

The Perfect Trifecta



FOR THE MANAGEMENT OF UNCONTROLLED T2DM

DAPAHENZ-GM 1/1000

Dapagliflozin 10 mg + Glimepiride 1 mg + Metformin (ER) 1000 mg Tablets

DAPAHENZ-GM 2/1000

Dapagliflozin 10 mg + Glimepiride 2 mg + Metformin (ER) 1000 mg Tablets

La Renon

DAPAHENZ-GM

BACKGROUND:

Many currently available combinations for patients with Type-2 Diabetes Mellitus, are associated with hypoglycemia and/or weight gain, which act as barrier to the achievement of glycemic and weight control. Metformin-sulfonylurea combination therapy is the most widely used regimen in the management of T2DM. Sulfonylureas are prescribed as second-line treatment options in the management of patients with T2DM, while they are still commonly prescribed as a first-line treatment as a substitute to metformin. SGLT-2 inhibitors are a new class of oral anti-hyperglycemic drugs which improve hyperglycemia by inhibiting renal glucose reabsorption and decrease cardiovascular events and kidney damage in patients with diabetes and addition of SGLT-2 inhibitors to above combination has shown superior efficacy when compared with add-on or monotherapy alone.

DESCRIPTION:

- **DAPAHENZ-GM**, is the triple combination of Dapagliflozin, Glimepiride and Metformin for the treatment of Type-2 Diabetes Mellitus in adults.
- **DAPAHENZ-GM 1/1000** : Dapagliflozin 10 mg + Glimepiride 1 mg + Metformin (ER) 1000 mg Tablets
- **DAPAHENZ-GM 2/1000** : Dapagliflozin 10 mg + Glimepiride 2 mg + Metformin (ER) 1000 mg Tablets

INDICATION:

DAPAHENZ-GM is indicated as an adjunct to diet and exercise to improve glycemic control in patients with Type-2 Diabetes whose diabetes are not adequately controlled with metformin alone or those patient who are initially responded to glimepiride or dapagliflozin alone and require additional glycemic control.

MECHANISM OF ACTION:

- **Glimepiride** : Glimepiride is an insulin secretagogue and, like other sulfonylurea, is only effective in patients with residual pancreatic beta-cell activity. The primary mechanism of action of glimepiride in lowering blood glucose appears to be dependent on stimulating the release of insulin from functioning pancreatic beta cells.
- **Metformin** : Metformin improves glucose tolerance in patients with Type-2 Diabetes (NIDDM), lowering both basal and postprandial plasma glucose. It decreases hepatic glucose production, decreases intestinal absorption of glucose, and improves insulin sensitivity by increasing peripheral glucose uptake and utilization.
- **Dapagliflozin** : Dapagliflozin inhibits SGLT2 and blocks reabsorption of filtered glucose in the kidney, increasing urinary glucose excretion and reducing blood glucose levels.

DOSAGE:

DAPAHENZ-GM 1/1000 : One Tablet a day or as prescribed by the doctor.

DAPAHENZ-GM 2/1000 : One Tablet a day or as prescribed by the doctor.




T2DM: Type-2 Diabetes Mellitus
SGLT-2: Sodium Glucose Co-transporter 2

References:

1. Scientific Reports volume 11, Article number: 137 (2021)
2. Diabetes Obes Metab. 2020;22:1083-1093
3. JAMA Cardiol. 2021 Feb 1;6(2):148-158.

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