COSPIAQ

For the use only of Registered Medical Practitioner (for indications i, iii and iv) / Nephrologist and Cardiologist (for indication ii) or a Hospital or a Laboratory

Abbreviated Prescribing information for COSPIAQ (Empagliflozin tablets 10 mg/25 mg) [Please refer the complete prescribing information for details].

PHARMACOLOGICAL PROPERTIES:

MECHANISM OF ACTION: ***Empagliflozin:*** Sodium-glucose co-transporter 2 (SGLT2) is the predominant transporter responsible for reabsorption of glucose from the glomerular filtrate back into the circulation. Empagliflozin is an inhibitor of SGLT2. By inhibiting SGLT2, empagliflozin reduces renal reabsorption of filtered glucose and lowers the renal threshold for glucose, and thereby increases urinary glucose excretion. Empagliflozin also reduces sodium reabsorption and increases the delivery of sodium to the distal tubule. This may influence several physiological functions such as lowering both pre-and afterload of the heart and downregulating sympathetic activity.

INDICATIONS: COSPIAQ is indicated

I. To reduce the risk of cardiovascular death and hospitalization for heart failure in adults with heart failure.

II. To reduce the risk of sustained decline in eGFR (only for patients with eGFR 30-90 ml/min/1.73m2), end-stage kidney disease, cardiovascular death, and hospitalization in adults with chronic kidney disease at risk of progression

III. To reduce the risk of cardiovascular death in adults with type 2 diabetes mellitus and established cardiovascular disease.

IV. As an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

DOSAGE AND ADMINISTRATION: As directed by the Physician. Tablets should be taken orally.

CONTRAINDICATION: Hypersensitivity to empagliflozin or any of the excipients in COSPIAQ, reactions such as angioedema have occurred.

WARNINGS & PRECAUTIONS: ***Ketoacidosis:*** The risk of ketoacidosis was increased in patients who received SGLT2 inhibitors compared to patients who received placebo. COSPIAQ is not indicated for the treatment of patients with type 1 diabetes mellitus. Patients treated with COSPIAQ who present with signs and symptoms consistent with severe metabolic acidosis should be assessed for ketoacidosis regardless of presenting blood glucose levels, as ketoacidosis associated with COSPIAQ may be present even if blood glucose levels are less than 250 mg/dL. If ketoacidosis is suspected, COSPIAQ should be discontinued, patient should be evaluated, and prompt treatment should be instituted. Treatment of ketoacidosis may require insulin, fluid and carbohydrate replacement. In many of the post marketing reports, and particularly in patients with type 1 diabetes, the presence of ketoacidosis was not immediately recognized and institution of treatment was delayed because presenting blood glucose levels were below those typically expected for diabetic ketoacidosis (often less than 250 mg/dL). Signs and symptoms at presentation were consistent with dehydration and severe metabolic acidosis and included nausea, vomiting, abdominal pain, generalized malaise, and shortness of breath. In some but not all cases, factors predisposing to ketoacidosis such as insulin dose reduction, acute febrile illness, reduced caloric intake, surgery, pancreatic disorders suggesting insulin deficiency (e.g., type 1 diabetes, history of pancreatitis or pancreatic surgery), and alcohol abuse were identified. Before initiating

COSPIAQ, consider factors in the patient history that may predispose to ketoacidosis including pancreatic insulin deficiency from any cause, caloric restriction, and alcohol abuse. For patients who undergo scheduled surgery, consider temporarily discontinuing COSPIAQ for at least 3 days prior to surgery. ***Volume Depletion:*** COSPIAQ can cause intravascular volume depletion which may sometimes manifest as symptomatic hypotension or acute transient changes in creatinine. ***Urosepsis and Pyelonephritis:*** There have been reports of serious urinary tract infections including urosepsis and pyelonephritis requiring hospitalization in patients receiving SGLT2 inhibitors, including COSPIAQ. ***Hypoglycemia with Concomitant Use with Insulin and Insulin Secretagogues:*** The risk of hypoglycemia is increased when empagliflozin is used in combination with insulin secretagogues (e.g., sulfonylurea) or insulin. Therefore, a lower dose of the insulin secretagogue or insulin may be required to reduce the risk of hypoglycemia when used in combination with COSPIAQ. ***Necrotizing Fasciitis of the Perineum (Fournier's Gangrene):*** a rare but serious and life-threatening necrotizing infection requiring urgent surgical intervention, have been identified in patients with diabetes mellitus receiving SGLT2 inhibitors, including COSPIAQ. Cases have been reported in both females and males. Serious outcomes have included hospitalization, multiple surgeries, and death. ***Genital Mycotic Infections***: COSPIAQ increases the risk for genital mycotic infections. Patients with a history of chronic or recurrent genital mycotic infections were more likely to develop genital mycotic infections. ***Genital Mycotic Infections:*** COSPIAQ increases the risk for genital mycotic infections. Patients with a history of chronic or recurrent genital mycotic infections were more likely to develop genital mycotic infections. Monitor and treat as appropriate. ***Lower Limb Amputation:*** In a long-term cardio-renal outcome trial, in patients with chronic kidney disease, the occurrence of lower limb amputations was reported with event rates of 2.9, and 4.3 events per 1000 patient- years in the placebo, and COSPIAQ 10 mg treatment arms, respectively. Peripheral artery disease, and diabetic foot infection (including osteomyelitis), were the most common precipitating medical events leading to the need for an amputation. The risk of amputation was highest in patients with a baseline history of diabetic foot, peripheral artery disease (including previous amputation) or diabetes. ***Hypersensitivity Reactions***: Serious hypersensitivity reactions, (e.g., angioedema) in patients treated with COSPIAQ. If a hypersensitivity reaction occurs, discontinue COSPIAQ; treat promptly per standard of care, and monitor until signs and symptoms resolve. COSPIAQ is contraindicated in patients with hypersensitivity to empagliflozin or any of the excipients in COSPIAQ. If a hypersensitivity reaction occurs, discontinue COSPIAQ.

DRUG INTERACTIONS: ***Diuretics:*** Coadministration of empagliflozin with diuretics resulted in increased urine volume and frequency of voids, which might enhance the potential for volume depletion. ***Insulin or Insulin Secretagogues:*** The risk of hypoglycemia is increased when COSPIAQ is used in combination with insulin secretagogues (e.g., sulfonylurea) or insulin. ***Positive Urine Glucose Test:*** SGLT2 inhibitors increase urinary glucose excretion and will lead to positive urine glucose tests. ***Interference with 1, 5-anhydroglucitol (1, 5-AG) Assay:*** Measurements of 1, 5-AG are unreliable in assessing glycemic control in patients taking SGLT2 inhibitors.

ADVERSE REACTIONS: Ketoacidosis, Volume Depletion, Urosepsis and Pyelonephritis, Hypoglycemia with Concomitant Use with Insulin and Insulin Secretagogues, Necrotizing Fasciitis of the Perineum (Fournier's Gangrene), Genital Mycotic Infections, Hypersensitivity Reactions.

Please email at pv@torrentpharma.com for reporting of any adverse event.

MARKETED BY:

TORRENT PHARMACEUTICALS LTD.

Torrent House, Off Ashram Road,

Ahmedabad-380 009, INDIA

IN/COSPIAQ/Feb 2024/02/ABPI

(Additional information is available on request)