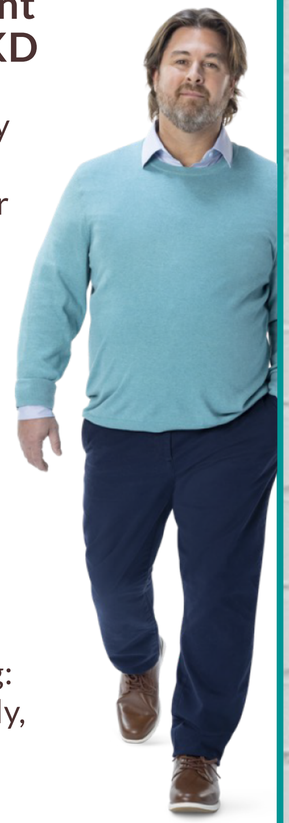
KDIGO Risk category **Stage 3a**

2x§

KDIGO Risk category **Stage 3b**

4x§

Consider JARDIANCE® for your next patient presenting with CKD



- Reduce kidney disease progression or risk of CV death*[1]
- Consistent Safety & Tolerability Profile¶[2]
- Simple Dosing: oral, once-daily, no-titration#[2]

This infographic is intended for Healthcare Professionals only.
For further information on JARDIANCE®, please see SmPC: https://pro.boehringer-ingelheim.com/products/jardiance/bipdf/smpc

Footnotes

*In the EMPA-KIDNEY trial, a randomized, parallel-group, double-blind, placebo-controlled study of 6609 patients with CKD, the efficacy and safety profile of JARDIANCE® 10 mg (n=3304) were evaluated vs placebo (n=3305). The primary endpoint in the EMPA-KIDNEY trial was a composite of CV death or progression of kidney disease. Patients treated with JARDIANCE® experienced a 28% RRR in this endpoint (HR=0.72; 95% CI: 0.64, 0.82; p<0.001).[1] †ARR for the primary composite outcome of kidney disease progression or CV death is 3.6% per patient-year at risk. Figure adapted from Herrington et al. NNT: 28 (95% CI: 19, 53) per 2 years at risk.[1] ‡Hospitalization for any cause was a key secondary outcome of the EMPA-KIDNEY trial, The analysis of hospitalizations for any cause included the first and all subsequent events (JARDIANCE®, 1611 hospitalizations in 960 patients; placebo, 1895 hospitalizations in 1035 patients).[1] §Versus no chronic kidney disease. ¶JARDIANCE® is contraindicated in patients with hypersensitivity to the active substance or to any of the excipients of JARDIANCE®. JARDIANCE® should not be used in patients with type 1 diabetes or for the treatment of DKA. JARDIANCE® should be used with caution in patients who may be a higher risk of ketoacidosis while taking JARDIANCE®. In patients where DKA is suspected or diagnosed, treatment with JARDIANCE® should be discontinued immediately. For use in renally impaired patients, please refer to the dosing page of this document and the SmPC.[2] #Please see the Summary of Product Characteristics for dosing details. ‖In the EMPEROR-Reduced trial, a randomised, double-blind, parallel-group, placebo-controlled study of 3730 patients with HFrEF, the efficacy and safety profile of JARDIANCE® 10 mg (n=1863) was evaluated vs placebo (n=1867). Patients were adults with chronic heart failure (NYHA class II, III, or IV) and reduced ejection fraction (LVEF ≤ 40%). The primary endpoint in the EMPEROR-Reduced trial was a composite of CV death or HHF, analysed as time to the first event. Patients treated with JARDIANCE® experienced a 25% RRR in this endpoint (HR=0.75; 95% CI: 0.65, 0.86; p<0.001). In the EMPEROR-Preserved trial, a randomised, double-blind, parallel-group, placebo-controlled study of 5988 patients with HFpEF, the efficacy and safety profile of JARDIANCE® 10 mg (n=2997) was evaluated vs placebo (n=2991). Patients were adults with chronic heart failure (NYHA class II, III, or IV) and preserved ejection fraction (LVEF > 40%). The primary endpoint in the EMPEROR-Preserved trial was a composite of CV death or HHF, analysed as time to the first event. Patients treated with JARDIANCE® experienced a 21% RRR in this endpoint (HR=0.79; 95% CI: 0.69, 0.90; p<0.001).[4,5] **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 analyzed in the pooled JARDIANCE® group vs the placebo group. Patients were adults with insufficiently controlled T2D and CAD, PAD, or a history of MI or stroke. The 14% RRR in 3-point MACE (HR=0.86; 95% CI: 0.74, 0.99; p<0.001 for noninferiority; p=0.04 for superiority) was driven by a reduction in the risk of CV death (HR=0.62; 95% CI: 0.49, 0.77).[6] ARR=absolute risk reduction; CAD=coronary artery disease; CI=confidence interval; CKD=chronic kidney disease; CV=cardiovascular; CVD=cardiovascular disease; DKA=diabetic ketoacidosis; eGFR=estimated glomerular filtration rate; HF=heart failure; HFpEF=heart failure with preserved ejection fraction; HFrEF=heart failure with reduced ejection fraction; HHF=hospitalization for heart failure; HR=hazard ratio; KDIGO=Kidney Disease: Improving Global Outcomes; LVEF=left ventricular ejection fraction; MACE=major adverse cardiovascular events; MI=myocardial infarction; NNT=number needed to treat; RRR=relative risk reduction; SmPC=Summary of Product Characteristics; T2D=type 2 diabetes.

References

1. Herrington WG, Staplin N, Wanner C, et al. EMPA-KIDNEY Collaborative Group. Empagliflozin in patients with chronic kidney disease. N Engl J Med. 2023;388(2):117-127. (EMPA-KIDNEY results and the publication's Supplementary Appendix.) **2.** JARDIANCE® [summary of product characteristics]. Ingelheim am Rhein, Germany; Boehringer Ingelheim International GmbH; [August 2023]. **3.** Fox CS, Matsushita K, Woodward M, et al; Chronic Kidney Disease Prognosis Consortium. Associations of kidney disease measures with mortality and end-stage renal disease in individuals with and without diabetes: a meta-analysis. Lancet. 2012;380(9854):1662-1673. **4.** Packer M, Anker SD, Butler J, et al; EMPEROR-Reduced Trial Investigators Cardiovascular and renal outcomes with empagliflozin in heart failure. N Engl J Med. 2020;383(15):1413-1424. (EMPEROR-Reduced results and the publication's Supplementary Appendix.) **5.** Anker SD, Butler J, Filippatos G, et al; EMPEROR-Preserved Trial Investigators. Empagliflozin in heart failure with a preserved ejection fraction. N Engl J Med. 2021;385(16):1451-1461. (EMPEROR-Preserved results and the publication's Supplementary Appendix.) **6.** Zinman B, Wanner C, Lachin JM, et al; EMPA-REG OUTCOME Investigators. Empagliflozin, cardiovascular outcomes, and mortality in type 2 diabetes. N Engl J Med. 2015;373(22):2117-2128. (EMPA-REG OUTCOME® results and the publication's Supplementary Appendix.)

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Jardiance® (empagliflozin)