

Galvus®

PRESENTATION: Each tablet contains 50 mg of Vildagliptin

INDICATIONS: For the treatment of type 2 diabetes mellitus in adults: i) As monotherapy in patients inadequately controlled by diet and exercise alone and for whom metformin is inappropriate due to contraindications or intolerance. ii) As dual oral therapy in combination with: metformin in patients with insufficient glycaemic control despite maximal tolerated dose of monotherapy with metformin; a sulphonylurea in patients with insufficient glycaemic control despite maximal tolerated dose of a sulphonylurea and for whom metformin is inappropriate due to contraindications or intolerance; a thiazolidinedione in patients with insufficient glycaemic control and for whom the use of a thiazolidinedione is appropriate. iii) As triple oral therapy in combination with a sulphonylurea and metformin when diet and exercise plus dual therapy with these medicinal products do not provide adequate glycaemic control. Vildagliptin is also indicated for use in combination with insulin (with or without metformin) when diet and exercise plus a stable dose of insulin do not provide adequate glycaemic control.

DOSAGE: When used as monotherapy in combination with metformin, in combination with thiazolidinedione, in combination with metformin and a sulphonylurea or in combination with insulin (with or without metformin), the recommended daily dose of Vildagliptin is 100mg, administered as one dose of 50 mg in the morning and one dose of 50 mg in the evening. When used in dual combination with a sulphonylurea, the recommended dose is 50mg once daily in the morning. A lower dose of the sulphonylurea may be considered to reduce the risk of hypoglycaemia. Galvus can be administered with or without a meal. Doses greater than 100 mg are not recommended. If a dose of Galvus is missed, it should be taken as soon as the patient remembers. A double dose should not be taken on the same day. The safety and efficacy of Vildagliptin as triple oral therapy in combination with metformin and a thiazolidinedione have not been established.

Galvus is not recommended for use in children and adolescents (< 18 years) as the safety and efficacy have not been established and no data are available. The recommended dose for patients with moderate/severe renal impairment is 50mg once daily. No dose adjustments are necessary in elderly patients (\geq 65 years).

CONTRAINDICATIONS: Hypersensitivity to the active substance or to any of the excipients

WARNINGS/PRECAUTIONS: Galvus should not be used in patients with type 1 diabetes or for the treatment of diabetic ketoacidosis. There is limited experience in patients with ESRD on haemodialysis and Galvus should be used with caution in these patients. Galvus should be used with caution in patients with renal impairment. Galvus should not be used in patients with hepatic impairment. Liver function tests should be performed prior to treatment initiation, at three-month intervals during the first year and periodically thereafter. Patients who develop jaundice or other signs suggestive of liver dysfunction should discontinue Galvus. Clinical experience in patients with NYHA functional class I-III treated with Vildagliptin is still limited. There is no experience with NYHA class IV and therefore use of Vildagliptin is not recommended in these patients. Routine monitoring of diabetic patients for skin disorders such as blistering or ulceration is recommended. If pancreatitis is suspected, Vildagliptin should be discontinued; if acute pancreatitis is confirmed, Vildagliptin should not be restarted. Exercise caution in patients with a history of acute pancreatitis. Patients with Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine. Galvus should not be administered during pregnancy or breast-feeding, since no studies on the effect on human fertility have been conducted for Galvus.

INTERACTIONS: Vildagliptin has a low potential for drug interactions. No clinically relevant interactions with other antidiabetics (glyburide, pioglitazone, metformin), amlodipine, digoxin, ramipril, simvastatin, valsartan or warfarin were observed after co-administration with Vildagliptin. As with other oral antidiabetic medicines, the hypoglycaemic effect of Vildagliptin may be reduced by certain active substances, including thiazides, corticosteroids, thyroid products and sympathomimetics. There may be an increased risk of angioedema in patients concomitantly taking ACE-inhibitors

ADVERSE REACTIONS: Monotherapy: Common (>1/ 100 to <1/10): dizziness. Combination with metformin: Common: hypoglycaemia, tremor, headache, dizziness, nausea. Combination with sulphonylurea: Common: tremor, headache, dizziness, asthenia, hypoglycaemia. Combination with Thiazolidinedione: Common: weight increase, oedema peripheral. Combination with insulin: Common: decreased blood glucose, headache, chills, nausea, gastro-oesophageal reflux disease. Combination with metformin and a sulphonylurea: Common: hypoglycaemia, dizziness, tremor, hyperhidrosis, asthenia. For a full list of Adverse Reactions please refer to the SmPC.

