

Amaryl[®] 1

Amaryl[®] 2

Amaryl[®] 3

Amaryl[®] 4

Glimepiride

sanofi

COMPOSITION

Each tablet Amaryl 1.0 contains, as active ingredient, 1 mg glimepiride.

Each tablet Amaryl 2.0 contains, as active ingredient, 2 mg glimepiride.

Each tablet Amaryl 3.0 contains, as active ingredient, 3 mg glimepiride.

Each tablet Amaryl 4.0 contains, as active ingredient, 4 mg glimepiride.

Excipients: Lactose, sodium starch glycolate, Polyvidone 25000, microcrystalline cellulose, magnesium stearate, red ferric oxide (Amaryl 1.0), yellow ferric oxide (Amaryl 2.0 and Amaryl 3.0), indigo carmine aluminium lake (Amaryl 2.0 and Amaryl 4.0).

PHARMACEUTICAL FORM

Amaryl 1.0 tablets are pink oblong tablets, biplanar with score-line on both sides.

Amaryl 2.0 tablets are green oblong tablets, biplanar with score-line on both sides.

Amaryl 3.0 tablets are pale yellow oblong tablets, biplanar with score-line on both sides.

Amaryl 4.0 tablets are light blue oblong tablets, biplanar with score-line on both sides.

PROPERTIES PHARMACODYNAMICS

Mode of Action/Pharmacodynamic characteristics

Glimepiride is a sulfonylurea antidiabetic agent which decreases blood glucose concentrations. The primary mechanism of action of glimepiride appears to be dependent on stimulating the release of insulin from functioning pancreatic β cells. Glimepiride acts in concert with glucose by improving the sensitivity of β cells to physiological glucose stimulus, resulting in insulin secretion in the rhythm of meals. In addition, extra pancreatic effects (e.g., reduction of basal hepatic glucose production and increased peripheral tissue sensitivity to insulin and glucose uptake) may also play a limited role in the activity of glimepiride.

In non-fasting diabetic patients, the hypoglycaemic action of a single dose of glimepiride persist for 24 hours.

Evidence from in vitro and animal studies suggests that there is lower glucagon secretion with glimepiride than glibenclamide and this may give rise to a prolonged reduction of blood glucose levels without increased plasma insulin levels. The clinical significance of these findings is yet to be clarified. A long-term, randomized, placebo-controlled clinical trial demonstrated that Amaryl therapy improves postprandial insulin/C-peptide responses and overall glycaemic control without producing clinically meaningful increases in fasting insulin/C-peptide levels.

The efficacy of Amaryl is not affected by age, gender or weight. Amaryl therapy is effective in controlling blood glucose without deleterious changes in the plasma lipoprotein profile in patients. The physiological response to acute exercise (ie, reduction of insulin secretion) is still present during glimepiride therapy.

PHARMACOKINETICS

Absorption

Glimepiride is completely absorbed after oral administration. The peak serum concentration (C_{max}) is reached in about 2.5 hours. There is a linear relationship between dose and both C_{max} and AUC (area under the plasma concentration-time curve). Food does not significantly affect the rate or extent of absorption of glimepiride.

Distribution

After intravenous dosing in normal subjects, the volume of distribution was 8.8 liters (113 mL/kg) and the total body clearance was greater than 99%. Glimepiride is likely to be only minimally removed by hemodialysis due to its high protein binding. Multiple-dose studies with glimepiride in diabetic patients demonstrated plasma-concentration time curves similar to single dose studies, indicating that there is no accumulation of drug in tissue depots.

Metabolism and Excretion

The elimination half-life of glimepiride at steady state is about 5 to 8 hours after oral administration. However, result of pharmacokinetics study on patients with type 2 diabetes mellitus indicated that higher doses may be associated with a longer half-life.

Glimepiride is completely metabolized by oxidative biotransformation. The major metabolites are the cyclohexyl hydroxy methyl derivative (M1) and the carboxyl derivative (M2). In vitro studies indicate that cytochrome P450 2C9 is the principal enzyme involved in a biotransformation of glimepiride to M1. M1 has been found to have about 40% of pharmacological activity of glimepiride. It is eliminated via the urine and also by further metabolism to M2 via one or several cytosolic enzymes. M1 has a terminal elimination half-life of 3-6 hours after an oral dose. The formation of M1 is linear up to a dose of 16 mg glimepiride. The kinetics of M2 have not been fully elucidated due to low plasma levels. Its terminal elimination half-life after an oral dose is about 5-6 hours.

Following an oral dose of glimepiride, 35 % of the dose is excreted in faeces and 58 % in urine.

Special Population

Gender

Pharmacokinetics of glimepiride are similar in males and females.

Elderly

Pharmacokinetics of glimepiride are similar in young and elderly (>65 years) patients. Intra-individual variability is low.

Hepatic impairment

The effects of hepatic failure on the clearance of glimepiride have not been systematically examined.

