Metnil

Metformin

COMPOSITION:

Metnil Tablet: Each tablet contains Metformin Hydrochloride BP 500 mg.

PHARMACOLOGY:

Metnil 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. **Metnil** decreases hepatic glucose production, decreases intestinal absorption of glucose and improves insulin sensitivity by an increase in peripheral glucose uptake and utilization.

INDICATION:

Metnil, as monotherapy, is indicated as an adjunct to diet and exercise to improve glycemic control in patients with type 2 diabetes. **Metnil** is also indicated for use in combination therapy with an oral hypoglycemic agent or insulin when diet and exercise plus the single agent do not result in adequate glycemic control.

DOSAGE AND ADMINISTRATION:

Metnil should be taken in divided doses with meals. The initial dose is 500 mg three times daily or the mean daily dose is 850 mg in the morning and in the evening (12 hourly), preferably after meals. Max. 2550 mg, i.e., 850 mg three times daily may be given or as directed by the physician.

Normally control of diabetes is obtained within a few days, but some time requires up to two weeks.

CONTRAINDICATION:

Metformin is contraindicated in patients with renal dysfunction; cardiovascular collapse; acute myocardial infarction; diabetic ketoacidosis and known hypersensitivity to Metformin.

SIDE EFFECTS:

Gastrointestinal symptoms (30% patients) such as diarrhea, nausea, vomiting, abdominal bloating, flatulence and anorexia are the most common reactions to Metformin. These symptoms are generally transient and resolve spontaneously during continued treatment. Because gastrointestinal symptoms during therapy initiation appear to be dose-related, they may be decreased by gradual dose escalation and by having patients taken Metformin with meals. Rarely lactic acidosis (approximately 0.03 cases/1000 patient-year) can occur due to Metformin accumulation during treatment with Metformin.

PRECAUTIONS:

Metformin is known to be substantially excreted by the kidney and the risk of Metformin accumulation and lactic acidosis increases with the degree of impairment of renal function. Thus, patients with serum creatinine levels above the upper limit of normal for their age should not receive Metformin.

USE IN PREGNANCY AND LACTATION:

Pregnancy: Safety in pregnant woman has not been established. Metformin should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mother: It is not known whether Metformin is secreted in human milk. Because many drugs are excreted in human milk, it should not be administered to a breast feeding woman.

DRUG INTERACTION:

It may enhance the effects of anti-coagulants. As such patients receiving the two drugs concomitantly may need adjustment of the anti-coagulant dosage.

OVERDOSAGE:

Hypoglycemia has not been seen even with ingestion of up to 85 grams of Metformin, although lactic acidosis has occurred in such circumstances. Hemodialysis may be useful for removal of accumulated drug from patients in whom Metformin overdose is suspected.

PHARMACEUTICAL PRECAUTION:

It should be stored in a cool and dry place, protected from light and moisture.

HOW SUPPLIED:

Metnil Tablet: Each box contains 10 x10 tablets in blister pack.

Manufactured by:

MEDICON Pharmaceuticals Ltd.
Mirpur, Dhaka, Bangladesh