

Composition : Emparol-L 10/5 Tablet : Each film coated tablet contains Empagliflozin INN 10mg & Linagliptin INN 5mg.

Emparol-L 25/5 Tablet : Each film coated tablet contains Empagliflozin INN 25mg & Linagliptin INN 5mg.

Pharmacology : Emparol-L combines 2 antihyperglycemic agents with complimentary mechanisms of action to improve glycemic control in patients with type 2 diabetes: Empagliflozin, a sodium-glucose transporter (SGLT2) inhibitor and Linagliptin, a dipeptidyl peptidase-4 (DPP-4) inhibitor. By inhibiting SGLT2, Empagliflozin reduces renal reabsorption of filtered glucose and lowers the renal threshold for glucose, and thereby increases urinary glucose excretion. Linagliptin, a DPP-4 inhibitor increases the concentrations of active incretin hormones (GLP-1 and GIP), stimulating the release of insulin in a glucose-dependent manner and decreasing the levels of glucagon in the circulation. GLP-1 and GIP increase insulin biosynthesis and secretion from pancreatic beta cells in the presence of normal and elevated blood glucose levels. Furthermore, GLP-1 also reduces glucagon secretion from pancreatic alpha cells, resulting in a reduction in hepatic glucose output.

Indications : Emparol-L is indicated: * As an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus to reduce the risk of cardiovascular death in adults with type 2 diabetes mellitus and established cardiovascular disease.

Dosage & Administration : The recommended dose is Empagliflozin 10 mg / Linagliptin 5 mg (Emparol-L 10/5) once daily, taken in the morning, with or without food. Dose may be increased to Empagliflozin 25 mg / Linagliptin 5 mg (Emparol-L 10/5) once daily. Or, as directed by the registered physician.

Contraindication : * Patient on dialysis * Hypersensitivity to Empagliflozin, Linagliptin, or any of the excipients

Precaution : Pancreatitis: If pancreatitis is suspected, promptly discontinue. * Ketoacidosis: If ketoacidosis suspected, discontinue, evaluate and treat promptly. * Volume Depletion: Before initiating, assess volume status and renal function in patients with impaired renal function, elderly patients, or patients on loop diuretics. Monitor for signs and symptoms during therapy. * Urosepsis and Pyelonephritis: Evaluate patients for signs and symptoms of urinary tract infections and treat promptly, if indicated. * Hypoglycemia: Consider lowering the dose of insulin secretagogue or insulin to reduce the risk of hypoglycemia when initiating.

Side Effects : The most common side effects of Empagliflozin & Linagliptin include urinary tract infection, stuffy or runny nose and sore throat, upper respiratory tract

Emparol-L Tablet



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infection. Besides, Low blood sugar (hypoglycemia), necrotizing fasciitis of the perineum, vaginal yeast infection, yeast infection of the penis, joint pain, skin reaction, heart failure etc. can happen.

Use in pregnancy and lactation : Pregnancy: Empagliflozin or Empagliflozin & Linagliptin combination is not recommended during the second and third trimesters of pregnancy. The limited available data in pregnant woman are not sufficient to determine a drug-associated risk for major birth defects and miscarriage. There are risks to the mother and fetus associated with poorly controlled diabetes in pregnancy. Lactation: There is no information regarding the presence of Empagliflozin & Linagliptin, or its individual components in human milk, the effects on the breastfed infant, or the effects on milk production. Use is recommended while breastfeeding.

Use in child : Safety and effectiveness of Empagliflozin & Linagliptin combination in pediatric patients under 18 years of age have not been established.

Drug interactions : Empagliflozin: Diuretics: Co-administration of Empagliflozin with diuretics resulted in increased urine volume. Insulin or Insulin secretagogues Co-administration of Empagliflozin with insulin or insulin secretagogues increases the risk of hyperglycemia. Positive Urine Glucose Test: Monitoring glycemic control with urine glucose test is not recommended in patients taking SGLT2 inhibitors as SGLT2 inhibitors increase urinary glucose excretion and will lead to positive urine glucose tests. Use alternative methods to monitor glycemic control. Linagliptin: P-glycoprotein or CYP3A4 inducer: Efficacy of Linagliptin may be reduced when administered in combination with a strong P-gp or CYP3A4 inducer. Therefore, use of alternative treatments is strongly recommended when Linagliptin is to be administered with a strong P-gp or CYP3A4 inducer.

Overdose : There is no data available.

Storage : Store below 30° C in a dry place, away from sunlight & keep out of reach of children.

Packing : Emparol-L 10/5 Tablet : Each box contains 14's Tablets in blister pack.

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