Published by Ministry of Health, Labour and Welfare

Translated by Pharmaceuticals and Medical Devices Agency





This English version is intended to be a reference material to provide convenience for users. In the event of inconsistency between the Japanese original and this English translation, the former shall prevail.

Revision of Precautions Vildagliptin/metformin hydrochloride

June 18, 2019

Therapeutic category

Antidiabetic agents

Non-proprietary name

Vildagliptin/metformin hydrochloride

Safety measure

Precautions should be revised in the package insert.

Pharmaceuticals and Medical Devices Agency

Revision in line with the Instructions for Package Inserts of Prescription Drugs, PAB Notification No. 606 by the Director General of Pharmaceutical Affairs Bureau, MHW, dated April 25, 1997 (Old instructions):

Revised language is underlined.

Current	Revision
Contraindications	Contraindications
Patients under the following conditions;	The following patients;
1) History of lactic acidosis	1) Patients with a history of lactic acidosis
2) Renal impairment (including mild impairment)	2) Patients with severe renal impairment (eGFR <30 mL/min/1.73 m²) or
3) Dialysis patients (including peritoneal dialysis)	dialysis patients (including peritoneal dialysis)
4) Patients with a severe disorder in the cardiovascular system and/or	3) Patients with a severe disorder in the cardiovascular system and/or
pulmonary function such as shock, cardiac failure, myocardial	pulmonary function (such as shock, cardiac failure, myocardial
infarction and pulmonary embolism, or other conditions likely to be	infarction and pulmonary embolism), and <u>patients with</u> other conditions
accompanied by hypoxemia	likely to be accompanied by hypoxemia
5) Patients with excessive alcohol consumption	4) Patients with dehydration, or with signs of a state of dehydration
6) Patients with dehydration or with gastrointestinal disorders such as	(patients with gastrointestinal disorders such as diarrhoea and
diarrhoea and vomiting, which are signs of a state of dehydration.	vomiting, patients with difficulty ingesting, etc.)
	5) Patients with excessive alcohol consumption
Precautions concerning Indications	Precautions concerning Indications
(N/A)	Careful administration is required with this drug in patients with moderate
	renal impairment (eGFR ≥30 mL/min/1.73 m² and <60 mL/min/1.73 m²)
	through tapering vildagliptin as well as metformin hydrochloride
	depending on the degree of renal function. This drug should not be used
	and co-administration of individual drugs should be considered in
	patients with moderate renal impairment.
Important Precautions	Important Precautions
Serious lactic acidosis may rarely occur due to metformin, an active	Serious lactic acidosis may rarely occur due to metformin, an active
ingredient contained in this drug. The patient and their family should be	ingredient contained in this drug. Known risk factors include renal
fully instructed on the following.	impairment, hepatic impairment, conditions likely to be accompanied by
Excessive alcohol consumption should be avoided.	hypoxemia, dehydration (including co-administration of drugs with
2) If there is a concern about a state of dehydration due to pyrexia,	diuretic effect), excessive alcohol consumption, infections, and the
diarrhea, vomiting, poor meal ingestion, etc., patients should suspend	elderly. Especially, dehydration, excessive alcohol consumption, etc. may
this drug and consult the physician.	suddenly worsen patient's conditions. Attention should be paid to the
3) Patients should seek immediate medical attention if they experience	following:
any initial symptoms of lactic acidosis.	1) The patient should be assessed before and regularly during
	treatment with this drug for renal functions (eGFR, etc.) and hepatic
Hepatic function tests should be performed prior to, and in at least every	functions. In addition, careful attention should be paid to the

Current

3 months for 1 year after the initiation of administration and then periodically thereafter. If any abnormalities are observed in hepatic test values such as ALT (GPT) or AST (GOT), appropriate measures should be taken such as discontinuing administration of this drug. If jaundice or other symptoms suggestive of hepatic impairment are observed, administration of this drug should be discontinued. A case has been reported associated with vildagliptin of elevated hepatic enzyme levels once recovered following discontinuation of administration but recurrent later. Administration of preparations containing vildagliptin including this drug should not be resumed after jaundice or other symptoms suggestive of hepatic impairment are recovered.

Lactic acidosis may occur in patients who undergo a test using an iodinated contrast medium due to co-administration with metformin. This drug should be temporarily suspended before the test (except when the test needs to be urgently performed). This drug should not be resumed until 48 hours after an iodinated contrast medium is administered. Attention should be paid to the patient's condition when this drug is resumed.

Dehydration may lead to lactic acidosis. When a symptom of dehydration is observed, this drug should be discontinued and appropriate measures be taken. When this drug is co-administered with a drug with diuretic action (diuretics, SGLT2 inhibitors, etc.), particularly careful attention should be paid for dehydration.

The renal excretion of metformin decreases in patients with renal impairment, leading to increased blood concentrations of metformin. Careful attention should be paid to the followings before and during administration:

- Necessity of administration and dose adjustment should be considered before and during treatment with this drug. eGFR, serum creatinine level, etc. should be referred to assess the renal function.
- Patients should be assessed before and regularly during treatment

Revision

- patient's condition and the necessity of administration and dosage adjustment should be considered. Patients requiring specifically careful follow-up including the elderly should be assessed more frequently.
- 2) When a symptom of dehydration is observed, this drug should be discontinued and appropriate measures be taken. When this drug is co-administered with a drug with diuretic action (diuretics, SGLT2 inhibitors, etc.), particularly careful attention should be paid to dehydration.
- 3) The patient and their family should be fully and properly instructed on the following at the start of and during treatment with this drug.
 - · Excessive alcohol consumption should be avoided.
 - When a patient <u>suffers from physical deconditioning</u> such as pyrexia, diarrhea, vomiting, poor meal ingestion, etc. <u>(sick day)</u>, there is a concern about a state of dehydration. <u>Therefore</u>, the patient should discontinue this drug and consult with a physician.
 - When a symptom of lactic acidosis (gastrointestinal disorder, malaise, myalgia, hyperpnoea etc.) appears, the patient should consult with a physician immediately.
- 4) Lactic acidosis may occur in patients who undergo a test using an iodinated contrast medium due to co-administration with metformin. This drug should be temporarily suspended before the test (except when the test needs to be urgently performed). This drug should not be resumed until 48 hours after an iodinated contrast medium is administered. Attention should be paid to the patient's condition when this drug is resumed.

Hepatic impairment (including hepatitis) may occur. Hepatic function tests should be performed before, and in at least every 3 months for 1 year after the initiation of administration and then periodically thereafter. If any abnormalities are observed in hepatic test values such as ALT (GPT) or AST (GOT), appropriate measures should be taken such as discontinuing administration of this drug. If jaundice or other symptoms suggestive of hepatic impairment are observed, administration of this drug should be discontinued. A case has been

Current	Revision
with this drug for renal functions (eGFR, serum creatinine, etc.). Patients requiring specifically careful follow-up including the elderly should be assessed more frequently. If deterioration in renal function is observed, measures should be taken such as discontinuing administration or dose reduction.	levels that once recovered following discontinuation of administration but recurred later when administration was resumed. Administration
Drug Interactions (N/A)	Drug Interactions <u>Contraindications for Co-administration</u> <u>Alcohol (excessive consumption)</u>

N/A: Not Applicable, because the section is not included in the current package insert.