

METFORMIN + GLIMEPIRIDE

Contents

Glimepiride 2 mg, metformin HCl 500 mg

Indications/Uses

Adjunct to diet & physical exercise to treat type 2 DM in case glimepiride or metformin monotherapy does not control blood glucose level; in place of taking the combination of glimepiride w/ metformin.

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Dosage/Direction for Use

Initially 1 tab once daily or bid, may be increased depending on blood glucose level.

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Overdosage

[View Gliformin overdosage for action to be taken in the event of an overdose.](#)

Administration

Should be taken with food: Take immediately before/during meals.

Contraindications

Hypersensitivity to glimepiride, metformin, sulfonylurea, sulfonamide or biguanide. IDDM (type 1 DM) (eg, diabetic ketoacidosis, diabetic coma or acute/chronic metabolic acidosis). Liver disease, renal or kidney dialysis patients. Lactic acidosis, recent heart attack, kidney dysfunction (serum creatinine 1.5 mg/dL for men & 1.4 mg/dL for women or abnormal CrCl). IV administration of iodinated contrast media. Insufficient food consumption; debilitated patients; hormone-induced disorders (disorders of the pituitary or adrenal insufficiency). Pulmonary infarction, severe pulmonary dysfunction, hypoxemia (heart failure or difficulty in breathing & shock), heavy drinker of alcohol & GI disorders eg, dehydration, diarrhea & vomiting. Galactose intolerance, Lapp lactose deficiency or glucose-galactose malabsorption. Pregnancy & lactation.

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Warnings

For additional cautionary notes to warn of the potential risk of using the medicine... [Click to view Gliformin detailed prescribing information](#)

Special Precautions

Severe lactic acidosis & hypoglycemia. Increased risk of CV related mortality. Increased risk of hypoglycemia due to non compliance to the medication; under nutrition, irregular meal time or missed meal; excessive exercise & insufficient carbohydrate consumption than usual; consumption of alcohol; kidney dysfunction; severe liver disease; overdose; hormone-induced disorders (eg, disorders of thyroid/anterior gland or adrenal cortex). Monitor patient for risk of hypoglycemia. Metformin: Childn 10-12 yr. Monitor kidney function regularly in elderly; hematological measurements (eg, Hb/hematocrit, RBC) & creatinine at least once a yr.

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Use In Pregnancy & Lactation

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Drug Interactions

Increased blood sugar lowering effect w/ insulin, sulfonamide or sulfonylurea, ACE inhibitors, anabolic steroids, guanethedine, salicylic acid (aspirin) & MAOIs. Decreased blood sugar lowering effects w/ sympathomimetics, thiazide or any other diuretics, epinephrine, nicotinic acid (high dose), estrogen, OCs, phenothiazines, phenytoin, thyroid hormones, INH. Glimepiride: Increased blood sugar lowering effect w/ NSAIDs, allopurinol, male sex hormone, chloramphenicol, coumarin derivatives, cyclophosphamide, disopyramide, fenfluramine, fenylramidol, fibrates, fluoxetine, ifosfamide, miconazole, fluconazole, para-aminosalicylic acid, pentoxifylline (high dose as non-oral dosage), phenylbutazone, azapropazone, oxyphenbutazone, probenecid, quinolones, sulfinpyrazone, clarithromycin, tetracyclines, tritoqualine, trofosfamide & sympathetic nervous system inhibitors. Decreased blood sugar lowering effect w/ acetazolamide, barbiturates, corticosteroids, diazoxide, glucagon, laxatives (long-term use), progestogen, rifampicin & chlorpromazine. Increased or decreased blood sugar lowering effect w/ H2 blockers, clonidine & reserpine, acute or chronic alcohol intake. Decreased glucose tolerance & increased risk of hypoglycemia w/ β -blockers. Increased or decreased anti-coagulation effect of coumarin derivatives. Decreased absorption w/ colessevelam. Metformin: Increased risk of lactic acidosis w/ iodinated contrast media, antibiotics w/ strong kidney toxicity (gentamycin). Increased blood sugar lowering effect w/ meglitinides (repaglinide), α -glycosidase inhibitors (acarbose), β -blockers (propranolol). Decreased blood sugar lowering effect w/ adrenal cortex hormones, follicle hormone, pyrazinamide, Ca channel blockers, β_2 agonists (salbutamol, formoterol). Decreased AUC & Cmax of glyburide, furosemide. Increased blood conc, Cmax & AUC w/ furosemide, cimetidine. May increase Cmax, AUC & renal elimination of nifedipine. Increased absorption w/ nifedipine.

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Storage

[View Gliformin storage conditions for details to ensure optimal shelf-life.](#)

Description

[View Gliformin description for details of the chemical structure and excipients \(inactive components\).](#)

MIMS Class

Antidiabetic Agents

ATC Classification

A10BD02 - metformin and sulfonylureas ; Belongs to the class of combinations of oral blood glucose lowering drugs. Used in the treatment of diabetes.