Lijenta-M®

Linagliptin INN &
Metformin Hydrochloride BP Tablet

COMPOSITION

Lijenta-M 500 Tablet: Each film coated tablet contains Linagliptin INN 2.5 mg and Metfromin Hydrochloride BP 500 mg.
Lijenta-M 850 Tablet: Each film coated tablet contains Linagliptin INN 2.5 mg and Metfromin Hydrochloride BP 850 mg.
Lijenta-M 1000 Tablet: Each film coated tablet contains Linagliptin INN 2.5 mg and Metfromin Hydrochloride BP 1000 mg.

PHARMACOLOGY

Lijenta-M is a combination of Linagliptin and Metformin Hydrochloride with complementary mechanism of action to improve glycemic control in patients with type 2 diabetes mellitus. Linagliptin is an inhibitor of DPP-4 (dipeptidyl peptidase-4), an enzyme that degrades the incretin hormones GLP-1 (glucagon like peptide-1) and GIP (glucose dependent insulinotropic polypeptide). Thus, Linagliptin increases the concentrations of active incretin hormones, stimulating the release of insulin from pancreatic beta (β) cells in a glucose-dependent manner and decreasing the secretion of glucagon from pancreatic alpha (α) cells in the circulation.
Metformin Hydrochloride is a biguanide type oral antihyperglycemic drug used in the management of type 2 diabetes. It lowers both basal and postprandial plasma glucose. Its mechanism of action is different from those of sulfonylureas and it does not produce hypoglycemia. Metformin Hydrochloride decreases hepatic glucose production, decreases intestinal absorption of glucose and improves insulin sensitivity by an increase in peripheral glucose uptake and utilization.

INDICATION

Lijenta-M is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus when treatment with both Linagliptin and Metformin Hydrochloride is appropriate.

DOSAGE AND ADMINISTRATION

The dosage of **Lijenta-M** should be individualized on the basis of both effectiveness and tolerability. Maximum recommended dose of 2.5 mg Linagliptin and 1000 mg Metformin Hydrochloride twice daily with meals. Dose escalation should be gradual to reduce the gastrointestinal (GI) side effects associated with Metformin Hydrochloride use.

Recommended starting dose:
In patients currently not treated with Metformin Hydrochloride, initiate treatment with 2.5 mg Linagliptin and 500 mg Metformin Hydrochloride twice daily.

In patients already treated with Metformin Hydrochloride, start with 2.5 mg Linagliptin and the current dose of Metformin Hydrochloride twice daily.

Patients already treated with Linagliptin and Metformin Hydrochloride, individual components may be switched to this combination containing the same doses of each component.

CONTRAINDICATION

Although Linagliptin undergoes minimal renal excretion, Metformin Hydrochloride is known to be substantially excreted by the kidney. The risk of Metformin Hydrochloride accumulation and lactic acidosis increases with the degree of renal impairment. Therefore, this combination is contraindicated in patients with renal impairment. It is also contraindicated in acute or chronic metabolic acidosis (diabetic ketoacidosis) and in hypersensitivity to Linagliptin or Metformin Hydrochloride.

PRECAUTION

In a patient with lactic acidosis who is taking Metformin Hydrochloride, the drug should be discontinued immediately and supportive therapy promptly instituted. There have been postmarketing reports of acute pancreatitis. If pancreatitis is suspected, promptly discontinue **Lijenta-M**. Temporarily discontinue **Lijenta-M** in patients undergoing radiologic studies with intravascular administration of iodinated contrast materials or any surgical procedures necessitating restricted intake of food and fluids. Metformin Hydrochloride may lower Vitamin B_{12} levels; so hematologic parameters should be monitored annually.

SIDE EFFECT

Most common side effects are nasopharyngitis and diarrhea. Hypoglycemia is more common in patients treated with this combination and sulfonylureas.

DRUG INTERACTION

Cationic drugs (Amiloride, Digoxin, Morphine, Ranitidine, Trimethoprim etc.): May reduce Metformin Hydrochloride elimination.
P-glycoprotien/CYP3A4 inducer (i.e. Rifampin): The efficacy of **Lijenta-M** may be reduced when administered in combination.

OVERDOSE

In the event of an overdose with **Lijenta-M** the usual supportive measures (i.e. remove unabsorbed material from the gastrointestinal tract, perform clinical monitoring, and institute supportive treatment) should be employed. Removal of Linagliptin by hemodialysis or peritoneal dialysis is unlikely but Metformin Hydrochloride is dialyzable.

Linagliptin
During controlled clinical trials in healthy subjects, with single doses of up to 600 mg of Linagliptin (equivalent to 120 times the recommended daily dose), there were no dose-related clinical adverse drug reactions.

Metformin Hydrochloride
Overdose of Metformin Hydrochloride has occurred in case of ingestion of amounts greater than 50 grams. Hypoglycemia was reported in approximately 10% of cases, but no causal association with Metformin Hydrochloride has been established. Lactic acidosis has been reported in approximately 32% of Metformin Hydrochloride overdose cases.

USE IN PREGNANCY AND LACTATION

There are no adequate and well-controlled studies in pregnant women with this combination or its individual component; so it should be used during pregnancy only if clearly needed. Caution should also be excercised when it is administered to a lactating mother.

STORAGE CONDITION

Keep in a cool & dry place (below 30°C), protected from light & moisture. Keep out of the reach of children.

HOW SUPPLIED

Lijenta-M 500 Tablet: Each box contains 60 tablets in Alu-Alu blister pack.
Lijenta-M 850 Tablet: Each box contains 32 tablets in Alu-Alu blister pack.
Lijenta-M 1000 Tablet: Each box contains 16 tablets in Alu-Alu blister pack.

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NIPRO JMI Pharma

Manufactured by:
NIPRO JMI Pharma Ltd.
Chauddagram, Comilla, Bangladesh.