AZULIX DM

For the use of a Registered Medical Practitioner or a Hospital or a Laboratory Only

Abbreviated Prescribing information for **AZULIX DM** [Dapagliflozin, Glimepiride, Metformin Hydrochloride (Extended release) Tablets]
[Please refer the complete prescribing information for details]

PHARMACOLOGICAL PROPERTIES:

Mechanism of Action: *Glimepiride:* It primarily lowers blood glucose by stimulating the release of insulin from pancreatic beta cells. Sulfonylureas bind to the sulfonylurea receptor in the pancreatic beta-cell plasma membrane, leading to closure of the ATP-sensitive potassium channel, thereby stimulating the release of insulin. *Metformin*: A biguanide with antihyperglycaemic effects, lowering both basal and postprandial plasma glucose. It does not stimulate insulin secretion and therefore does not produce hypoglycaemia. Metformin may act via 3 mechanisms 1) Reduction of hepatic glucose production by inhibiting gluconeogenesis and glycogenolysis. 2) In muscle, by increasing insulin sensitivity, improving peripheral glucose uptake and utilization. 3) Delay of intestinal glucose absorption. Metformin stimulates intracellular glycogen synthesis by acting on glycogen synthase. Metformin increases the transport capacity of all types of membrane glucose transporters (GLUTs) known to date. *Dapagliflozin:* It is a highly potent, selective and reversible inhibitor of SGLT2. Inhibition of SGLT2 by dapagliflozin reduces reabsorption of glucose from the glomerular filtrate in the proximal renal tubule with a concomitant reduction in sodium reabsorption leading to urinary excretion of glucose and osmotic diuresis. Dapagliflozin therefore increases the delivery of sodium to the distal tubule which increases tubuloglomerular feedback and reduces intraglomerular pressure. This combined with osmotic diuresis leads to a reduction in volume overload, reduced blood pressure, and lower preload and afterload, which may have beneficial effects on cardiac remodelling and preserve renal function

INDICATIONS: It is indicated as an adjunct to diet and exercise to improve glycemic control in adult patients with type 2 Diabetes Mellitus (T2DM).

DOSAGE AND ADMINISTRATION: As directed by the Physician. AZULIX DM can be taken with or without food. Tablets are to be swallowed whole.

CONTRAINDICATION: *Glimepiride:* Contraindicated in patients with a history of a hypersensitivity reaction to Glimepiride or any of the product's ingredients. *Metformin:* Any type of acute metabolic acidosis (such as lactic acidosis, diabetic ketoacidosis) Diabetic pre-coma, Sever renal failure (GFR < 30 ml/min), acute conditions with the potential to alter renal function such as: dehydration, severe infection, shock, Disease which may cause tissue hypoxia (especially acute disease, or worsening of chronic disease) such as: decompensated heart failure, respiratory failure, recent myocardial infarction, shock., Hepatic insufficiency, acute alcohol intoxication, alcoholism. *Dapagliflozin:* Hypersensitivity to the active substance or to any of the excipients

WARNINGS & PRECAUTIONS: *Glimepiride:* All sulfonylureas, including glimepiride, can cause severe hypoglycaemia, Hypersensitivity reactions in patients treated with glimepiride, including serious reactions such as anaphylaxis, angioedema, and Stevens- Johnson Syndrome, Sulfonylureas can cause hemolytic anemia in patients with glucose 6-phosphate dehydrogenase (G6PD) deficiency, *Metformin:* Lactic acidosis is a very rare, but serious (high mortality in the absence of prompt treatment), metabolic complication most often occurs at acute worsening of renal function or cardiorespiratory illness or sepsis, Renal function: GFR should be assessed before treatment initiation and regularly, Cardiac function Patients with heart failure are more at risk of hypoxia and renal insufficiency, *Dapagliflozin:* Diabetic

ketoacidosis, rare cases of diabetic ketoacidosis (DKA), including life-threatening and fatal cases, have been reported in patients treated with sodium-glucose co-transporter 2 (SGLT2) inhibitors, including dapagliflozin, post marketing cases of necrotising fasciitis of the perineum (also known as Fournier's gangrene) have been reported in female and male patients taking SGLT2 inhibitors, Urinary glucose excretion may be associated with an increased risk of urinary tract infection.

DRUG INTERACTIONS: *Glimepiride:* Drugs affecting glucose metabolism, Miconazole, Cytochrome P450 2C9 Interactions, Concomitant administration of Colesevelam, *Metformin:* Alcohol, Iodinated contrast agents, *Dapagliflozin:* Diuretics, Insulin and insulin secretagogues.

ADVERSE REACTIONS: *Glimepiride:* Hypoglycemia, hemolytic anemia, impairment of liver function (e.g. with cholestasis and jaundice), as well as hepatitis, which may progress to liver failure, porphyria cutanea tarda, photosensitivity reactions and allergic vasculitis, leukopenia, agranulocytosis, aplastic anemia, and pancytopenia, thrombocytopenia, hepatic porphyria reactions and disulfiram-like reactions, hyponatremia and syndrome of inappropriate antidiuretic hormone secretion, dysgeusia, alopecia, *Metformin:* Nausea, vomiting, diarrhoea, abdominal pain and loss of appetite, lactic acidosis, liver function tests abnormalities or hepatitis, skin reactions such as erythema, pruritus, urticaria, *Dapagliflozin:* Vulvovaginitis, balanitis and related genital infections, dizziness, rash, back pain, dysuria, polyuria, haematocrit increased.

MARKETED BY:

TORRENT PHARMACEUTICALS LTD.

Torrent House, Off Ashram Road,

Ahmedabad-380 009, INDIA

IN/AZULIX DM (10 mg, 1 mg+ 2 mg, 1000 mg) /DEC-23/01/ABPI

(Additional information is available on request)