Prescribing Information

Prandin®
Repaglinide.

Presentation: Repaglinide tablets are white (0.5 g), yellow (1 mg), peach-coloured (2 mg), round and convex.
Indications: Repaglinide is indicated in adults with type 2 diabetes mellitus whose hyperglycaemia can no longer be controlled satisfactorily by diet, weight reduction and exercise. Repaglinide is also indicated in combination with metformin in adults with Type 2 diabetes mellitus who are not satisfactorily controlled on metformin alone.
Posology and administration: The dosage should be determined by the physician, according to the patient's requirements and should be taken before main meals (i.e. pre-prandially). Doses are usually taken within 15 minutes of the meal, but the time may vary from immediately preceding, to up to 30 minutes before the meal. Patients who skip a meal (or add an extra meal) should be instructed to skip (or add) a dose for that meal. The recommended starting dose is 0.5 mg (1 mg if transferred from another oral hypoglycaemic agent). Note: No exact relationship exists between repaglinide and the other oral hypoglycaemic agents. Allow 1-2 weeks to elapse between titration steps, as determined by blood glucose response. In cases where repaglinide is used in combination with metformin, the metformin dose should be maintained and repaglinide administered concomitantly, with a starting dose of 0.5 mg repaglinide taken before meals and titration according to monotherapy. Maintenance: The recommended maximum single dose is 4 mg taken with main meals and the total maximum daily dose should not exceed 16 mg. To avoid hypoglycaemic reactions careful dose titration is required in debilitated or malnourished patients. Not recommended for children below age 18. No clinical studies have been performed in patients with impaired hepatic function or in patients >75 years of age, and no data is available in children below 18 years. Therefore repaglinide is not recommended in these patient groups.
Contraindications: Hypersensitivity to repaglinide or to any of the excipients. Diabetes mellitus type 1 . C-peptide negative. Diabetic ketoacidosis (with or without coma). Severe hepatic function disorder. The concomitant use of gemfibrozil and repaglinide is contraindicated.
Special warnings and precautions for use: Repaglinide, like other insulin secretagogues, is capable of producing hypoglycaemia. Trials investigating the combination of repaglinide with other insulin secretagogues, or trials investigating the use of repaglinide in cases of secondary failure to insulin secretagogues have not been performed. The benefit risk profile of combination therapy with NPH insulin or thiazolidinediones compared to other combination therapies remains to be established. Combination treatment with metformin is associated with an increased risk of hypoglycaemia. Loss of glycaemic control during stress such as fever, trauma, infection or surgery may necessitate discontinuation of repaglinide and the temporary substitution of insulin. The use of repaglinide might be associated with an increased incidence of acute coronary syndrome (e.g. myocardial infarction). Repaglinide should be used with caution or be avoided in patients receiving medicinal products which influence repaglinide metabolism.
Drug interactions: A number of medicinal products are known to influence repaglinide metabolism, possible interactions should therefore be taken into account by the physician. *In vitro* data indicate that repaglinide is metabolised predominantly by CYP2C8 and CYP3A4. Metabolism, and by that clearance of repaglinide, may be altered by substances which influence these cytochrome P-450 enzymes via inhibition or induction. Special care should be taken when both inhibitors of CYP2C8 and 3A4 are co-administered simultaneously with repaglinide. The following substances may enhance and/or prolong the hypoglycaemic effect of repaglinide: Gemfibrozil, clarithromycin, itraconazole, ketoconazole, trimethoprim, cyclosporin, rifampicin, other antidiabetic substances, monoamine oxidase inhibitors (MAOI), non selective beta blocking substances, angiotensin converting enzyme (ACE)-inhibitors, salicylates, NSAIDs, octreotide, alcohol and anabolic steroids. Concomitant use of deferasirox with replaginide should be avoided, as the interaction has not been established with dosages higher than 0.5 mg of repaglinide. If combination is necessary, careful monitoring should be performed. Beta-blocking agents may mask the symptoms of hypoglycaemia. The following substances may reduce the hypoglycaemic effect of repaglinide: oral contraceptives, rifampicin, barbiturates, carbamazepine, thiazides, corticosteroids, danazol, thyroid hormones and sympathomimetics.
Fertility, pregnancy and lactation: Repaglinide should be avoided during pregnancy and should not be used in lactating women.
Undesirable effects: Based on the experience with repaglinide and with other hypoglycaemic medicinal products the following adverse reactions have been seen: Frequencies are defined as: Common (≥ 1/100 to < 1/10); uncommon (≥ 1/1,000 to < 1/100); rare (≥ 1/10,000 to < 1/1,000); very rare (< 1/10,000); not known (cannot be estimated from the available data). Common: hypoglycaemia, mostly mild; abdominal pain; diarrhoea. Rare: cardiovascular disease, a higher incidence of acute coronary syndrome was reported in the repaglinide group in one epidemiological study. The causality of the relationship remains uncertain. Very rare: allergic reactions; hepatic function abnormal, causal relationship with repaglinide not established; increased liver enzymes, mostly mild and transient; vomiting and constipation; visual disturbances. Not known: Hypoglycaemic coma and unconsciousness; nausea; hypersensitivity. Please consult Summary of Product Characteristics for a full list of side-effects.
MA numbers and Basic NHS Price:
0.5 mg (30 tablets) EU/1/00/162/003 £3.92;
0.5 mg (90 tablets) EU/1/00/162/004 £11.76;
1 mg (30 tablets) EU/1/00/162/009 £3.92;
1 mg (90 tablets) EU/1/00/162/010 £11.76;
2 mg (90 tablets) EU/1/00/162/016 £11.76.
Legal category: POM.
Full prescribing information can be obtained from: Novo Nordisk Limited, Broadfield Park, Brighton Road, Crawley, West Sussex, RH11 9RT.
Marketing Authorisation Holder: Novo Nordisk A/S, Novo Allé, DK-2880 Bagsværd, Denmark.
Date last revised: February 2013.

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Novo Nordisk Limited (Telephone Novo Nordisk Customer Care Centre 0845 6005055). Calls may be monitored for training purposes.