

La Renon

A Reliable  
**SHIELD**



**EMPASHIELD**  $\frac{10}{25}$

Empagliflozin 10 mg / 25 mg Tablets

**EMPASHIELD-M** 12.5/500

Empagliflozin 12.5 mg + Metformin (IR) 500 mg Tablets

**EMPASHIELD-M**  $\frac{12.5/1000}{25/1000}$

Empagliflozin 12.5 mg / 25 mg + Metformin (ER) 1000 mg Tablets

# EMPASHIELD

# EMPASHIELD-M

## Background

Treatment with sodium–glucose cotransporter 2 (SGLT2) inhibitors improves cardiovascular outcomes in high-risk patients with type 2 diabetes, those with chronic kidney disease, and heart failure with a reduced or preserved left ventricular ejection fraction. Treatment with Empagliflozin showed sustained improvements in glycemic control and reductions in body weight, SBP, and DBP in patients with type 2 diabetes. Empagliflozin was well tolerated and associated with a low risk of hypoglycaemia. However, as type 2 diabetes progresses with monotherapy often fails to maintain glycemic control. Therefore, Initial combination therapy with oral antidiabetic drugs with complementary modes of action may provide more robust and durable glucose-lowering efficacy compared with the traditional stepwise approach. A combination approach to first-line treatment is recommended by multiple guidelines for patients requiring significant glycemic control improvements.

## Description

### Empashield

Empagliflozin 10 mg & 25 mg Tablets.

### Empashield-M

Empagliflozin 12.5 mg + Metformin (IR) 500 mg Tablets.

Empagliflozin 12.5 mg / 25 mg + Metformin (ER) 1000 mg Tablets.

## Indication

### Empashield

- As an adjunct to diet and exercise to improve glycemic control in adults and pediatric patients aged 10 years and older with type 2 diabetes mellitus.
- To reduce the risk of cardiovascular death and hospitalization for heart failure in adults with heart failure.
- To reduce the risk of cardiovascular death in adults with type 2 diabetes mellitus and established cardiovascular disease.

### Empashield-M

- As an adjunct to diet and exercise to improve glycemic control in adults with Type 2 Diabetes Mellitus.

## Mechanism Of Action

- **Empagliflozin** inhibits SGLT2 and blocks reabsorption of filtered glucose in the kidney, increasing the urinary glucose excretion and reduce blood glucose levels. This excretion allows for better glycemic control and potentially weight loss in patients with type 2 diabetes mellitus.
- **Metformin** decreases blood glucose levels by decreasing hepatic glucose production (also called gluconeogenesis), decreasing the intestinal absorption of glucose, and increasing insulin sensitivity by increasing peripheral glucose uptake and utilization.

## Dosage

**Empashield-10, 25** : One tablet a day orally or as prescribed by the doctor.

**Empashield-M 12.5/500** : One tablet twice daily orally or as prescribed by the doctor.

**Empashield-M 12.5/1000** : One tablet a day orally or as prescribed by the doctor.

**Empashield-M 25/1000** : One tablet a day orally or as prescribed by the doctor.

SBP: Systolic Blood Pressure | DBP: Diastolic Blood Pressure

References:

1.N Engl J Med 2024;390:1455-1466 | 2.Diabetes Care 2015;38:420-428

### La Renon Healthcare Private Limited

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