VOGLITOR MD

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

Abbreviated Prescribing information for **Voglitor MD** [Voglibose I.P 0.2/0.3mg dispersible tablets]
[Please refer the complete prescribing information available at www.torrentpharma.com]

PHARMACOLOGICAL PROPERTIES: Voglibose inhibits the enzyme hydrolase (α-glucosidase) that catalyzes decomposition of disaccharides into monosaccharides in the intestine, thereby delaying the digestion and absorption of carbohydrate, resulting in mprovement of postprandial hyperglycemia
INDICATION: For improvement of post-prandial hyperglycemia in diabetic mellitus only when diet and/or exercise or oral hypoglycemic drug or insulin preparation in addition to diet and/or exercise do not result in adequate glycemic control.

DOSAGE AND ADMINISTRATION: Voglitor MD must be taken as prescribe by physicians. Usual Adult Dose: Voglibose dispersible Tablets are orally administered in a single dose of 0.2 mg three times daily just before each meal. If the effect is not sufficient enough, the single dose may be increased up to 0.3 mg.

CONTRAINDICATION: In patients with severe ketosis, or in a state of diabetic coma or pre-coma with severe infections, before and after operation, with serious trauma and patients with a history of hypersensitivity to any of the ingredients of this product.

WARNINGS & PRECAUTIONS: Should be limited to the patients who have been definitely diagnosed as having diabetes mellitus, drug should be given only when the two-hour postprandial blood sugar is 200 mg/dL or more and When sufficient control of the postprandial blood sugar has been attained (the two-hour postprandial sugar level reduced to 160 mg/dL or below in venous plasma) and is judged to be satisfactorily maintained only with dietary treatment and/or exercise therapy, or with additional use of oral hypoglycaemic drugs or insulin preparations, the administration of voglibose should be discontinued and the subsequent progress of disease be observed. Voglibose should be administered carefully with other antidiabetic drugs, history of laparotomy or ileus, with chronic intestinal disease, with Roemheld's syndrome, severe hernia, or stenosis or ulceration of the large intestinal gas, with serious hepatic dysfunction, with serious renal dysfunction and in elderly patient.

DRUG INTERACTIONS: Derivatives of sulfonylamide and sulfonylurea, biguanide derivatives, insulin preparations and improving agents for insulin resistance, b-blockers, salicylic acid preparations, monoamine oxidase inhibitors, fibrate derivatives for treatment of hyperilipemia, warfarin, epinephrine, adrenocortical hormone and thyroid hormone

ADVERSE REACTIONS: Hypoglycaemia, abdominal swelling, increased flatus, jaundice, increased AST OR ALT, worsening of hyperammonemia with the development of constipation in serious liver cirrhosis followed by disturbance of consciousness, diarrhea, loose stools, stomatitis, thirst or borborygmus, abdominal taste abnormality pain, constipation, anorexia, nausea, vomiting or heartburn, anaemia, numbness, edema of face, blurred vision, hot flushes, malaise, weakness, hyperkalemia, increased serum amylase, decreased HDL cholesterol, diaphoresis and alopecia.

MARKETED BY:

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(Additional information is available on request)