Renal impairment

In a single-dose, open label study conducted in 15 patients with renal impairment, glimepiride (3 mg) was administered to three groups of patients with different levels of mean creatinine clearance (CrCl); (Group I, CrCl = 77.7 mL/min, n=5), (Group II, CrCl = 27.4 mL/min, n=3), (Group III, CrCl = 9.4 mL/min, n=7). Glimepiride was found to be well tolerated in all three groups. The results showed that glimepiride serum levels decreased as renal function decreased. However, M1 and M2 serum levels (mean AUC values) increased 2.3 and 8.6 times from Group I to Group II. The apparent terminal half-life ($T_{1/2}$) for glimepiride did not change, while the half-lives for M1 and M2 increased as renal function decreased. Mean urinary excretion of M1 plus M2 as percent of dose, however, decreased (44.4%, 21.9 %, and 9.3 % for Group I to III).

Result from multiple-dose titration study conducted in 16 patients with renal impairment using doses ranging from 1-8 mg daily for 3 months were consistent with the result after a single dose. All patients with a CrCl < 22 mL/min had adequate control of their glucose levels with a dosage regimen of only 1 mg daily. The result from this study suggested that a starting dose of 1 mg AMARYL may be given to a patient with type 2 diabetes mellitus with renal disease, and the dose may be titrated based on fasting blood glucose levels (see Contraindications, Dosage and Administration).

It is not known if glimepiride is dialyzable.

NON CLINICAL SAFETY DATA

Chronic toxicity

Reduced serum glucose values and degranulation of the pancreatic beta cells were observed in beagle dogs exposed to 320 mg glimepiride/kg/day for 12 months (approximately 1,000 times the recommended human dose based on surface area). No evidence of tumor formation was observed in any organ. One female and one male dog developed bilateral subcapsular cataracts. Non-GLP studies indicated that glimepiride was unlikely to exacerbate cataract formation. Evaluation of the co-cataractogenic potential of glimepiride in several diabetic and cataract rat models was negative and there was no adverse effect of glimepiride on bovine ocular lens metabolism in organ culture.

Carcinogenicity

A standard battery of laboratory tests did not reveal any genotoxic or mutagenic potential for glimepiride. In a 2 year carcinogenicity study in mice receiving glimepiride in the diet up to 813 mg/kg/day, there was an increase in the incidence of pancreatic islet cell hyperplasia and islet cell adenomas; these are regarded to be the result of chronic stimulation of the pancreatic beta cells. In a 30 months carcinogenicity study in rats receiving glimepiride in the diet up to 345 mg/kg/day, there was an increased incidence of pancreatic islet cell adenomas, however there were considered incidental as there was no dose relationship in either sex. There were no malignant tumors in rats or mice.

Reproduction Toxicity

The sulfonyleureas may enter the foetal circulation and cause neonatal hypoglycaemia. In rats, dietary glimepiride at high doses (approx. 82 mg/kg) during gestation caused limb deformations. In rabbits, effects on pregnancy were characterised by increased incidences of abortions/total resorptions and malformations. Similar foetal wastage was not seen in rats although the finding of anophthalmia in a proportion of fetuses may be indicative of a treatment-related effect as eye malformations were found in the rabbit study. Adverse pregnancy outcomes in the rat and rabbit are probably due to the pharmacodynamics effects of glimepiride at excessive doses and are not substance-specific. Glimepiride had no recognizable effects on the rearing, physical development, functional and learning behaviour, memory or fertility of the progeny.

Study in rats showed that glimepiride is excreted in milk. High doses caused hypoglycaemia in suckling young rats. Dietary administration of glimepiride (120-206 mg/kg) during lactation caused limb deformations in adolescent pups from day 4 of lactation onwards.

INDICATION

Amaryl is indicated as an adjunct to diet and exercise to lower the blood glucose in patients with type II diabetes mellitus (NIDDM) whose hyperglycemia cannot be controlled by diet and exercise alone.

Amaryl may be used concomitantly with metformin when diet, exercise, and Amaryl or Metformin alone do not result in adequate glycemic control. Amaryl is also indicated for use in combination with insulin to lower the blood glucose

in patients whose hyperglycemia cannot be controlled by diet and exercise in conjunction with an oral hypoglycemic agent. Combined use of glimepiride and insulin may increase the potential for hypoglycemia.

DOSAGE

In principle, the dosage of Amaryl is governed by the desired blood sugar level. The dosage of glimepiride must be the lowest which is sufficient to achieve the desired metabolic control. Treatment with Amaryl must be initiated and monitored by a doctor.

Amaryl must be taken at the times and in the doses prescribed. Mistakes, e.g. forgetting to take a dose, must never be corrected by subsequently taking a larger dose. Measures for dealing with such mistakes (in particular forgetting a dose or skipping a meal) or situations where a dose cannot be taken at the prescribed time must be discussed and agreed between doctor and patient before-hand. A doctor must be notified immediately if the dose taken is too high, or an extra dose has been taken.

