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

CETAPIN® P

Pioglitazone Hydrochloride & Metformin Hydrochloride SR Tablets

COMPOSITION

Cetapin® P 15 mg : Pioglitazone HCl IP 15mg + Metformin HCl IP 500mg (in sustained release form)
Cetapin® P 30 mg : Pioglitazone HCl IP 30mg + Metformin HCl IP 500 mg (in sustained release form)

THERAPEUTIC INDICATION

For the treatment of Type II diabetes as second line therapy

DOSAGE AND ADMINISTRATION

Cetapin P 15/500 or 30/500 tablet can be initially taken as a single morning dose. Titrate the dose upto maximum three **Cetapin** P 15/500 tablets once daily. Maximum recommended daily dose of pioglitazone should not exceed 45 mg.

SAFETY-RELATED INFORMATION

CONTRAINDICATIONS: Patients with NYHA class III or IV heart failure. Known hypersensitivity to metformin, pioglitazone or any other component of the product. Renal disease or renal dysfunction (e.g., as suggested by serum creatinine levels ≥ 1.5mg/dL (males), ≥ 1.4 mg/dL (females) or abnormal creatinine clearance) which may also result from conditions such as cardiovascular collapse, acute myocardial infarction and septicaemia; acute or chronic metabolic acidosis including diabetic ketoacidosis with or without coma. Should be temporarily discontinued in patients undergoing radiologic studies.

WARNINGS: Lactic acidosis is a medical emergency that must be treated in hospital setting. Cetapin P must be discontinued immediately and general supportive measures promptly instituted. Fluid retention may occur when used alone or in combination with other antihyperglycemic agents, including insulin which lead to or exacerbate heart failure. Lowest dose to be used in case of patients with Type 2 diabetes and systolic heart failure (NYHA Class II).

PRECAUTIONS: Should not be used in patients with type 1 diabetes or for the treatment of diabetic ketoacidosis. Patients receiving pioglitazone in combination with insulin or oral hypoglycaemic agents may be at risk of hypoglycemia. Reduction in dose of concomitant agent may be necessary. Not to be used in patients with NYHA Class III or IV cardiac status. Caution in patients with oedema. Weight gain may be observed; may result in ovulation in pre-menopausal women, adequate contraception recommended. There is insufficient data to determine whether pioglitazone is a tumour promoter for urinary bladder tumours. Should not be used in patients with active bladder cancer. Benefits of glycemic control versus unknown risks for cancer recurrence should be considered in patients with prior history of bladder cancer. May cause decrease in heamoglobin and haematocrit. Should not be initiated if the patient exhibits clinical evidence of active liver disease. Macular edema has been reported and risk of fractures should be considered especially in female patients. No clinical studies establishing conclusive evidence of macrovascular risk reduction with metformin or any other anti-diabetic drug. Before initiation of Cetapin P therapy and annually while on Cetapin P therapy renal function should be assessed and verified as being within normal range. Concomitant medication that may affect renal function or result in significant hemodynamic change or may interfere with disposition of metformin should be used with caution. Intravascular contrast studies with iodinated material can lead to acute alteration of renal function, hence metformin should be temporarily discontinued in whom such studies are planned. Drug should be promptly discontinued in case of cardiovascular collapse, acute congestive heart failure, acute myocardial infarction and other conditions characterized by hypoxemia (may be associated with lactic acidosis). Cetapin P must be temporarily suspended before surgical intervention. Alcohol potentiates effect of metformin on lactate metabolism therefore patients should be warned against excessive alcohol intake. Cetapin P is to be avoided in patients with clinical or laboratory evidence of hepatic disease. Measurement of serum vitamin B12 levels every two to three years is recommended. Patient with Type II diabetes, previously well controlled on metformin, who develops laboratory abnormality or clinical illness should be promptly evaluated for lactic acidosis or ketoacidosis. Hypoglycemia could occur when caloric intake is deficient or strenuous exercise is not compensated. Withhold Cetapin P and temporarily administer insulin in case of

temporary loss of glycemic control due to fever, trauma, infection or surgery. Periodic measurements of fasting blood glucose and glycosylated haemoglobin levels are required. Initial and periodic monitoring of hematologic parameters and renal function should be performed on annual basis.

PREGNANCY AND LACTATION: Should not be used unless potential benefit justifies the potential risk to foetus. Should not be administered to breastfeeding woman. Safety and efficacy in paediatric patients has not been established.

ADVERSE EFFECTS: Most common upper respiratory tract infection, diarrhea, combined oedema / peripheral oedema and headache.

For full prescribing information, please contact: SANOFI INDIA LTD., Aventis House, 54/A,Sir M V Rd., Andheri (E), Mumbai – 93.

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Source : Actoplus Met leaflet (Takeda Pharmaceuticals) dated July 2011