LEGAL CATEGORY: POM

PACK SIZES: 28 tablets

MARKETING AUTHORISATION HOLDER: Novartis Europharm Limited, Vista Building, Elm Park, Merrion Road, Dublin 4, Ireland.

MARKETING AUTHORISATION NUMBERS: EU/1/07/414/003.

Please refer to Summary of Product Characteristics (SmPC) before prescribing. Full prescribing information is available on request from Novartis Pharma Services Inc, Representative Office Malta, P.O. Box 4, Marsa, MRS 1000, Malta. Tel +356 21222872.

2018-MT- GAL-26-APR-2018

Eucreas®

PRESENTATION: Each 50 mg/850 mg film-coated tablet contains 50 mg of vildagliptin and 850 mg metformin hydrochloride. Each 50 mg/1000 mg film-coated tablet contains 50 mg of vildagliptin and 1000 mg metformin hydrochloride.

INDICATIONS: Eucreas is indicated in the treatment of type 2 diabetes mellitus patients, indicated in the treatment of adult patients who are unable to achieve sufficient glycaemic control at their maximally tolerated dose of oral metformin alone or who are already treated with the combination of vildagliptin and metformin as separate tablets. Eucreas is indicated in combination with a sulphonylurea (i.e. triple combination therapy) as an adjunct to diet and exercise in adult patients inadequately controlled with metformin and a sulphonylurea. Eucreas is indicated in triple combination therapy with insulin as an adjunct to diet and exercise to improve glycaemic control in adult patients when insulin at a stable dose and metformin alone do not provide adequate glycaemic control.

DOSAGE: The dose of antihyperglycaemic therapy with Eucreas should be individualised on the basis of the patient's current regimen, effectiveness and tolerability while not exceeding the maximum recommended daily dose of 100 mg vildagliptin. Eucreas may be initiated at either the 50 mg/850 mg or 50 mg/1000 mg tablet strength twice daily, one tablet in the morning and the other in the evening. For patients inadequately controlled at their maximal tolerated dose of metformin monotherapy: The starting dose of Eucreas should provide vildagliptin as 50 mg twice daily (100 mg total daily dose) plus the dose of metformin already being taken. For patients switching from co-administration of vildagliptin and metformin as separate tablets: Eucreas should be initiated at the dose of vildagliptin and metformin already being taken. For patients inadequately controlled on dual combination with metformin and a sulphonylurea: The doses of Eucreas should provide vildagliptin as 50 mg twice daily (100 mg total daily dose) and a dose of metformin similar to the dose already being taken. When Eucreas is used in combination with a sulphonylurea, a lower dose of the sulphonylurea may be considered to reduce the risk of hypoglycaemia. For patients inadequately controlled on dual combination therapy with insulin and the maximal tolerated dose of metformin: The dose of Eucreas should provide vildagliptin dosed as 50 mg twice daily (100 mg total daily dose) and a dose of metformin similar to the dose already being taken. Eucreas should be taken with or just after food to reduce gastrointestinal symptoms associated with metformin. Patients > 65 taking Eucreas should have their renal function monitored regularly. Eucreas is not recommended for use in patients less than 18 years old. For use in renal or hepatic impairment, see contraindications and precautions below or refer to the SmPC for more information. The safety and efficacy of vildagliptin and metformin as triple oral therapy in combination with a thiazolidinedione have not been established.

CONTRAINDICATIONS: Hypersensitivity to vildagliptin or metformin hydrochloride or to any of the excipients. Any type of acute metabolic acidosis (such as lactic acidosis, diabetic ketoacidosis). Diabetic pre-coma. Severe renal failure (GFR < 30 ml/min). Acute conditions with the potential to alter renal function e.g. dehydration, severe infection, shock or intravascular administration of iodinated contrast agents. Acute or chronic disease which may cause tissue hypoxia e.g. cardiac or respiratory failure, recent myocardial infarction, shock, hepatic impairment, acute alcohol intoxication, alcoholism, lactation.

WARNINGS / PRECAUTIONS: Eucreas is not a substitute for insulin in insulin-requiring patients and should not be used in patients with type 1 diabetes. Lactic acidosis, a very rare but serious metabolic complication, most often occurs at acute worsening of renal function, or cardiorespiratory illness or sepsis. Metformin accumulation occurs at acute worsening of renal function and increases the risk of lactic acidosis. GFR should be assessed before treatment initiation and regularly thereafter.

