

Sitafit®

Sitagliptin & Metformin Hydrochloride

COMPOSITION:

Sitafit® 500 Tablet: Each film coated tablet contains Sitagliptin 50 mg as Sitagliptin Phosphate Monohydrate USP and Metformin Hydrochloride BP 500 mg.

PHARMACOLOGY:

Sitafit® combines two antihyperglycemic agents with complementary mechanism of action to improve glycemic control in patients with type 2 diabetes. Sitagliptin, a dipeptidyl peptidase-4 (DPP-4) inhibitor, and Metformin Hydrochloride, a member of the biguanide class. Sitagliptin, which is believed to exert its actions in patients with type 2 diabetes by slowing the inactivation of incretin hormones. Incretin hormones, including glucagon-like peptide-1 (GLP-1) and glucose-dependent insulinotropic polypeptide (GIP), are released by the intestine throughout the day, and levels are increased in response to a meal. These hormones are rapidly inactivated by the enzyme DPP-4. The incretins are part of an endogenous system involved in the physiologic regulation of glucose homeostasis. When blood glucose concentrations are normal or elevated, GLP-1 and GIP increase insulin synthesis and release from pancreatic beta cells by intracellular signaling pathways involving cyclic AMP. GLP-1 also lowers glucagon secretion from pancreatic alpha cells, leading to reduced hepatic glucose production. By increasing and prolonging active incretin levels, Sitagliptin increases insulin release and decreases glucagon levels in the circulation in a glucose-dependent manner. The pharmacological mechanism of action of Metformin is different from other classes of oral antihyperglycemic agents. Metformin decreases hepatic glucose production, decreases intestinal absorption of glucose, and increases peripheral glucose uptake and utilization.

INDICATION:

Sitafit® is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus when treatment with both Sitagliptin and Metformin is appropriate.

DOSE & ADMINISTRATION:

Dose of this combination should be individualized on the basis of the patient's current regimen, effectiveness, and tolerability while not exceeding the maximum recommended daily dose of 100 mg Sitagliptin and 2000 mg Metformin. Sitagliptin/ Metformin combination should generally be given twice daily with meals, with gradual dose escalation, to reduce the gastrointestinal (GI) side effects due to Metformin. The recommended starting dose in patients not currently treated with Metformin is 50 mg Sitagliptin/ 500 mg Metformin hydrochloride twice daily, with gradual dose escalation recommended to reduce gastrointestinal side effects associated with Metformin. The starting dose in patients already treated with Metformin should provide Sitagliptin doses as 50 mg twice daily (100 mg total daily dose) and the dose of Metformin already being taken. For patients taking Metformin 850 mg twice daily, the recommended starting dose of this combination is 50 mg Sitagliptin/ 1000 mg Metformin hydrochloride twice daily. Secretagogue or insulin: Co-administration of the combination with an insulin secretagogue (e.g., sulfonylurea) or insulin may require lower doses of the insulin secretagogue or insulin to reduce the risk of hypoglycemia.

CONTRA-INDICATION:

Combination (Sitagliptin/Metformin HCl) is contraindicated in patients with:

- * Renal disease or renal dysfunction, e.g., as suggested by serum creatinine levels 1.5 mg/dL [males], 1.4 mg/dL [females].
- * Acute or chronic metabolic acidosis, including diabetic ketoacidosis, with or without coma.
- * History of a serious hypersensitivity reaction to the combination or sitagliptin, such as anaphylaxis or angioedema.

WARNING AND PRECAUTION:

- * Do not use the combination of Sitagliptin & Metformin in patients with hepatic disease.
- * Before initiating the combination and at least annually thereafter, assess renal function and verify as normal.
- * May need to discontinue the combination and temporarily use insulin during periods of stress and decreased intake of fluids and food as may occur with fever, trauma, infection or surgery.

SIDE EFFECTS:

The most common side effect due to initiation of Metformin therapy are diarrhea, nausea, vomiting, flatulence, abdominal discomfort, indigestion, asthenia, and headache.

USE IN PREGNANCY & LACTATION:

Pregnancy: Pregnancy Category B. There are no adequate and well-controlled studies in pregnant women with the combination of Metformin/ Sitagliptin or its individual components. Therefore, the safety of the combination in pregnant women is not known. The combination of Sitagliptin & Metformin should be used during pregnancy only if clearly needed.

Nursing mothers: It is not known whether Sitagliptin is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when this combination is administered to a nursing woman.

Geriatric use: As Sitagliptin and Metformin are substantially excreted by the kidney, and aging can be associated with reduced renal function, combination of Sitagliptin and Metformin should be used with caution as age increases. Care should be taken in dose selection and should be based on careful and regular monitoring of renal function.

USE IN CHILDREN & ADOLESCENTS:

safety and effectiveness of sitagliptin and metformin in children patient under 18 years have not been established.

DRUG INTERACTION:

Cationic drugs (e.g. amiloride, digoxin, morphine, procainamide, quinidine, quinine, ranitidine, triamterene, trimethoprim, or vancomycin) that are eliminated by renal tubular secretion theoretically have the potential for interaction with metformin by competing for common renal tubular transport systems. Co-administration of Digoxin and Sitagliptin may slightly increase the mean peak drug concentration of Digoxin. But no dosage adjustment of digoxin or Sitagliptin is recommended.

OVERDOSE:

During controlled clinical trials in healthy subjects, single dose up to 800 mg sitagliptin were administered. Minimal increases in QTc, not considered to be clinically relevant, were observed in one study at a dose of 800 mg sitagliptin. There is no experiment with doses above 800 mg in clinical studies. In Phase I multiple dose studies, there were no dose related clinical adverse reactions observed with sitagliptin with doses of up to 600 mg per day for a period of up to 10 days and 400 mg per day for a period of up to 28 days. Hypoglycemia has not been seen with metformin doses of up to 85 g, although lactic acidosis has occurred in such circumstances. High overdose or concomitant risks of metformin may lead to lactic acidosis. Which is known as a medical emergency and must be treated in hospital. The most effective method to remove lactate and metformin is haemodialysis.

STORAGE:

Store in a dry and cool place below 30° C temperature and keep away from light and moisture. Keep out of the reach of children.

PACKING:

Sitafit® 500 Tablet Each box contains 3X10's tablet in Alu-Alu Blister pack.



Manufactured by
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