The initial and the maintenance doses are set based on the result of regular checks of glucose in blood and urine. Monitoring of glucose levels in blood and urine also serves to detect either primary or secondary failure of therapy. Initial dose and dose titration: The usual initial dose is 1 mg Amaryl once daily. If necessary, the daily dose can be increased. Any increase should be based on regular blood sugar monitoring, and should be gradual, i.e. at intervals of one to two weeks, and carried out stepwise, as follows:

1 mg-2 mg-3 mg- 4 mg, and in exceptional cases-8 mg.

Dose range in patients with well controlled diabetes: The usual dose range in patients with well controlled diabetes is 1 to 4 mg Amaryl daily. Only some patients benefit from daily doses of more than 6 mg.

Distribution of doses: Timing and distribution of doses are decided by the doctor, taking into consideration of the patient's current lifestyle. Normally, a single daily dose of Amaryl is sufficient. This dose should be taken immediately before a substantial breakfast or if none is taken immediately before the first main meal. It is very important not to skip meals after taking Amaryl.

Secondary dosage adjustment: As the control of diabetes improves, sensitivity to insulin increases; therefore, glimepiride requirements may fall as treatment proceeds. To avoid an excessive reduction in blood sugar (hypoglycaemia) a timely dose reduction of Amaryl therapy must be considered.

A dose adjustment must also be considered whenever the patient's weight or life-style changes, or other factors causing an increased susceptibility to hypoglycaemia or to an excessive increase in blood sugar levels (hyperglycaemia) arise (see under "Special warnings and precautions").

Duration of treatment: Treatment with Amaryl is normally a long-term therapy. Changeover from other oral antidiabetics to Amaryl: There is no exact dosage relationship between Amaryl and other oral blood-sugar-lowering agent. When substituting Amaryl for other such agents, the initial daily dose is 1 mg; this applies even in changeovers from the maximum dose of another oral blood sugar lowering agent. Any Amaryl dose increase should be in accordance with guidelines given above in "Initial dose and dose titration".

Consideration must be given to the potency and duration of action of the previous blood-sugar-lowering agent. It may be necessary to interrupt treatment to avoid additive effects which would increase the risk of hypoglycaemia. Use in combination with metformin: Whenever blood sugar levels cannot be controlled adequately with the maximum daily dose of either Amaryl or a metformin-containing antidiabetic alone, both medicines may be used concomitantly. In such cases, the dose of the established medicine remains unchanged. Treatment with the additional medicine is started at a low dose, which depending on the desired blood sugar level may then be increased gradually up to the maximum daily dose. Combined treatment should be initiated under close medical supervision.

Use in combination with insulin: Whenever blood sugar levels cannot be controlled adequately with the maximum daily dose of Amaryl, insulin may be given concomitantly. In this case, the current dose of Amaryl remains unchanged. Insulin treatment is started at a low dose, which is subsequently increased stepwise according to the desired blood sugar level. Combined treatment should be initiated under close medical supervision.

Long term efficacy should be monitored by measurement of HbA1c levels, for example every 3 to 6 months. Short term administration of Amaryl may be sufficient during periods of transient loss of control in patients usually controlled well on diet and exercise. There is limited information available on the use of Amaryl in renal insufficiency. Patients with impaired renal function may be more sensitive to the glucose-lowering effect of Amaryl.

ADMINISTRATION

Amaryl tablets must be swallowed without chewing and with sufficient amounts of liquid (approx. ½ glass).

CONTRAINDICATIONS

Amaryl is not suitable for the treatment of insulin-dependent (type1) diabetes mellitus (e.g. for the treatment of diabetics with a history of ketoacidosis), of diabetic ketoacidosis, or of diabetic precoma or coma. Amaryl must not be used in patients hypersensitive to glimepiride, other sulfonylureas, other sulfonamides, or any of the excipients (see "Composition").

No experience has been gained concerning the use of Amaryl in patients with severe impairment of liver function and in dialysis patients. In patients with severe impairment of renal or hepatic function, a changeover to insulin is indicated, not least to achieve optimal metabolic control.

Use in pregnancy and lactation: To avoid risk of harm to the child, Amaryl must not be taken during pregnancy; a changeover to insulin is necessary. Patients planning a pregnancy must inform their doctor and should change over to insulin. Ingestion of glimepiride with the breast milk may harm the child. Therefore, Amaryl must not be taken by breast-feeding women and a changeover to insulin or discontinuation of breast-feeding is necessary.

SPECIAL WARNINGS AND PRECAUTIONS

To achieve optimal control of blood sugar, a correct diet, regular and sufficient physical exercise and, if necessary, reduction of body weight are just as important as regular intake of Amaryl. Clinical signs of hyperglycaemia are e.g. increased urinary frequency, intense thirst, dryness of the mouth, and dry skin. When starting treatment, the patient must be informed about the effects and risks of Amaryl and about its role in conjunction with dietary measures and physical exercise; the importance of adequate cooperation must also be stressed.

