AZULIX MV

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

Abbreviated Prescribing information for AZULIX MV (Metformin Hydrochloride (SR), Glimepride and Voglibose Tablets)

[Please refer the complete prescribing information available at www.torrentpharma.com]

PHARMACOLOGICAL PROPERTIES:

MECHANISM OF ACTION: ***Metformin Hydrochloride:*** Metformin may act via 3 mechanisms: Reduction of hepatic glucose production by inhibiting gluconeogenesis and glycogenolysis, In muscle, by increasing insulin sensitivity, improving peripheral glucose uptake and utilization. and delay of intestinal glucose absorption. ***Glimepiride:*** Glimepiride acts mainly by stimulating insulin release from pancreatic beta cells. As with other sulfonylureas this effect is based on an increase of responsiveness of the pancreatic beta cells to the physiological glucose stimulus. In addition, glimepiride seems to have pronounced extrapancreatic effects also postulated for other sulfonylureas. ***Voglibose:*** Voglibose is an alpha glucosidase inhibitor which reduces intestinal absorption of starch, dextrin, and disaccharides by inhibiting the action of α-glucosidase in the intestinal brush border. Inhibition of this enzyme catalyzes the decomposition of disaccharides into monosaccharides and slows the digestion and absorption of carbohydrates; the postprandial rise in plasma glucose is blunted in both normal and diabetic subjects resulting in improvement of post prandial hyperglycemia and various disorders caused by hyperglycemia.

INDICATIONS: It is indicated as an adjunct to diet and exercise in type 2 diabetes mellitus patients, when monotherapy is not able to achieve glycemic control.

DOSAGE AND ADMINISTRATION: ***Dose***: The daily recommended dose is as directed by the Physician. ***Method of administration:*** AZULIX MV tablets should be administered orally. Do not crush or chew the tablet. Swallow as a whole.

CONTRAINDICATION: Hypersensitivity to metformin or to glimepiride or other sulfonylureas or sulphonamides or voglibose or to any of the excipients. Any type of acute metabolic acidosis (such as lactic acidosis, diabetic ketoacidosis), Diabetic pre-coma, Severe renal failure (GFR < 30 mL/min/1.73m2), 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, Insulin dependent diabetes, Diabetic coma, Ketoacidosis, Severe renal or hepatic function disorders, In case of severe renal or hepatic function disorders, a changeover to insulin is required.

WARNINGS & PRECAUTIONS: ***Metformin Hydrochloride***: (a) Metformin accumulation occurs at acute worsening of renal function and increases the risk of lactic acidosis. (b) Renal function: Metformin is contraindicated in patients with GFR<30 mL/min. (c) Cardiac function: In patients with stable chronic heart failure, metformin may be used with a regular monitoring of cardiac and renal function. (d) Metformin should be discontinued prior to or at the time of the imaging procedure and not restarted until at least 48 hours after, provided that renal function has been re-evaluated and found to be stable. (e) Metformin must be discontinued at the time of surgery under general, spinal or epidural anaesthesia. (f) The diagnosis of type 2 diabetes mellitus should be confirmed before treatment with metformin is initiated. ***Glimepiride:*** Treatment with glimepiride tablets requires regular monitoring of glucose levels in blood and urine. In patients with severe impairment of renal or liver function change over to insulin is indicated. Caution should be used in patients with G6PD-deficiency and a non-sulfonylurea alternative should be considered. Glimepiride Tablets contains lactose monohydrate. Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine. ***Voglibose***: All patients should continue their dietary restriction with a regular distribution of

carbohydrate intake during the day. Overweight patients should continue their energy restricted diet. The usual laboratory tests for diabetes monitoring should be performed regularly. Patients should be instructed and explained to recognize hypoglycemic symptoms and its management.

DRUG INTERACTIONS: ***Metformin Hydrochloride:*** Concomitant use not recommended with Alcohol. Combinations requiring precautions for use: NSAIDs, NSAIDs, including selective cyclo-oxygenase (COX) II inhibitors, ACE inhibitors, angiotensin II receptor antagonists and diuretics, especially loop diuretics. Organic cation transporters (OCT): verapamil, rifampicin, such as cimetidine, dolutegravir, ranolazine, trimethoprime, vandetanib, isavuconazole), such as crizotinib, olaparib. ***Glimepiride:*** Glimepiride is metabolized by cytochrome P450 2C9 (CYP2C9). Its metabolism is known to be influenced by concomitant administration of CYP2C9 inducers (e.g. rifampicin) or inhibitors (e.g. fluconazole). Glimepiride may either potentiate or weaken the effects of coumarin derivatives. Colesevelam binds to glimepiride and reduces glimepiride absorption from the gastro-intestinal tract. No interaction was observed when glimepiride was taken at least 4 hours before colesevelam. Therefore, glimepiride should be administered at least 4 hours prior to colesevelam. ***Voglibose:*** When Voglibose is used in combination with derivative(s) of sulfonylamide, sulfonylurea or biguanide, or with insulin, hypoglycemic symptoms may occur. Examples of drugs enhancing the hypoglycemic action of antidiabetic drugs: α-blockers, salicylic acid preparations, monoamine oxidase inhibitors, and fibrate derivatives. Examples of drugs diminishing the hypoglycemic action of antidiabetic drugs: epinephrine, adrenocortical hormone, and thyroid hormone.

ADVERSE REACTIONS: Very common: Digestive Problems, Nausea, Vomiting, Diarrhoea, Bellyache (Abdominal Pain) and Loss of Appetite. **Common:** Changes In Taste. **Rare:** Hypoglycaemia, Decrease in the number of blood cells, Lactic Acidosis. **Very rare:** Allergic reactions, Abnormal liver function, **Not known:** Hypersensitivity, Increased Liver Enzymes.

MARKETED BY:

TORRENT PHARMACEUTICALS LTD.

IN/AZULIX MV 500, 1, 0.3 mg, 500, 2, 0.3 mg, 500, 1, 0.2 mg and 500, 2, 0.2 mg/Feb-21/01/ABPI

(Additional information is available on request)