National Agency for Food & Drug Administration & Control (NAFDAC)

Registration & Regulatory Affairs (R & R) Directorate

SUMMARY OF PRODUCT CHARACTERISTICS (SmPC) TEMPLATE

[Instructions in this font/colour are from the World Health Organisation Public Assessment Report WHOPAR guidelines.]

1. NAME OF THE MEDICINAL PRODUCT

Glibenclamide Tablets BP 5 mg

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each uncoated tablet contains:
Glibenclamide BP 5 mg
Excipients: q.s.

Sr. No.	Ingredients	Spec.	Qty/ Tab (mg)	Ovg.	Function
1	Glibenclamide	BP	5.00	--	Active
2	Dibasic calcium phosphate	BP	90.00	--	Diluent
3	Micro crystalline cellulose	BP	90.00	--	Diluent
4	Maize starch (for paste)	BP	10.00	--	Disintegrant
	Lubricants				
5	Magnesium stearate	BP	1.00	--	Lubricant
6	Purified talc	BP	2.00	--	Lubricant
7	Colloidal anhydrous silica	BP	2.00	--	Disintegrant
8	*Maize starch (additional)	BP	1.00	--	Binder
		TOTAL	**200.000**		

* Includes additional starch to compensate for loss on drying.

BP : British Pharmacopoeia

Average weight of uncoated tablet: 120.00 mg ± 7.5 %

3. PHARMACEUTICAL FORM

Uncoated tablet

White coloured capsule shaped flat beveled uncoated tablet with break line on one side and plain on other side.

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4. Clinical particulars

4.1 Therapeutic indications

Glibenclamide is a hypoglycemic agent indicated in the treatment of non-insulin dependent diabetes in patients who respond inadequately to dietary measures alone.

4.2 Posology and method of administration

Route of administration: Oral

Treatment of previously untreated diabetes:

Stabilization can be started with one 5mg tablet daily with or immediately after breakfast or the first main meal. If control is satisfactory one tablet is continued as the maintenance dose. If control is unsatisfactory, the dose can be adjusted by increments of 2.5 or 5mg at weekly intervals. The total daily dosage rarely exceeds 15mg and increasing the daily dosage above this does not generally produce any additional affect.

The total daily requirement should normally be given as a single dose at breakfast, or with the first main meal. The patient's diet and activity should be taken into account.

Children: Glibenclamide is not recommended for use in children.
In debilitated patients who may be more liable to hypoglycemia, treatment should be initiated with one 2.5mg tablet daily.

Changeover from other sulphonylureas:

The changeover to glibenclamide from other drugs with similar modes of action can be carried out without any break in therapy.

Treatment is commenced with the equivalent dose of glibenclamide without

exceeding an initial dose of 10mg. If response is inadequate, the dose can be raised in a stepwise fashion to 15mg daily. One 5mg tablet of glibenclamide is approximately equivalent to 1g tolbutamine or glymidine, 250mg chlorpropamide or tolazamide, 500mg acetohexamide, 25mg glibornuride or 5mg glipizide.

Changeover from biguanides:

The biguanide should be withdrawn and glibenclamide treatment started with one 2.5mg tablet. The dosage should then be adjusted by increments of 2.5mg to achieve control.

Combination with biguanides:

If adequate control is not possible with diet and 15mg of glibenclamide, control may be established by combined administration of glibenclamide and a biguanide derivative.

Changeover from insulin:

While it is appreciated that most patients who are on insulin therapy will continue to need it, there may be a few patients, particularly those on low daily doses, who will remain stabilized if transferred from insulin to glibenclamide.

4.3 Contraindications

- Known hypersensitivity to glibenclamide or to any of the excipients
- Patients known to have sensitivity to other sulphonyl urea's and related drugs
- Juvenile onset diabetes
- Diabetic ketoacidosis.
- Severe infection, stress, trauma, surgical procedures, or other severe conditions where the drug is unlikely to control the hyperglycemia.
- Severe impairment of renal function.
- Hepatic impairment.
- Diabetic coma and pre-coma.
- Porphyria
- Pregnancy
- Elderly (> 70 years).