In the initial weeks of treatment, the risk of hypoglycaemia may be increased and necessitates especially careful monitoring. Factors favouring hypoglycaemia include:

- Unwillingness or (more commonly in older patients) incapacity of the patients to cooperate.
- Undernourishment, irregular mealtimes, or skipped meals.
- Imbalance between physical exertion and carbohydrate intake.
- Alterations of diet.
- Consumption of alcohol, especially in combination with skipped meals.
- Impaired renal function,
- Severe impairment of liver function,
- Overdosage with Amaryl,
- Certain uncompensated disorders of the endocrine system affecting carbohydrate metabolism or counter-regulation of hypoglycaemia (as for example in certain disorders of thyroid function and in anterior pituitary or adrenocortical insufficiency),
- Concurrent administration of certain other medicines (See "Interactions").

The doctor must be informed about such factors and about hypoglycaemic episodes, since these require particularly careful monitoring. If such risk factors for hypoglycaemia are present, it may be necessary to adjust the dosage of Amaryl or the entire therapy. This also applies whenever illness occurs during therapy or the patient's life-style changes.

Those symptoms of hypoglycaemia which reflect the body's adrenergic counter-regulation (see under "Adverse effects") may be milder or absent in those situations where hypoglycaemia develops gradually, in the elderly, and in patients with a certain type of nervous disease (autonomic neuropathy) or those receiving concurrent treatment with beta-blockers, clonidine, reserpine, guanethidine, or other sympatholytic drugs.

Hypoglycaemia can almost always be promptly controlled by immediate intake of sugar, e.g., in the form of glucose, sugar cubes or sugar sweetened beverages. Patients should always carry at least 20 grams of glucose with them for this purpose (food or beverages containing artificial sweeteners-such as diet foods or drinks are ineffective in controlling hypoglycaemia). They may require the assistance of other persons to avoid complications. It is known from other sulfonylureas that, despite initially successful countermeasures, hypoglycaemia may recur. Therefore, continued close observation is necessary.

Severe hypoglycaemia requires, in addition, immediate treatment and follow-up by a doctor and in some circumstances, hospitalization. If treated by different doctor (upon e.g. admission to hospital after an accident, illness while on holiday), the patients must inform them of their diabetic condition and previous treatment.

In exceptional stress situations (e.g. trauma, surgery, infections with fever) blood sugar control may deteriorate, and a temporary change to insulin may be necessary.

During treatment with Amaryl, fasting glucose levels in blood and urine must be checked regularly, as should, additionally, the proportion of glycosylated haemoglobin. Usually, every 3 to 6 months to more precisely assess long term glycemic control.

Pediatric use: safety and effectiveness in pediatric patients have not been established.

Alertness and reactions may be impaired due to hypo-or-hyperglycaemia, especially when beginning or after altering treatment, or when Amaryl is not taken regularly. Such impairment may, for example, affect the ability to operate a vehicle or machinery.

Treatment of patients with glucose-6-phosphate dehydrogenase (G6PD) deficiency with sulfonylurea agents can lead to haemolytic anaemia. Since glimepiride belongs to the class of sulfonylurea agents, caution should be used in patients with G6PD-deficiency and a non-sulfonylurea alternative should be considered.

This medicine contains less than 1 mmol sodium (23 mg) per tablet, that is to say it is essentially "sodium-free".

INTERACTIONS

Patients who take or discontinue taking certain other medicines while undergoing treatment with Amaryl may experience changes in blood sugar control. Based on experience with Amaryl and on what is known of other sulfonylureas, the following interactions must be considered:

Glimepiride is metabolized by cytochrome P450 2C9 (CYP2C9). This should be taken into account when glimepiride is coadministered with inducers (e.g. rifampicin) or inhibitors (e.g. fluconazole) of CYP 2C9.

Potential of the blood-sugar-lowering effect and, thus, in some instances hypoglycaemia may occur when one of the following medicines is taken, for example: insulin and other oral anti-diabetics, ACE inhibitors, allopurinol, anabolic steroids and male sex hormones, chloramphenicol, coumarin derivatives, cyclophosphamide, disopyramide, fenfluramine, fenylamidol, fibrates, fluoxetine, guanethidine, ifosfamide, MAO inhibitors, miconazole, fluconazole, para-aminosalicylic acid, pentoxifylline (high dose parenteral), phenylbutazone, azapropazone, oxyphenbutazone, probenecid, quinolones, salicylates, sulfapyrazone, clarithromycin, sulfonamides, tetracyclines, tritoqualine, trofosfamide.

Weakening of the blood-sugar-lowering effect and, thus, raised blood sugar levels may occur when one of the following medicines is taken, for example: acetazolamide, barbiturates, corticosteroids, diazoxide, diuretics, epinephrine (adrenaline) and other sympathomimetic agents, glucagons, laxatives (after protracted use), nicotinic acid (in high doses), oestrogens and progestogens, phenothiazines, phenytoin, rifampicin, thyroid hormones.

H2 receptor antagonists, clonidine and reserpine may lead to either potentiation or weakening of the blood-sugar-lowering effect. Beta-blockers decrease glucose tolerance. In patients with diabetes mellitus, this may lead to deterioration of metabolic control. In addition, beta-blockers may increase the tendency to hypoglycaemia (due to impaired counter-regulation). Under the influence of sympatholytic medicine such as beta-blockers, clonidine, guanethidine and reserpine, the signs of adrenergic counter-regulation to hypoglycaemia may be reduced or absent.

