LAFORMIN-G1-G2

Sustained Release Tablets of Glimepiride with Metformin 1 mg & 500 mg / 2 mg & 500 mg

How Laformin Works??:



Decrease Hepatic Glucose Production



Decrease Intestinal Glucose Absorption



Increase

Pancreatic

Insulin

Secretion

Increase Peripheral Glucose Uptake



Increase Adipose Tissue Glucose Uptake

Indication:

Type 2 Diabetes Mellitus.

Pharmacokinetics:

Glimepiride stimulates the insulin release from functioning pancreatic B-cells and inhibits gluconeogenesis at hepatic cells. It also increases insulin sensitivity at peripheral target sites. Metformin decreases hepatic gluconeogenesis, decreases intestinal absorption of glucose and improves insulin sensitivity.

Advantages:

- ***** Laformin[™]G-1,G-2 provides Dosage Flexibility.
- Laformin™G-1,G-2 does not cause Hypoglycemia.
- Laformin™G-1,G-2 is only part of a complete program of treatment that also includes Diet, Exercise & Weight control. It is important to use this medicine regularly to get the most.
- **\$** Laformin™G-1,G-2 is associated with less weight gain compared to other drug therapies.

Presentation:

Laformin Tablet is available as a strip of 10 Tablets.

Reference

- 1. American Journal of Therapeutics 0, 000-000 (2011).
- 2. Diabet. Med. 18, 828-834 (2001)

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la Renon

Introduction:

Laformin™ -G-1,G-2 uncoated bilayer Tablet is Oral Anti hyperglycemic tablet containing Glimepiride and Metformin used in the management of Type 2 Diabetes Mellitus.

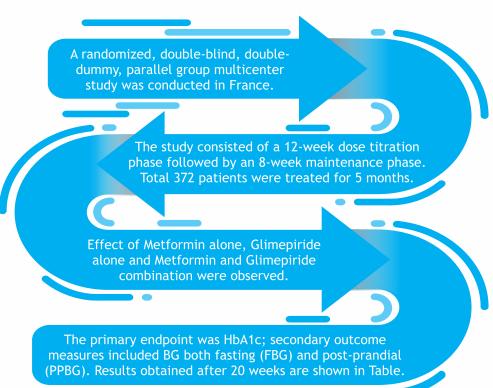
It is second line agent for the management of Type 2
Diabetes Mellitus patients that helps control blood sugar level.

Laformin contains Metformin and Glimepiride used, in particular, in Overweight and Obese people.

Clinical Studies:

Many studies have been done on effect of Glimepiride and Metformin combination in Type 2 Diabetic Patients.

1. Improved glycemic control by addition of glimepiride to metformin monotherapy in Type 2 diabetic patients.



Variable/time point	Metformin	Glimepiride	Metformin + Glimepiride
Number of Patients	n=75	n=150	n=147
HbA1c (%)			
Baseline	6.79 ± 1.17	6.52 ± 1.13	6.42 ± 1.08
Week 20	6.86 ± 1.45	6.79 ± 1.43	5.68 ± 0.99
Change from baseline	0.07 ± 0.14	0.27 ± 0.09	-0.74 ± 0.08
FBG (mmol/l)			
Baseline	10.5 ± 2.4	10.6 ± 2.4	11 ± 2.4
Week 20	11.6 ± 4.3	11.5 ± 4.3	8.8 ± 2.8
Change from baseline	0.8 ± 0.4	0.7 ± 0.3	-2.4 ± 0.2
PPBG (mmol/l)			
Baseline	15.2 ± 5.6	14.9 ± 5.2	14.8 ± 5.1
Week 20	16.9 ± 6.0	14.7 ± 5.9	12.3 ± 3.7
Change from baseline	1.1 ± 0.8	0.3 ± 0.5	-2.6 ± 0.3

At the end the result was found that addition of glimepiride to metformin in Type 2 diabetic patients inadequately controlled by metformin alone resulted in superior glycemic control compared with glimepiride or metformin monotherapy.

2. Evaluation of Efficacy and Tolerability of Glimepiride and Metformin Combination: A Multicentric Study in Patients with Type-2 Diabetes Mellitus, Uncontrolled on Monotherapy with Sulfonylurea or Metformin.

A prospective, open-labeled, single-arm, Multicentric study was conducted at 3 centers in India, over a period of 12 weeks.

The study was carried out according to Good Clinical Practice guidelines and the Declaration of Helsinki.

A total of 177 patients were screened for the study, of which 84 patients were screening failures and the remaining 93 patients enrolled in this study.

Out of 93 patients, 76 patients completed the 12 weeks' treatment period as outpatients.

The primary efficacy endpoints HbA1c, Fasting Plasma Glucose (FPG) and post prandial glucose (PPG) were observed at the end of the study.

Parameters	Metformin + Glimepiride
Number of Patients	n=76
HbA1c (%)	
Baseline	8.35 ± 0.93
Week 20	7.65 ± 1.70
Change from baseline	-0.70 ± 1.55
FBG (mg/dl)	
Baseline	168.76 ± 31.03
Week 20	119.59 ± 36.98
Change from baseline	-49.17 ± 46.69
PPBG (mg/dl)	
Baseline	251.20 ± 60.05
Week 20	188.17 ± 56.49
Change from baseline	-63 ± 70.83

After observing the results and comparing the end result with base line HbA1c, FBG and PPBG level were significantly reduced and it showed the combination of glimepiride with metformin achieves good glycemic control with better tolerability profile.