Eucreas is not recommended in patients with hepatic impairment, including patients with pre-treatment ALT or AST >3x the ULN. LFT's should be performed prior to treatment initiation, at three month intervals during the first year and periodically thereafter. Should an increase in AST or ALT of 3x ULN or greater persist, withdrawal of Eucreas therapy is recommended. Patients who develop jaundice or other signs suggestive of liver dysfunction should discontinue Eucreas. Routine monitoring of diabetic patients for skin disorders such as blistering or ulceration is recommended. As Eucreas contains metformin, treatment should be discontinued at the time of surgery under general, spinal or epidural anaesthesia and resumed no earlier than 48 hours following surgery or resumption of oral nutrition and provided that renal function has been re-evaluated and found to be stable. The IV administration of iodinated contrast agents can lead to contrast-induced nephropathy, resulting in metformin accumulation and increased risk of lactic acidosis. Therefore due to metformin active ingredient, Eucreas should be discontinued prior to or at the time of the test and not reinstated until 48 hours afterwards and only after renal function has been re-evaluated and found to be normal. A GFR should be assessed before initiation of treatment with metformin-containing products and at least annually thereafter. In patients at increased risk of further progression of renal impairment and in the elderly, renal function should be assessed more frequently, e.g. every 3-6 months. Eucreas should not be administered during pregnancy or lactation. Sulphonylureas are known to cause hypoglycaemia. Patients receiving vildagliptin in combination with a sulphonylurea may be at risk for hypoglycaemia. Therefore, a lower dose of sulphonylurea may be considered to reduce the risk of hypoglycaemia. The use of vildagliptin has been associated with a risk of developing acute pancreatitis. If pancreatitis is suspected, vildagliptin should be discontinued; if acute pancreatitis is confirmed, vildagliptin should not be restarted. Caution should be exercised in patients with a history of acute pancreatitis. There may be an increased risk of angioedema in patients concomitantly taking ACE-inhibitors.

INTERACTIONS: Vildagliptin has a low potential for drug interactions. No clinically relevant interactions with other antidiabetics (glyburide, pioglitazone, metformin), amlodipine, digoxin, ramipril, simvastatin, valsartan or warfarin were observed after co-administration with vildagliptin. Interactions with metformin hydrochloride that are not recommended include alcohol due to an increased risk of lactic acidosis, iodinated contrast agents, cationic active substances e.g. cimetidine and intravascular administration of iodinated contrast media. Combinations requiring caution include metformin hydrochloride with medicines tending to produce hyperglycaemic activity e.g. glucocorticoids, beta agonists and diuretics and products which can adversely affect renal function which may increase the risk of lactic acidosis, e.g. NSAIDs, including selective cyclo-oxygenase (COX) II inhibitors, ACE inhibitors, angiotensin II receptor antagonists and diuretics, especially loop diuretics. The dose of antihyperglycaemic medicinal products may need to be adjusted in combination with ACE inhibitors.

ADVERSE REACTIONS : Rare cases (>1/10,000 to <1/1,000) angiodema, hepatic dysfunction (including hepatitis) have been reported with vildagliptin. Vildagliptin Monotherapy: Common (>1/ 100 to <1/10): dizziness, Uncommon (>1/ 1,000 to <1/100): headache, constipation, arthralgia, hypoglycaemia, oedema peripheral. Very rare (<1/10,000): URTI, nasopharyngitis. Metformin monotherapy: Very common (>1/10) Nausea, vomiting, diarrhoea, abdominal pain and loss of appetite. Common: metallic taste. Combination vildagliptin with metformin: Common: tremor, headache, dizziness, nausea, hypoglycaemia. Uncommon: fatigue. Combination with metformin and sulphonylurea: Common: hypoglycaemia, dizziness, tremor, hyperhidrosis, asthenia, decreased blood glucose, headache, chills. Combination with insulin: Decreased blood glucose, headache, chills, nausea, gastro-oesophageal reflux disease, diarrhoea, flatulence For a full list of Adverse reactions, please refer to the SmPC.

LEGAL CATEGORY: POM

PACK SIZES: 30, 60 film-coated tablets

MARKETING AUTHORISATION HOLDER: Novartis Europharm Limited, Vista Building, Elm Park, Merrion Road, Dublin 4, Ireland.

MARKETING AUTHORISATION NUMBER: EU/1/07/425/021, EU/1/07/425/027.

Please refer to Summary of Product Characteristics (SmPC) before prescribing. Full prescribing information is available upon request from: Novartis Pharma Services Inc, Representative Office Malta, P.O. Box 4, Marsa, MRS 1000, Malta. Tel +356 21222872

2018-MT-EUC-23-APR-2018

References:

1. Novartis Europharm Ltd. Galvus Summary of Product Characteristics
2. Novartis Europharm Ltd. Eucreas Summary of Product Characteristics