4.4 Special warnings and precautions for use

- Hypoglycemia: all sulphonyl urea drugs are capable of producing moderate or severe hypoglycemia, particularly in the following conditions:
- In patients controlled by diet alone.
- In cases of overdose.
- When calorie or glucose intake is insufficient
- In patients with irregular mealtimes and/or missed meals
- During excessive exercise
- In debilitated patients
- In patients with mild to moderate renal impairment. However, in long-term clinical trials patients with renal insufficiency have been treated satisfactorily using glibenclamide at reduced doses with careful patient monitoring.
- In patients with adrenal or pituitary insufficiency
- In order to reduce the risk of hypoglycemia it is therefore recommended:
- To initiate treatment for non-insulin dependent diabetics by diet alone if this is possible.
- To adjust the dose of glibenclamide according to the blood glucose response and to the 24-hour urinary glucose during the first days of treatment.
- Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine.

4.5 Pregnancy and Lactation

Pregnancy

Glibenclamide is contraindicated in pregnancy.

Lactation

It has not been established whether glibenclamide is transferred to human milk. However, some sulphonylureas are excreted in breast milk. Because the potential for hypoglycemia in nursing infants may exist, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the benefit of breast-feeding to the infant and the benefit of the drug to the mother.

4.7 Effects on ability to drive and use machines

None unless there is a risk for hypoglycemia.

4.6 Undesirable effects

Immune system disorders
Hypersensitivity reactions:

- Rash, urticaria, erythema multiforme, erythema nodosum, bullous eruptions, pruritus, exfoliative dermatitis, photosensitivity
- Altered liver enzymes values, hepatitis and cholestatic jaundice.
- Blood dyscrasias including agranulocytosis, aplastic and hemolytic anemia, pancytopenia, leucopenia, thrombocytopenia, and neutropenia
- Fever
- Stevens-Johnson syndrome

Hypersensitivity reactions affecting the skin usually occur within the first six weeks of treatment with a sulphonyl urea.

Metabolism and nutrition disorders
Hypoglycemia

Syndrome of inappropriate secretion of antidiuretic hormone, characterized by water retention and hyponatremia.

Gastrointestinal disorders

Nausea, heartburn, anorexia, and diarrhoea. This type of adverse reaction can be avoided if glibenclamide is taken during a meal. Vomiting, metallic taste, increased appetite, and weight gain.

Hepatic Disorders

Intrahepatic cholestasis and acute hepatitis-like syndrome.

4.9 Overdose

Symptoms: hypoglycemia.

Treatment:

- Patient should be transferred to hospital
- Activated charcoal to be administered
- Hypoglycemia should be treated with urgency by appropriate means
- Vital signs should be monitored, and appropriate supportive measures used, including the treatment of cerebral oedema should this occur
  Observation should continue for several days in case hypoglycemia is prolonged or recurs.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamics properties

Glibenclamide is an orally active hypoglycemic agent, which acts by stimulating insulin secretion.

ATC code: A10BB01

5.2 Pharmacokinetic properties

Glibenclamide is rapidly absorbed and is extensively bound to plasma protein but is not readily displaced by acidic drugs. It is excreted as metabolites in the urine and bile.

5.3 Preclinical safety data

None such data reported

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

S.No.	Excipients	Specifications
1.	Dibasic calcium phosphate	As per BP
2.	Micro crystalline cellulose	As per BP
3.	Maize starch (for paste)	As per BP
4.	Magnesium stearate	As per BP
5.	Purified talc	As per BP
6.	Colloidal anhydrous silica	As per BP

BP : British Pharmacopoeia

6.2 Incompatibilities

Not Applicable

6.3 Shelf life

36 months (3 years)

6.4 Special precautions for storage

Do not store above 30°C. Protect from light and moisture.

6.5 Nature and contents of container <and special equipment for use, administration, or implantation>

Sr. No.	Container closure system / Blister pack of 10 tablets.
Primary Packing	
1.	Printed aluminium foil
2.	Non-toxic, clear transparent PVC film
Secondary Packing	
3.	Printed carton
4.	Leaflet
5.	7 ply corrugated shipper

6.6 Special precautions for disposal <and other handling>

No special requirements.

Any unused product or waste material should be disposed of in accordance with local requirements.

7. APPLICANT/MANUFACTURER

Name and Address of Manufacturer

Manufactured by:
Fredun Pharmaceuticals Ltd.
14,15,16, Zorabian Industrial Complex,
Veoor, Palghar (E) - 401 404. INDIA

Name and Address of Applicant

Manufactured for:
PREFERRED DRUGS NIGERIA LTD.
20 Erhuvwa Club Street,
Asaba Delta State, Nigeria &
Preferred Groups LLC, Maryland U.S.A.
www.preferred-drugs.com