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CIN NO: U24231GJ1992PLC018237

SUMMARY OF PRODUCT CHARACTERISTICS (SmPC)

1. Name of the medicinal product

1.1. Name of the medicinal product:

Generic Name/INN Name: Glimepiride & Metformin Tablets

Trade Name: GLAVAMET GR

1.2 Strength:

Glimepiride USP.....2 mg

Metformin Hydrochloride BP.....500 mg (In Extended release form)

1.3 Pharmaceutical form:

Tablets (Solid Oral Dosage form)

2. Qualitative and Quantitative composition:

Sr. No.	Ingredients	Spec.	Qty. per Tablet (in mg)	% w/w	Function
For Glimepiride 2 mg IR layer					
Materials used For Uncoated Tablets					
Materials used For Dry mixing					
1.	Glimepiride	USP	2.000	2.50	Active
2.	Microcrystalline Cellulose Grade 102	BP	67.584	84.48	Diluent
3.	Crosspovidone	BP	10.000	12.50	Disintegrant
4.	Col. Iron oxide of red IDA-LA-COL	IH	0.096	0.12	Colorant
5.	Magnesium Stearate	BP	0.320	0.40	Lubricant
Total weight : 80.000 mg					
Loss of Moisture and Solvent: 0.000 mg					
Net weight: 80.000 mg					
For Metformin HCl 500 mg ER layer					
1.	Metformin Hydrochloride	BP	500.000	72.89	Active
2.	Maize Starch	BP	25.500	3.72	Diluent
3.	Hypromellose Type 2208	USP	90.000	13.12	Sustained Release agent
Materials used For binding (Povidone slurry preparation)					
1.	Povidone K-30	BP	10.000	1.46	Binder
2.	Isopropyl Alcohol	BP	10.000	---	Solvent
3.	Purified Water	BP	67.900	---	Solvent
Materials used as Lubricants					
1.	Hypromellose Type 2208	USP	45.000	6.56	Sustained Release agent
2.	Colloidal Silicon Dioxide	BP	7.000	1.02	Glidant
3.	Magnesium Stearate	BP	8.000	1.17	Lubricant
4.	Titanium Dioxide	BP	0.500	0.07	Colorant

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SUMMARY OF PRODUCT CHARACTERISTICS (SmPC)

Total weight: 763.900 mg
Loss of Moisture and Solvent:77.900 mg
Net weight: 686.000 mg
Net weight of Bilayer uncoated Tablet: 766.00 mg

3. Pharmaceutical form:

Dosage Form: Tablets (Solid Oral Dosage form)

Visual & Physical characteristics of the product: White & peach colour, bilayer capsule shaped biconvex, uncoated tablets with a breakline on peach coloured side.

4. Clinical particulars

4.1. Therapeutic indications:

Glavamet GR is indicated as an adjunct to diet and exercise to improve glycemic control in patients with type-2 diabetes who are already treated with a combination of glimepiride and metformin or whose diabetes is not adequately controlled with metformin alone, or for those patients who have initially responded to glimepiride alone and require additional glycemic control.

4.2. Posology and method of administration:

General

Dosage should be individualized on the basis of both effectiveness and tolerance. The combination should be given once daily with meals and should be started at a low dose. The initial recommended dose is one tablet once daily with breakfast or first main meal of the day.

Starting dose for patients inadequately controlled on metformin monotherapy Glavamet GR may be initiated once daily, and gradually titrated after assessing the therapeutic response.

Starting dose for patients who initially responded to glimepiride monotherapy and require additional glycemic control Based on the initial starting dose of glimepiride (1 or 2 mg), Glavamet GR may be initiated once daily, and gradually titrated after assessing the therapeutic response.

Starting dose for patients switching from combination therapy of glimepiride plus metformin as separate tablets Glavamet GR may be initiated based on the dose of glimepiride and metformin already being take

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Maximum Recommended Dose: The maximum recommended dose for glimepiride is 8 mg daily. The maximum recommended daily dose for metformin sustained-release is 2000 mg in adults.

4.3. Contraindications:

Renal disease or renal dysfunction, as suggested by serum creatinine levels ≥1.5 mg/dL [males], ≥1.4 mg/dL [females] or abnormal creatinine clearance, which may also result from conditions such as cardiovascular collapse (shock), acute myocardial infarction, and septicaemia.

Hepatic impairment.

Known hypersensitivity to this product or any of its components.

Acute or chronic metabolic acidosis, including diabetic ketoacidosis, with or without coma. Diabetic ketoacidosis should be treated with insulin.

Patients undergoing radiologic studies involving intravascular administration of iodinated contrast materials, because the use of such products may result in acute alteration of renal function.

4.4. Special warnings and precautions for use:

Cardiac effects

The administration of oral hypoglycemic drugs (tolbutamide) has been reported to be associated with increased cardiovascular mortality as compared to treatment with diet alone or diet plus insulin. In view of close similarities between the oral hypoglycemic drugs, this warning also applies for glimepiride.

Lactic acidosis

Lactic acidosis is a rare, but serious, metabolic complication that can occur due to metformin accumulation during treatment with glimepiride and metformin combination therapy; when it occurs, it is fatal in approximately 50% of cases. When metformin is implicated as the cause of lactic acidosis, metformin plasma levels >5 μg/mL are generally found. The reported incidence of lactic acidosis in patients receiving metformin hydrochloride is very low (approximately 0.03 cases/1000 patient-years, with approximately 0.015 fatal cases/1000 patient years). Reported cases have occurred primarily in diabetic patients with significant renal insufficiency and congestive heart failure.

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Hypoglycemia

All sulphonylurea drugs are capable of producing severe hypoglycemia. Proper patient selection, dosage, and instructions are important to avoid hypoglycemic episodes.

Loss of control of blood glucose

When a patient stabilized on any diabetic regimen, is exposed to stress such as fever, trauma, infection, or surgery, a temporary loss of glycemic control may occur. At such times, it may be necessary to withhold the diabetic regime and temporarily administer insulin. The oral antidiabetic therapy may be reinstituted after the acute episode is resolved.

Alcohol intake

Alcohol is known to potentiate the effect of metformin on lactate metabolism. Patients should be warned against excessive alcohol intake, while receiving metformin.

Hypoxic states

Cardiovascular collapse (shock) from whatever cause, acute congestive heart failure, acute myocardial infarction and other conditions characterized by hypoxemia have been associated with lactic acidosis and may also cause prerenal azotemia. When such events occur in patients on metformin therapy, the drug should be promptly discontinued.

Hemolytic anemia

Treatment of patients with glucose 6-phosphate dehydrogenase (G6PD) deficiency with sulfonylurea agents can lead to hemolytic anemia. Since glimepiride is a sulfonylurea agent, caution should be used in patients with G6PD deficiency and a non-sulfonylurea alternative should be considered.

Geriatric use

Metformin is known to be excreted by the kidneys, and because risk of serious adverse reactions to the drug is greater in patients with impaired renal function, glimepiride and metformin should be used only in patients with normal renal function. Because aging is associated with reduced renal function, glimepiride and metformin combination should be used with caution in the elderly.

4.5. Interaction with other medicinal products and other forms of interaction:

Cationic drugs: Certain medications used concomitantly with metformin may increase the risk of lactic acidosis. Cationic drugs that are eliminated by renal tubular secretions (e.g: