Diapride-M®

Glimepiride/ Metformin Hydrochloride

Read all of this leaflet carefully before you start taking Diapride-M®
- Keep this leaflet. You could need to read it again.
- If you have further questions, ask your doctor, health care provider or pharmacist.
- This medicine has been prescribed for you personally. You should not pass it on to others. It may harm them, even if their symptoms are the same as yours.
- If any of the side effects gets serious, or if you notice any side effects not listed in this leaflet, please tell your doctor, health care provider or pharmacist.

In this leaflet:

1.WHAT DIAPRIDE-M® IS AND WHAT IT IS USED FOR.

Diapride-M® is an oral anti-diabetic medicine.
It is recommended as an adjunct to diet and physical exercise for the treatment of non -insulin dependent diabetes mellitus (type 2):
-In case the monotherapy with glimepiride or metformin does not result in adequate glycemic control.
- In replacement of the free combination therapy of glimepiride and metformin.

2.BEFORE YOU TAKE DIAPRIDE-M®

a) Do not take **Diapride-M®**
- If you suffer from insulin-dependent diabetes (type 1 diabetes requiring insulin therapy),
- If you have diabetic ketoacidosis,
- If you are hypersensitive (allergic) to glimepiride or metformin hydrochloride, or any of the other ingredients of **Diapride-M®**, to sulphonamides and other sulfonylureas and biguanides,
- If you are pregnant or breast-feeding,
- If you have or have had lactic acidosis,
- If you have a renal disease or renal dysfunction,
- If you have heart failure,
- If you have recently had a heart attack or have severe circulatory problems or breathing difficulties,
- If you have a liver disease,
- If you drink alcohol excessively,
- If you have a severe infection or are dehydrated,
- If you are going to have a certain type of X-ray with iodinated contrast materials administered intravenously. You will need to stop taking **Diapride-M®** at the time of and for a few days after the procedure,
- If you are not eating sufficiently, if you are debilitated or suffering from pituitary or adrenal insufficiency.

b) Take special care with **Diapride-M®**
Please follow closely the instructions for dosage, monitoring (blood and urine test), diet and physical activity (physical work and exercise) as discussed with your doctor.
Warnings
Hypoglycaemia:
In the initial weeks of treatment, the risk of hypoglycaemia (decrease in your blood glucose level) may be increased and necessitates especially careful monitoring.
Factors favoring hypoglycaemia include:
- Unwillingness or (more commonly in older patients) incapacity of the patient to co-operate,
- Undernutrition, irregular mealtimes, or skipped meals,
- Imbalance between physical exertion and carbohydrate intake,
- Alterations of diet,
- Consumption of alcohol, especially in combination with skipped meals,
- Impaired renal function,
- Severe impairment of liver function,
- Overdosage with **Diapride-M®**
- Certain uncompensated disorders of the endocrine system: disorder of thyroid function and in anterior pituitary or adrenocortical insufficiency,
- Concurrent administration of certain other medicines.

If such risk factors for hypoglycaemia are present, it may be necessary to adjust the dosage of **Diapride-M®**
This also applies whenever illness occurs during therapy or the patient's life-style changes.
The symptoms of hypoglycaemia may be milder or absent in those situations where hypoglycaemia develops gradually, in the elderly, and in patients with a certain type of nervous disease (autonomic neuropathy) or those receiving concurrent treatment with beta-blockers, clonidine, reserpine, guanethidine, or other sympathomimetics.
Hypoglycaemia can almost always be promptly controlled by immediate intake of sugar, e.g., in the form of glucose, sugar cubes or sugar-sweetened beverages. You should always carry at least 20 grams of glucose with you for this purpose (food or beverages containing artificial sweeteners- such as diet foods or drinks- are ineffective in controlling hypoglycaemia). Severe hypoglycaemia requires, in addition, immediate treatment and follow up a physician and, in some circumstances, hospitalization.
During treatment with **Diapride-M®**, glucose levels in blood and urine must be checked regularly, as should, additionally, the proportion of glycated haemoglobin.
Lactic acidosis:
Lactic acidosis is a rare, but serious, metabolic complication that can occur due to metformin accumulation during treatment with this drug. Lactic acidosis is mainly characterized by elevated blood lactate levels and decreased blood pH. Lactic acidosis may occur primarily in diabetic patients suffering from significant renal failure.
The risk of lactic acidosis increases with the degree of renal dysfunction and the patient's age. The risk of lactic acidosis may, therefore,be significantly decreased by regular monitoring of renal function. This drug should generally be avoided in patients with hepatic disease. Patients should be cautioned against excessive alcohol intake, either acute or chronic, when taking this drug, since alcohol potentiates the effect of metformin. In addition, this drug should be temporarily discontinued prior to any intravascular radio-contrast study and for any surgical procedure. The symptoms of lactic acidosis are: malaise, myalgias, respiratory distress, increasing somnolence, and nonspecific abdominal distress, hypothermia, hypotension.
If you experience some of these symptoms, stop taking Diapride-M® and consult your doctor immediately.
Renal function:
As metformin is excreted by the kidney, serum creatinine levels should be determined before initiating the treatment and regularly thereafter:
- At least annually in patients with normal renal function.
- At least two to four times a year in patients with serum creatinine levels at the upper limit of normal and in elderly subjects.

Decreased renal function in elderly subjects is frequent and asymptomatic.
Special caution should be exercised in situations where renal function may become impaired, for example when initiating antihypertensive therapy or diuretic therapy and when starting therapy with non-steroidal anti-inflammatory drugs.
Precautions for Use
- Follow the diet prescribed by your doctor as closely as possible.
- Carry out regular biological checks prescribed or recommended by your doctor.
- Avoid alcohol and alcoholic beverages.
- Inform your doctor in the event of the following:
- surgery, fever, infection, difficulty in eating,
- desire for pregnancy,
- treatment with other medicines.

c) Taking other medicines, herbal or dietary supplements
You should not take any medicine of your own initiative.
Please tell your doctor or pharmacist if you are taking or have recently taken any other medicines, even those not prescribed.
Some associations of medicinal products should be avoided as they can significantly modify your blood glucose level.
- potentiation of the blood-sugar-lowering effect and, thus, in some instances hypoglycemia may occur when one of the following medicines is taken, for example: insulin and other oral antidiabetics, ACE inhibitors, allopurinol, anabolic steroids and male sex hormones, chloramphenicol, coumarin derivatives, cyclophosphamide, disopyramide, fenfluramine, fenyramidol, fibrates, fluoxetine, guanethidine, ifosfamide, MAO inhibitors, miconazole, para-aminosallcylic acid, pentoxifylline (high dose parenteral), phenylbutazone, azapropazone, oxyphenbutazone, probenedd, quinolones, sallcylates, sulfinpyrazone, sulfonamides, tetracyclines, tritoqualine,trofosfamide.
- Weakening of the blood-sugar-lowering effect and, thus, raised blood sugar levels may occur when one of the following medicines taken, for example:
acetazolamide, barbiturates, corticosteroids, diazoxide, diuretics, epinephrine (adrenaline) and other sympathomimetic agents, glucagon, laxatives (long term use), nicotinic acid (in high dose), estrogens and progestogens, phenothiazines, phenytoin, rifampicin, thyroid hormones.
- H2 receptor antagonists, clonidine and reserpine may lead to either potentiation or weakening of the blood- sugar-lowering effect.

Beta-blockers decrease glucose tolerance. In patients with diabetes mellitus, this may lead to deterioration of metabolic control.
In addition, beta-blockers may increase the tendency to hypoglycaemia. Under the influence of sympatholytic medicines such as beta-blockers, clonidine, guanethidine and reserpine, the signs of adrenergic counter-regulation to hypoglycaemia may be reduced or absent.
Both acute and chronic alcohol intake may potentiate or weaken the blood-sugar-lowering action of **Diapride- M®** unpredictably.
Alcohol intake increases the risk of lactic acidosis.
The effect of coumarin derivatives may be potentiated or weakened.
Lactic acidosis may occur by concomitant administration of the following drugs:
Iodinated contrast materials and antibiotics having a strong renal toxicity(for example gentamicin).

d) Pregnancy and breast-feeding
You should not use **Diapride-M®** if you are pregnant or breast-feeding your baby.
Ask your doctor or your pharmacist for advice before taking any medicine.

e) Driving and using machines
Your vision, alertness and reactions during driving or machine operation may be impaired when treatment for diabetes is not properly balanced or in the event of hypoglycaemia.

f) Important information about some of the ingredients of **Diapride-M®**
Diapride-M® film coated tablets contain lactose, if you have been told by your doctor that you have intolerance to some sugars, contact your doctor before taking this medicinal product.

3. HOW TO TAKE DIAPRIDE-M®

Dosage
Always take **Diapride-M®** exactly as your doctor has instructed you. You should check with your doctor or pharmacist if you are unsure.
The dose of **Diapride-M®** depends on your condition. For the correct use of this medicine, you must undergo regular blood tests which will enable your doctor to monitor changes in your blood glucose levels and thus adjust your treatment accordingly. It is recommended to initiate the treatment with lowest effective dose and your doctor might increase the dose depending on your blood glucose level.
When switching from the combination therapy of glimepiride plus metformin as separate tablets, **Diapride-M®** should be administered on the basis of dosage currently being taken.
Method and frequency of administration
Diapride-M® should be administered once or twice a day, immediately before or with the meals. The tablets should be swallowed whole with about half a glass of water.

