COSPIAQ M

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

Abbreviated Prescribing information for COSPIAQ M [Empagliflozin and Metformin Hydrochloride (Extended Release) Tablets 12.5mg+1000mg, 25mg+1000mg]

[Please refer the complete prescribing information available at www.torrentpharma.com]

WARNING: LACTIC ACIDOSIS

- Postmarketing cases of metformin-associated lactic acidosis have resulted in death, hypothermia, hypotension, and resistant bradyarrhythmias. The onset of metformin-associated lactic acidosis is often subtle, accompanied only by nonspecific symptoms such as malaise, myalgias, respiratory distress, somnolence, and abdominal pain. Metformin-associated lactic acidosis was characterized by elevated blood lactate levels (>5 mmol/Liter), anion gap acidosis (without evidence of ketonuria or ketonemia), an increased lactate/pyruvate ratio; and metformin plasma levels generally >5 mcg/mL.
- Risk factors for metformin-associated lactic acidosis include renal impairment, concomitant use of certain drugs (e.g., carbonic anhydrase inhibitors such as topiramate), age 65 years old or greater, having a radiological study with contrast, surgery and other procedures, hypoxic states (e.g., acute congestive heart failure), excessive alcohol intake, and hepatic impairment.
- If metformin-associated lactic acidosis is suspected, immediately discontinue COSPIAQ M and institute general supportive measures in a hospital setting. Prompt hemodialysis is recommended.

PHARMACOLOGICAL PROPERTIES:

MECHANISM OF ACTION: COSPIAQ M contain: empagliflozin, a SGLT2 inhibitor, and metformin, a biguanide. Empagliflozin is an inhibitor of the SGLT2, the predominant transporter responsible for reabsorption of glucose from the glomerular filtrate back into the circulation. By inhibiting SGLT2, empagliflozin reduces renal reabsorption of filtered glucose and lowers the renal threshold for glucose, and thereby increases urinary glucose excretion. Metformin is an antihyperglycemic agent which improves glucose tolerance in patients with type 2 diabetes mellitus, lowering both basal and postprandial plasma glucose.

INDICATIONS: It is indicated as an adjunct to diet and exercise to improve glycaemic control in adult patients with type 2 diabetes mellitus who are not adequately controlled on a regimen containing empagliflozin or metformin, or in patients already being treated with both empagliflozin and metformin.

DOSAGE AND ADMINISTRATION: Dose: Assess renal function before initiating and as clinically indicated. Assess volume status and correct volume depletion before initiating. Individualize the starting dosage based on the patient's current regimen and renal function. The maximum recommended dosage is 25 mg/day of empagliflozin and 2,000 mg/day of metformin HCl. Initiation of COSPIAQ M is not recommended in patients with an eGFR less than 45 mL/min/1.73 m2, due to the metformin component. Method of administration: Take orally once daily with a meal in the morning, with gradual dosage escalation to reduce the gastrointestinal side effects due to metformin. Swallow whole; do not split, crush, dissolve, or chew. COSPIAQ M may need to be discontinued at time of, or prior to, iodinated contrast imaging procedures. Withhold SYNJARDY or SYNJARDY XR at least 3 days, if possible, prior to major surgery or procedures associated with prolonged fasting.

CONTRAINDICATION: a) Severe renal impairment (eGFR below 30 mL/min/1.73 m2), end stage renal disease, or on dialysis. b) Metabolic acidosis, including diabetic ketoacidosis. c) Hypersensitivity to empagliflozin, metformin or any of the excipients in COSPIAQ M.

WARNINGS & PRECAUTIONS: a) *Diabetic Ketoacidosis in Patients with Type 1 Diabetes Mellitus and Other Ketoacidosis:* Consider monitoring in patients at risk of ketoacidosis, as indicated. Assess for ketoacidosis regardless of presenting blood glucose levels and discontinue SYNJARDY or SYNJARDY XR if ketoacidosis is suspected. Monitor patients for resolution of ketoacidosis before restarting. **b)** *Volume Depletion*: Before initiating SYNJARDY or SYNJARDY XR, assess volume status and renal function in patients with impaired renal function, elderly patients, or patients on loop diuretics. Monitor for signs and symptoms during therapy. **c)** *Urosepsis and Pyelonephritis*: Evaluate patients for signs and symptoms of urinary tract infections and treat promptly, if indicated. **d)** *Hypoglycemia:* Adult patients taking an insulin secretagogue or insulin may have an increased risk of hypoglycemia. In pediatric patients 10 years of age and older, the risk of hypoglycemia was higher regardless of insulin use. Consider lowering the dosage of insulin secretagogue or insulin to reduce the risk of hypoglycemia when initiating SYNJARDY or SYNJARDY XR. **e)** *Necrotizing Fasciitis of the Perineum (Fournier's Gangrene):* Serious, lifethreatening cases have occurred in both females and males. Assess patients presenting with pain or tenderness, erythema, or swelling in the genital or perineal area, along with fever or malaise. If suspected, institute prompt treatment. **f)** *Genital Mycotic Infections:* Monitor and treat as appropriate. **g)** Lower Limb Amputation: Monitor patients for infections or ulcers of lower limbs, and institute appropriate treatment. **h)** Hypersensitivity Reactions: Serious hypersensitivity reactions (e.g., angioedema) have occurred with empagliflozin. If hypersensitivity reactions occur, discontinue SYNJARDY or SYNJARDY XR, treat promptly, and monitor until signs and symptoms resolve. **i)** Vitamin B12 Deficiency: Metformin may lower vitamin B_{12} levels. Measure hematologic parameters annually and vitamin B12 at 2 to 3 year intervals and manage any abnormalities.

DRUG INTERACTIONS:.a) Carbonic Anhydrase Inhibitors: May increase risk of lactic acidosis. Consider more frequent monitoring. **b)** Drugs that Reduce Metformin Clearance: May increase risk of lactic acidosis. Consider benefits and risks of concomitant use.

ADVERSE REACTIONS: Lactic Acidosis, Diabetic Ketoacidosis in Patients with Type 1 Diabetes Mellitus and Other Ketoacidosis, Volume Depletion, Urosepsis and Pyelonephritis, Hypoglycemia, Necrotizing Fasciitis of the Perineum (Fournier's Gangrene), Genital Mycotic Infections, Lower Limb Amputation, Hypersensitivity Reactions, Vitamin B_{12} Deficiency.

MARKETED BY:

Torrent Pharmaceuticals Limited.

IN/COSPIAQ M (12.5mg+1000mg) & (25mg+1000mg)/FEB-2025/01/ABPI

(Additional information is available on request)