PACKAGE INSERT

SCHEDULING STATUS S3

PROPRIETARY NAME AND DOSAGE FORM

GLIBENCLAMIDE 5 OETHMAAN tablets

COMPOSITION

Each **GLIBENCLAMIDE 5 OETHMAAN** Tablet contains: Glibenclamide 5 mg

Contains sugar (lactose) 79 mg
Excipients: Colloidal silicon dioxide, lactose, magnesium stearate, maize starch and purified talc.

CATEGORY AND CLASS

A 21.2 Oral hypoglycaemic

PHARMACOLOGICAL ACTION

Pharmacodynamic Properties

Glibenclamide is a sulphonylurea with hypoglycaemic effect.

INDICATIONS

Maturity onset diabetics (non-insulin dependent or Type II), who do not respond satisfactorily on dietary regime and exercise.

CONTRAINDICATIONS

Hypersensitivity to **GLIBENCLAMIDE 5 OETHMAAN** and other sulphonylureas.

Cross-sensitivity to other sulphonamide- or thiazide-type medications may also occur.
Chronic liver disease including that caused by uncompensated cardiac failure or alcoholism.
Metabolic decompensation with acidosis and ketosis.
Precomatose states and diabetic coma.
Renal or hepatic dysfunction. Insulin dependent diabetes mellitus.
Pregnancy and lactation (see "**HUMAN REPRODUCTION**").

GLIBENCLAMIDE 5 OETHMAAN is contra-indicated in diabetes mellitus complicated by fever, infection, febrile diseases, pancreatitis, burns, trauma or gangrene, serious impairment of thyroid function, adrenal function or other severe conditions where the sulphonylurea is unlikely to control the hyperglycaemia. Insulin should be administered in such patients.
Safety and efficacy for use in paediatrics has not been established due to the rarity of Type II diabetes

mellitus in this age group.

WARNINGS AND SPECIAL PRECAUTIONS

The administration of **GLIBENCLAMIDE 5 OETHMAAN** may be associated with increased cardiovascular mortality as compared to treatment with diet alone or diet plus insulin.

Because of its long duration of action, elderly and debilitated patients are particularly susceptible to the hypoglycaemic effect of sulphonylureas. Care should be taken in such patients or **GLIBENCLAMIDE 5 OETHMAAN** avoided.

Special Precautions

In patients suffering from recurrent infections, trauma, shock or after anaesthesia, adjustment to the dosage of **GLIBENCLAMIDE 5 OETHMAAN** may be required. When major surgery is to be performed, **GLIBENCLAMIDE 5 OETHMAAN** should be substituted with insulin therapy.

Care is necessary during exercise as hypoglycaemia may be provoked.

The treatment of diabetes with **GLIBENCLAMIDE 5 OETHMAAN** requires regular follow-up checks. Strict adherence to diet and regularity in taking the tablets are essential to maintain physical efficiency and to prevent the blood glucose from becoming too high or too low.

Signs of excessive drop in blood glucose (hypoglycaemia) include intense hunger, sweating, tremor, restlessness, irritability, depression of mood, headache and disturbed sleep.

Signs of increased blood glucose (hyperglycaemia) include severe thirst, dryness of the mouth, frequent micturition and dry skin.

Effects on the ability to drive and use of machines

Until optimal control has been achieved, or when changing from one antidiabetic agent to another, or if the tablets have not been taken regularly, alertness and reaction time may be altered to such an extent that the patient cannot safely cope with road traffic or operate machinery.

Contains lactose

Patients with the rare hereditary conditions of galactose intolerance e.g. galactosaemia, Lapp lactase deficiency, glucose- galactose malabsorption or fructose intolerance should not take **GLIBENCLAMIDE 5 OETHMAAN**. Lactose may have an effect on the glycaemic control of patients with diabetes mellitus.

INTERACTIONS

A disulfiram-like reaction may occur in patients taking alcohol during treatment with **GLIBENCLAMIDE 5 OETHMAAN**, and may increase the risk of hypoglycaemia.

The hypoglycaemic effects of **GLIBENCLAMIDE 5 OETHMAAN** may be enhanced by chloramphenicol, clofibrate or halofenate, cyclophosphamide, anticoagulants (coumarin or indandione derivative), dicoumarol, monoamine oxidase inhibitors, phenylbutazone, beta-adrenergic blocking agents, some sulfonamides, salycilates in high doses, anabolic steroids, bezafibrate, biguanides, fenfluramine, fenyramidol, miconazole, high doses of parenteral pentoxifylline, phosphamides, ACE-inhibitors, fluoxetine, guanethidine, probenecid, reserpine, sulphinpyrazole, tritoqualine, theophylline, bromocriptine, pyridoxine, disopyramide, allopurinol, miconazole, fluconazole, cimetidine, ranitidine

and tetracyclines.

The hypoglycaemic effects may be diminished by adrenaline, corticosteroids, diuretics, oestrogens, oestrogen-progestin- containing oral contraceptives, isoniazid, morphine, abuse of laxatives, high doses of nicotinates, phenothiazines, acetazolamide, clonidine, diazoxide, glucagon, phenytoin, saluretics, sympathomimetics, lithium, thyroid hormones, theophylline, calcium channel blockers and rifampicin.

Beta-adrenergic receptor blocking agents may mask symptoms of hypoglycaemia.

HUMAN REPRODUCTION

The use of **GLIBENCLAMIDE 5 OETHMAAN** tablets during pregnancy and lactation is contraindicated (see "**CONTRAINDICATIONS**").
First signs of pregnancy must be reported to the doctor without delay.

DOSAGE AND DIRECTIONS FOR USE

A reduction in dosage may be necessary in patients with renal dysfunction.
Initially half a tablet (2,5 mg) daily. The daily dose can be raised gradually in steps of half tablets up to a maximum of three tablets daily. The initial dose and the subsequent adjustments to the daily dosage should be determined by the results of medical and laboratory examinations. Doses greater than 10 mg may be given in two divided doses. Increasing the dose above 15 mg daily is unlikely to produce further benefit.

Important:
In combination therapy with either insulin or another diabetic agent, diabetic control should be checked by blood sugar readings, because of the possibility of hypoglycaemia. In combined therapy with a biguanide there may be a greater risk of cardiovascular mortality than with the use of **GLIBENCLAMIDE 5 OETHMAAN** alone.

SIDE EFFECTS

Metabolism and nutrition disorders:
More frequent:
Prolonged hypoglycaemia has been reported following the ingestion of **GLIBENCLAMIDE 5 OETHMAAN.**
The incidence of hypoglycaemia can be reduced if **GLIBENCLAMIDE 5 OETHMAAN** is taken with or immediately after a meal.
Weight gain may occur especially when **GLIBENCLAMIDE 5 OETHMAAN** is used in combination with insulin.

Renal and urinary disorders:
Less frequent:
GLIBENCLAMIDE 5 OETHMAAN is reported to exert a mild diuretic action although the syndrome of inappropriate ADH secretion (SIADH) has occurred in patients receiving **GLIBENCLAMIDE 5 OETHMAAN.**
Frequent:
Polyuria

Gastrointestinal disorders:
Frequent:

Mild effects include nausea, vomiting, heartburn and epigastric pain. Anorexia is usually dose dependent.

Skin and subcutaneous tissue disorders:
Frequent:
Photosensitivity has been reported.
Less frequent:
Skin rashes and pruritus may occur. Rashes are usually hypersensitivity reactions and may progress to more serious disorders. Other severe effects may be manifestations of hypersensitivity reactions. These include erythema multiforme exfoliative dermatitis, Stevens-Johnson syndrome and erythema nodosum.

Blood and lymphatic system disorders:
Less Frequent:
Other severe effects may be manifestations of hypersensitivity reactions. These include leucopenia, thrombocyto penia, aplastic anaemia, pancytopenia, eosinophilia, agranulocytosis and haemolytic anaemia.

Hepato-biliary disorders:
Less frequent:
Cholestatic jaundice and altered liver enzyme values may be a manifestation of hypersensitivity reaction. Other less frequent side effects include cholestatis, hepatic function impairment, hepatic porphyria, hepatitis or porphyria cutanea tarda.

Eye disorders:
Frequent:
Blurred vision

General disorders:
Dizziness, weakness, drowsiness, paraesthesia and a metallic taste, and are usually dose dependent. Intolerance to alcohol characterized by facial flushing may occur

KNOWN SYMPTOMS OF OVERDOSAGE AND PARTICULARS OF ITS TREATMENT

Hypoglycaemic reactions such as excessive perspiration and light headedness.

To treat hypoglycaemia, dextrose or glucose should be taken at once with water and repeated in 10 to 15 minutes, if needed. If coma occurs, up to 50 ml of a 50 % solution of dextrose should be given intravenously, or dextrose or sucrose may be given by stomach tube.

Hypoglycaemia should be treated with urgency. Treatment is supportive and symptomatic.

The patient should be observed over 3 to 5 days in case hypoglycaemia recurs.

IDENTIFICATION

White to off-white, flat, oblong, bevel-edged tablet with breakline.

PRESENTATION
Blisters, securitainers, sealed aluminium bags or amber glass bottles of 28, 30, 56, 84 or 100 tablets.
Blisters, securitainers or amber glass bottles of 500 tablets.

STORAGE INSTRUCTIONS
Store well closed in a dry place at or below 25 °C and protect from light.
KEEP OUT OF REACH OF CHILDREN

REGISTRATION NUMBER
T/21.2/150

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