La Renon

When Dual therapy is inadequate

GLOBAL GUIDELINES

American Diabetes Association

AACE
American Association of Clinical Endocrinology

EASD
European Association for the Study of Diabetes

Recommends

ADDITION OF 3rd ORAL THERAPY

In Patients on

Glimepiride + Metformin

Add

Sitagliptin 50 mg

In Patients on

Sitagliptin + Metformin

Add

Glimepiride 1/2 mg

Sitahenz-GM

Sitagliptin 50 mg + Glimepiride 1/2 mg + Metformin 1000 mg

Sitahenz-GM

Sitagliptin 50 mg + Glimepiride 1/2 mg + Metformin Hydrochloride 1000 mg Tablets

BACKGROUND:

Type 2 diabetes is caused by the body's inability to respond appropriately to the effect of insulin secreted by pancreas. Progressive β-cell failure and insulin resistance are the main nuclear defects responsible for the development and progression of hyperglycemia in individuals with T2DM. Patients with type 2 diabetes mellitus (T2DM) often require multiple therapies to achieve glycemic control. As per American Diabetes Association and the European Association for the Study of Diabetes, metformin is the first drug of choice for type 2 diabetes, and DPP-4 inhibitors are cited as one of second-line drugs. Combination therapy with a dipeptidyl peptidase-4 (DPP-4) inhibitor, metformin and sulfonylurea results in substantial and additive glucose-lowering effects in patients with T2DM.

DESCRIPTION:

- ***Sitahenz-GM*** is the triple combination of Sitagliptin, Glimepiride and Metformin for the treatment of type-2 diabetes mellitus in adults.
- ***Sitahenz-GM 50/1/1000*** : Sitagliptin 50mg, Glimepiride 1 mg, and Metformin Hydrochloride 1000mg Tablets.
- ***Sitahenz-GM 50/2/1000*** : Sitagliptin 50mg, Glimepiride 2 mg, and Metformin Hydrochloride 1000mg Tablets.

INDICATION:

Sitahenz GM is indicated as an adjunct to diet and exercise to improve glycemic control in patients with type-2 diabetes whose diabetes are not adequately controlled with dual therapy and require additional glycemic control.

MECHANISM OF ACTION:

- **Sitagliptin**: Sitagliptin selectively inhibits the action of DPP-4, the primary enzyme degrading the incretin hormones, allowing glucagon-like peptide-1 and glucose-dependent insulinotropic peptide to facilitate glucose regulation in response to a meal.
- **Glimepiride:** Glimepiride is an insulin secretagogue and, like other sulfonylureas, is only effective in patients with residual pancreatic beta-cell activity. The primary mechanism of action of glimepiride in lowering blood glucose appears to be dependent on stimulating the release of insulin from functioning pancreatic beta cells
- **Metformin:** Metformin improves glucose tolerance in patients with type-2 diabetes, lowering both basal and postprandial plasma glucose. It decreases hepatic glucose production, decreases intestinal absorption of glucose, and improves insulin sensitivity by increasing peripheral glucose uptake and utilization.

DOSAGE:

Sitahenz-GM : 1-2 Tablets a day or as prescribed by the doctor.

References:

1. Diabetes Ther (2017) 8:251–273
2. Medicine Science 2019;8(3):687-91

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