Both acute and chronic alcohol intake may potentiate or weaken the blood-sugar-lowering action of Amaryl unpredictably.

The effect of coumarin derivatives may be potentiated or weakened.

Bile acid sequestrant: Colesevelam binds to glimepiride and reduces glimepiride absorption from the gastrointestinal tract. No interaction was observed when glimepiride was taken at least 4 hours before colesevelam. Therefore, glimepiride should be administered at least 4 hours prior to colesevelam.

ADVERSE EFFECTS

Based on experience with Amaryl and on what is known of other sulfonylureas, the following adverse effects must be considered:

• Metabolism and nutrition disorders

As a result of the blood-sugar-lowering action of Amaryl, hypoglycaemia may occur, and may also be prolonged. Possible symptoms of hypoglycaemia include headache, ravenous hunger, nausea, vomiting, lassitude, sleepiness, disordered sleep, restlessness, aggressiveness, impaired concentrations, alertness and reactions, depression, confusion, difficulty in speaking and even speech loss, aphasia, visual disorders, tremor, pareses, sensory disturbances, dizziness, helplessness, loss of self-control, delirium, cerebral convulsions, somnolence and loss of consciousness up to and including coma, shallow respiration and slow heart rate (bradycardia). In addition, signs of adrenergic counter-regulation may be present such as sweating, clammy skin, anxiety, rapid heart rate (tachycardia), hypertension, palpitations, angina pectoris, and cardiac arrhythmias. The clinical picture of a severe hypoglycaemic attack may resemble that of a stroke. The symptoms of hypoglycaemia nearly always subside when hypoglycaemia is corrected.

• Eyes disorder

Especially at the start of treatment, temporary visual impairment may occur due to the change in blood sugar levels.

The cause is temporary alteration in the turgidity and hence the refractive index of the lens, this being independent on blood glucose level.

- **Gastrointestinal disorders**

Occasionally, gastrointestinal symptoms such as the following may occur: nausea, vomiting, sensations of pressure of fullness in the epigastrium, abdominal pain, and diarrhea.

In rare cases, liver enzyme levels may increase. In isolated cases, impairment of liver function (e.g. with cholestasis and jaundice) and hepatitis may develop, leading to liver failure.

Dysgeusia (frequency not known)

- **Blood and lymphatic system disorders**

Severe changes in the blood picture may occur: Rarely, thrombocytopenia and, in isolated cases, leucopenia, haemolytic anaemia or, e.g. erythrocytopenia, granulocytopenia, agranulocytosis, and pancytopenia (e.g. due to myelosuppression) may develop.

Cases of severe thrombocytopenia with platelet count less than 10,000/ μ l and thrombocytopenic purpura have been reported in post-marketing experience (frequency not known).

- **Skin and subcutaneous tissue disorders**

Alopecia (frequency not known).

- **General disorders**

Occasionally, allergic or pseudoallergic reactions may occur, e.g.; in the form of itching, urticaria or rashes (e.g., erythema, morbilliform or maculopapular eruptions), if skin reactions persist, the drug should be discontinued. Such reactions may be mild, but also may become more serious and may be accompanied by dyspnoea and a fall in blood pressure, sometimes progressing to shock. If urticaria occurs, a doctor must be notified immediately. In isolated cases, a decrease in serum, inflammation of blood vessels (allergic vasculitis) and hypersensitivity of the skin to light may occur.

- **Investigations**

Glimepiride, like all sulfonylureas, can cause weight gain (frequency not known).

Please consult your doctor if you notice any of the adverse effects listed in this package insert or any other undesired effects or unexpected changes. Since some adverse effects (e.g. severe hypoglycaemia, certain changes in blood picture, severe allergic or pseudoallergic reactions, or liver failure) may under certain circumstances become life-threatening, it is essential that, if sudden or severe reactions do occur, you inform a doctor at once, and on no account continue taking the drug without a doctor's express guidance.

Further to the above-mentioned adverse effect of Amaryl, the following events have been reported with sulfonylureas:

- Porphyria cutanea tarda
- Hepatic porphyria reaction
- Disulfiram-like reaction
- Syndrome of inappropriate antidiuretic hormone (SIADH) secretion.

It has been suggested that these sulfonylureas may augment the peripheral action of ADH and/or increase release of ADH.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important.

It allows continued monitoring of the benefit/risk balance of the medicinal product.

Healthcare professionals are asked to report any suspected adverse reaction via farmakovigilans@kalventis.com

and Pusat Farmakovigilans/MESO Nasional

Direktorat Pengawasan Keamanan, Mutu, dan Ekspor Impor Obat, Narkotika, Psikotropika, Prekursor dan Zat Adiktif

Badan Pengawas Obat dan Makanan.

Jl. Percetakan Negara No. 23,

Jakarta Pusat, 10560

Email: pv-center@pom.go.id

Website: <https://e-meso.pom.go.id/>.

OVERDOSAGE

Signs and Symptoms :

Accidental or intentional overdose may cause severe and prolonged hypoglycaemia which may be life-threatening.