(a) If you take more **Diapride-M®** than you should
If an excessive dose is taken, this may lead to severe and sometimes life-threating hypoglycaemia and may require hospitalization even as a precautionary measure.
Because this medicine contains metformin, this may lead also to lactic acidosis.
Please consult your doctor or pharmacist immediately.
(b) If you forget to take **Diapride-M®**
Take your tablets with your next meal. Do not take a double dose to make up for the forgotten individual dose.

4. POSSIBLE SIDE EFFECT

Like all medicines, **Diapride-M®** can have side effect:
- Hypoglycaemia:
As a result of the blood-sugar-lowering action of **Diapride-M®**, hypoglycaemia may occur and may also be prolonged.
Possible symptoms of hypoglycaemia include headache,ravenous hunger, nausea, vomiting, lassitude, sleepiness, disordered sleep, restlessness, aggressiveness, impaired concentration, alertness and reactions, depression, confusion, difficulty in speaking and even speech loss, visual disorders, tremor, pareses, sensory disturbances, dizziness, helplessness, loss of self-control, delirium, cerebral convulsions, somnolence and loss of consciousness,ranks and including coma, shallow respiration and slow heart rate (bradycardia). In addition, may also be present:
sweating, clammy skin, anxiety, rapid heart rate (tachycardia), hypertension, palpitations, angina pectoris, and cardiac arrhythmias.
The clinical picture of a severe hypoglycaemic attack may resemble that of a stroke. The symptoms of hypoglycaemia nearly always subside when hypoglycaemia is corrected.
- Lactic acidosis:
Some patients have experienced a condition called lactic acidosis (excess of lactic acid in your blood), particularly those whose kidneys are not working properly. Symptoms include: feeling cold or uncomfortable, severe nausea or vomiting, abdominal pain, unexplained weight loss, or rapid breathing. If you experience some of these symptoms, stop taking **Diapride-M®** and consult a doctor immediately.
- Eyes:
Especially at the start of treatment, temporary visual impairment may occur due to the change in blood sugar levels.
- Digestive tract:
Occasionally, gastrointestinal symptoms may occur, most frequently during initiation of therapy and resolve spontaneously in most cases:
nausea, vomiting, sensations of pressure or fullness in the epigastrium, flatulence, abdominal pain, and diarrhea.
In rare cases, liver enzyme levels may increase. In isolated cases, impairment of liver function (e.g. with cholestasis and jaundice) and hepatitis may develop, possibly leading to liver failure.
- Blood:
Severe change in the blood picture may occur: Rarely, thrombopenia and, in isolated cases, leucopenia, haemaolytic anaemia, erythrocytaemia, granulocytopenia, agranulocytosis, and pancytopenia (e.g. due to myelosuppression) may develop. A decrease in vitamin B12 levels can be observed. Therefore, serum B12 levels should be appropriately monitored.
- Other undesirable effects:
During initiation of the treatment, some patients may complain of an unpleasant of metallic taste, which usually resolve spontaneously. Occasionally, allergic or pseudoallergic reactions may occur, e.g. in the form of itching, urticaria or rashes. Such reactions may be mild, but also may become more serious and may be accompanied by dyspnoea and a fall in blood pressure, sometimes progressing to shock. If urticaria occurs, a physician must be notified immediately.
In isolated cases, a decrease in serum sodium, inflammation of blood vessels (allergic vasculitis) and hypersensitivity of the skin to light may occur. Since some adverse effects (e.g. severe hypoglycaemia, certain changes in the blood picture, severe allergic or pseudoallergic reactions, or liver failure) may under certain circumstances become life-threatening, it is essential that, if sudden or severe reactions do occur, you inform a physician at once, and on no account continue taking the drug without a physician's express guidance. If you notice any side effects not mentioned in this leaflet, please inform your doctor or pharmacist.

5. HOW TO STORE DIAPRIDE-M®.

Keep out of the reach and sight of children.
Store below 30° C.
Do not use after the expiry date printed on the blister and the carton.

6. FURTHER INFORMATION

a- What **Diapride-M®** contains
Diapride-M® film coated tablets are provided in packs of 30 tablets each tablet contains 500 mg Metformin Hydrochloride and 2 mg Glimepiride. It also contains povidone, lactose, sodium starch glycolate, microcrystalline cellulose, crospovidone, magnesium stearate, hypromellose, titanium dioxide, macrogol.

b- What **Diapride-M®** looks like and contents of the pack.
Diapride-M® film coated tablets are available in packs of 30.

c- Marketing authorization holder and manufacturer
Dar Al Dawa, Na'ur- Jordan.
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This is a medicament
- *Medicament is a product which affects your health, and its consumption contrary to instructions is dangerous for you.*
- *Follow strictly the doctor's prescription, the method of use, and the instructions of the pharmacist who sold you the medicament.*
- *The doctor and the pharmacist are experts in medicine, its benefits and its risks.*
- *Do not, by yourself, interrupt the period of treatment prescribed.*
- *Do not repeat the same prescription without consulting your doctor.*