

Consistently
delivering access to
PrSandoz®
Saxagliptin



- > Appearance of the tablets similar to the reference product
- > 2.5 mg and 5 mg available in blisters of 30 tablets
- > Addition of a 5 mg 100 tablets format in June 2021

A generic equivalent to **PrOnglyza***





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* Registered trademark owned by its respective registrant.

Please consult product monograph available at sandoz.ca/en/Generics or obtain a copy by calling Sandoz Medical Information at 1-800-343-8839 ext. 4636.

PrSandoz® Saxagliptin

A generic equivalent
to PrOnglyza*

Appearance (Actual size)	Strength	DIN	Format	UPC
<p>PrSandoz® Saxagliptin</p>  <p>PrOnglyza*</p> 	2.5 mg	02468603	Blister of 30 tablets	0 57513 22170 5
<p>PrSandoz® Saxagliptin</p>  <p>PrOnglyza*</p> 	5 mg	02468611	Blister of 30 tablets Bottle of 100 tablets (June 2021)	0 57513 22168 2 0 57513 22169 9

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Sandoz Saxagliptin tablets are indicated in:

Combination with metformin:

- Sandoz Saxagliptin is indicated in patients with type 2 diabetes mellitus to improve glycemic control in combination with metformin when metformin used alone, with diet and exercise, does not provide adequate glycemic control.

Combination with sulfonylurea:

- Sandoz Saxagliptin is indicated in patients with type 2 diabetes mellitus to improve glycemic control in combination with sulfonylurea when sulfonylurea used alone, with diet and exercise, does not provide adequate glycemic control.

Combination with insulin (with or without metformin):

- Sandoz Saxagliptin is indicated in patients with type 2 diabetes mellitus to improve glycemic control in combination with premixed or long/intermediate acting insulin (with or without metformin) when premixed or long/intermediate acting insulin (with or without metformin) used alone, with diet and exercise, do not provide adequate glycemic control.

Combination with metformin and a sulfonylurea:

- Sandoz Saxagliptin is indicated in patients with type 2 diabetes mellitus to improve glycemic control in combination with metformin and a sulfonylurea when dual therapy with these two agents, with diet and exercise, does not provide adequate glycemic control.

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