Management :

In case of overdosage with glimepiride, a doctor must be notified immediately. At the first signs of hypoglycaemia, the patient must immediately take sugar, preferably glucose, unless a doctor has already started care. Since hypoglycaemia and its clinical symptoms may recur after apparent clinical recovery (even after several days), close and continued medical supervision and possibly referral to a hospital are indicated. In particular, significant overdosage and severe reactions, e.g. with unconsciousness or other neurological dysfunctions, are emergency cases and require immediate care and hospitalization.

If hypoglycaemic coma is diagnosed or suspected, intravenous infusion of a 20 % glucose solution (adults: 40 to 100 ml) is indicated. Alternatively, IV, SC, or IM administration of glucagons (adults: 0.5 to 1 mg) may be considered. In infants, glucose must be dosed very carefully, and close monitoring of blood glucose is required to minimize the risk of potentially severe hyperglycaemia.

Other symptomatic therapy (e.g. anticonvulsants) should be administered as necessary. After acute glucose replacement has been completed, it is usually necessary to give an intravenous glucose infusion in lower concentration so as to ensure that hypoglycaemia does not recur. The patient's blood glucose level should be carefully monitored for at least 24 hours. In severe cases with a protracted course, hypoglycaemia, or the danger of slipping back into hypoglycaemia, may persist for several days.

In cases of acute intake of large amounts of glimepiride, detoxification (e.g. by gastric lavage and administration of medicinal charcoal) is indicated.

STORAGE

Store below 30°C

EXPIRY DATE

Do not use later than the date of expiry.

Keep medicines out of the reach of children.

Presentation

Amaryl 1 mg :
Boxes of 5 blisters x 10 tablets
Reg. No. DKL0521204110A1
Amaryl 2 mg :
Boxes of 5 blisters x 10 tablets
Reg. No. DKL0521204110B1
Amaryl 3 mg :
Boxes of 5 blisters x 10 tablets
Reg. No. DKL0521204110C1
Amaryl 4 mg :
Boxes 3 blisters x 10 tablets
Reg. No. DKL0521204110D1

**HARUS DENGAN RESEP DOKTER
ON MEDICAL PRESCRIPTION ONLY**

Manufactured and registered by:

PT Kalventis Sinergi Farma, Jakarta - Indonesia

Under license from:

Sanofi Winthrop Industrie, France

Date of text revision

~~26 July 2024~~ As per BPOM approval date



Amaryl® 1

Amaryl® 2

Amaryl® 3

Amaryl® 4

Glimepiride

sanofi

Bacalah keseluruhan leaflet ini dengan seksama sebelum menggunakan obat ini, karena leaflet ini mengandung informasi yang penting untuk Anda.

- Simpan leaflet ini. Anda mungkin perlu membacanya lagi.
- Jika Anda memiliki pertanyaan lebih lanjut, tanyakan kepada dokter atau apoteker atau perawat Anda
- Obat ini hanya diresepkan untuk Anda. Jangan diberikan kepada orang lain. Hal ini bisa membahayakan meskipun mereka memiliki tanda-tanda penyakit yang sama seperti Anda.
- Jika Anda mengalami efek samping, diskusikan dengan dokter atau apoteker Anda. Ini termasuk setiap efek samping apapun yang mungkin tidak tercantum dalam leaflet ini.

Apa saja informasi yang terdapat dalam leaflet ini

1. Apa itu Amaryl dan apakah kegunaannya
2. Apa yang perlu diketahui sebelum menggunakan Amaryl
3. Bagaimana menggunakan Amaryl
4. Efek samping yang mungkin muncul
5. Bagaimana menyimpan Amaryl
6. Isi kemasan dan informasi lainnya

1. Apa itu Amaryl dan apakah kegunaannya

Amaryl adalah obat yang diminum untuk membantu menurunkan kadar gula darah. Obat ini termasuk ke dalam kelompok obat yang menurunkan kadar gula darah yang disebut sulfonilurea. Amaryl bekerja dengan meningkatkan pelepasan insulin dari pankreas, kemudian insulin akan menurunkan kadar gula darah. Amaryl bekerja untuk mengatasi diabetes tertentu (diabetes mellitus tipe 2) ketika diet, olahraga dan penurunan berat badan sendiri tidak dapat mengendalikan kadar gula darah Anda. Amaryl dapat diberikan bersamaan dengan metformin ketika diet, olahraga dan pemberian Amaryl atau metformin saja tidak dapat mengendalikan kadar gula darah Anda. Amaryl juga dapat diberikan bersamaan dengan insulin ketika diet, olahraga dan pemberian obat oral penurun kadar gula darah tidak dapat mengendalikan kadar gula darah Anda.

2. Apa yang perlu diketahui sebelum menggunakan Amaryl

Jangan gunakan Amaryl

- Jika Anda alergi terhadap glimepiride, atau sulfonilurea lain (obat yang digunakan untuk menurunkan kadar gula darah Anda, seperti glibenklamid) atau sulfonamide (obat untuk mengatasi infeksi bakteri, seperti sulfamethoxazole) atau bahan lain yang digunakan dalam obat ini (tercantum pada bagian 6).
- Jika Anda menderita diabetes mellitus tipe 1
- Jika Anda menderita ketoasidosis diabetes (peningkatan jumlah asam dalam tubuh dengan gejala: kelelahan, mual, sering buang air kecil dan kaku otot)
- Jika Anda mengalami koma diabetes
- Jika Anda memiliki gangguan hati yang parah
- Jika Anda memiliki gangguan ginjal yang parah
- Jika Anda hamil atau menyusui

Jangan menggunakan obat ini apabila Anda mengalami kondisi diatas. Jika Anda tidak yakin, maka bicarakan dengan dokter atau Apoteker Anda sebelum menggunakan Amaryl.

Peringatan dan tindakan pencegahan:

Bicarakan dengan dokter atau Apoteker Anda sebelum menggunakan obat ini jika:

- Anda dalam masa penyembuhan luka, operasi, infeksi disertai demam, atau bentuk stress lainnya, beritahu dokter Anda karena perubahan pengobatan mungkin diperlukan.
- Anda memiliki gangguan hati yang parah atau gangguan ginjal yang parah

Jika Anda tidak yakin, maka bicarakan dengan dokter atau Apoteker Anda sebelum menggunakan Amaryl.

Penurunan tingkat hemoglobin dan hancurnya sel darah merah (anemia hemolitik) dapat terjadi pada pasien yang kehilangan enzim *glucose-6-phosphate dehydrogenase*.

Informasi yang tersedia untuk penggunaan Amaryl pada anak-anak dan remaja yang berusia di bawah 18 tahun masih terbatas sehingga tidak direkomendasikan untuk pasien tsb.

Informasi penting mengenai hipoglikemia (kadar gula darah rendah)

Ketika Anda menggunakan Amaryl, Anda dapat mengalami hipoglikemia. Lihat informasi berikut mengenai hipoglikemia, tanda-tanda, dan cara mengatasinya.

Faktor berikut dapat meningkatkan risiko terjadinya hipoglikemia:

- Kekurangan gizi, makan tidak teratur, lupa atau menunda waktu makan, puasa
- Mengubah diet Anda

- Menggunakan Amaryl lebih dari yang diperlukan
- Penurunan fungsi ginjal
- Gangguan hati yang parah
- Jika Anda menderita kelainan hormon seperti: gangguan kelenjar tiroid, kelenjar pituitari atau korteks adrenal
- Minum alkohol (terutama ketika Anda lupa makan)
- Menggunakan obat tertentu lainnya (lihat informasi pada "Obat lain dan Amaryl")
- Jika Anda banyak olahraga dan Anda tidak makan yang cukup atau makan makanan dengan karbohidrat lebih rendah dari normal

Tanda-tanda hipoglikemia meliputi:

- Rasa lapar, sakit kepala, mual, muntah, lesu, mengantuk, gangguan tidur, gelisah, agresi, gangguan konsentrasi, berkurangnya kewaspadaan dan waktu reaksi, depresi, kebingungan, gangguan bicara dan visual, bicara kurang jelas, gemetar, kelumpuhan parsial, gangguan sensorik, pusing, tidak berdaya
- Tanda berikut dapat terjadi: berkeringat, kulit lembap, cemas, denyut jantung cepat, tekanan darah tinggi, palpitasi, rasa sangat nyeri tiba-tiba di bagian payudara yang mungkin menyebar ke daerah sekitarnya (angina pectoris dan aritmia jantung).

Jika kadar gula darah terus menurun, Anda mungkin akan mengalami kebingungan (delirium), kejang, kehilangan kendali, napas pendek dan detak jantung melambat, Anda dapat kehilangan kesadaran. Gambaran klinis penurunan kadar gula darah berat dapat menyerupai stroke.

Mengobati hipoglikemia:

Dalam kebanyakan kasus, tanda-tanda menurunnya kadar gula darah akan hilang dengan sangat cepat saat Anda mengonsumsi beberapa bentuk gula, seperti gula batu, jus manis, atau teh manis. Oleh karena itu Anda harus selalu mengambil kira-kira minimal 20 g gula (misalnya batu gula). Ingat bahwa pemanis buatan tidak efektif.

Silakan menghubungi dokter Anda atau pergi ke rumah sakit jika mengonsumsi gula tidak membantu atau jika gejalanya kambuh kembali.

Tes laboratorium

Kadar gula dalam darah atau urin Anda harus diperiksa secara teratur. Dokter Anda mungkin melakukan tes darah untuk memantau kadar sel darah dan fungsi hati Anda.

Anak-anak dan remaja

Amaryl tidak direkomendasikan untuk penggunaan pada anak-anak dan remaja yang berusia di bawah 18 tahun.

Obat-obatan lain dan Amaryl

Beritahu dokter atau apoteker Anda jika Anda sedang mengonsumsi obat-obatan lain, telah mengonsumsinya, atau akan mengonsumsi obat-obatan lain.

Dokter Anda akan mengubah dosis Amaryl Anda jika Anda mengonsumsi obat lain yang dapat menurunkan atau meningkatkan efek Amaryl pada kadar gula dalam darah Anda.

Obat-obatan berikut dapat meningkatkan efek penurunan gula darah Amaryl. Hal ini dapat menyebabkan risiko hipoglikemia (gula darah rendah):

- Produk obat lain untuk pengobatan diabetes mellitus (seperti insulin atau antidiabetes lainnya)
- Produk obat untuk mengobati nyeri dan inflamasi atau peradangan (fenilbutazon, azopropazon, oxyphenbutazone, obat seperti aspirin)
- Produk obat untuk mengobati infeksi saluran kemih (seperti beberapa sulfonamida kerja panjang)
- Produk obat untuk mengobati infeksi bakteri dan jamur (tetrasiklin, flukonazol, mikonazol, kloramfenikol, kuinolon, klaritromisin)
- Produk obat untuk menghambat penggumpalan darah (derivat coumarin seperti warfarin)
- Produk obat untuk membantu pembentukan otot (anabolik)
- Produk obat untuk terapi pengganti hormon seks pria
- Produk obat untuk mengobati depresi (fluoxetine, MAO-inhibitor)
- Produk obat untuk menurunkan kadar kolesterol tinggi (fibrat)
- Produk obat untuk menurunkan tekanan darah tinggi (ACE inhibitor)
- Produk obat berupa agen anti-aritmia yang digunakan untuk mengendalikan denyut jantung abnormal (disopyramide)
- Produk obat untuk mengobati asam urat (allopurinol, probenecid, sulfapyrazone)
- Produk obat untuk mengobati kanker (siklofosfamid, ifosfamid, trofosfamid)
- Produk obat untuk menurunkan berat badan (fenfluramine)
- Produk obat untuk meningkatkan sirkulasi ketika pemberian infus intravena dosis tinggi (pentoxifylline)
- Produk obat untuk mengobati alergi rhinitis seperti hay fever (tritoqualine)
- Produk obat simpatolitik untuk mengobati tekanan darah tinggi, gagal jantung, atau gejala prostat.

Obat-obatan berikut dapat menurunkan efek penurunan kadar gula darah Amaryl. Hal ini dapat menyebabkan risiko hiperglikemia (kadar gula darah tinggi):

- Produk obat yang mengandung hormon seks wanita (estrogen, progesteron)
- Produk obat yang meningkatkan produksi urine (thiazide diuretic)
- Produk obat yang untuk merangsang kelenjar tiroid (levothyroxine)
- Produk obat untuk mengobati alergi dan inflamasi atau peradangan (glukokortikoid)
- Produk obat untuk mengobati gangguan jiwa parah (klorpromazin dan turunan fenotiazin lainnya)
- Produk obat untuk meningkatkan denyut jantung, untuk mengobati asma atau hidung tersumbat, batuk dan pilek, untuk menurunkan berat badan, atau digunakan dalam keadaan darurat yang mengancam jiwa (adrenalin dan simpatomimetik)
- Produk obat untuk mengobati kadar kolesterol tinggi (asam nikotinat)

- Produk obat untuk mengobati sembelit saat digunakan dalam jangka panjang (pencahar)
- Produk obat untuk mengobati kejang (fenitoin)
- Produk obat untuk mengatasi masalah kegugupan dan gangguan tidur (barbiturat)
- Produk obat untuk mengobati peningkatan tekanan pada mata (acetazolamide)
- Produk obat untuk mengobati tekanan darah tinggi atau menurunkan gula darah (diazoxide)
- Produk obat untuk mengobati infeksi, tuberkulosis (rifampisin)
- Produk obat untuk mengobati kadar gula darah rendah yang parah (glucagon)

Produk obat berikut ini dapat meningkatkan atau menurunkan efek penurunan kadar gula darah Amaryl:

- Produk obat untuk mengobati tukak lambung (antagonis H₂)
- Produk obat untuk mengobati tekanan darah tinggi atau gagal jantung seperti beta-blocker, clonidine, guanethidine dan reserpin. Obat ini juga bisa menyamarkan tanda-tanda hipoglikemia, sehingga perhatian khusus diperlukan saat meminum obat-obatan ini.

Amaryl dapat meningkatkan atau melemahkan efek dari obat-obatan berikut ini:

- Produk obat yang menghambat pembekuan darah (derivat coumarin seperti warfarin).

Colesevelam, obat yang digunakan untuk mengurangi kolesterol, berpengaruh pada absorpsi Amaryl. Untuk menghindari efek ini, Anda harus mengonsumsi Amaryl minimal 4 jam sebelum mengonsumsi colesevelam.

Amaryl dengan makanan, minuman dan alkohol

Alkohol dapat meningkatkan atau menurunkan efek penurunan gula darah Amaryl dengan cara yang tidak terduga.

Kehamilan dan menyusui

Kehamilan

Amaryl tidak boleh digunakan selama kehamilan. Informasikan kepada dokter Anda apabila Anda memiliki potensi untuk hamil atau berencana untuk hamil.

Menyusui

Amaryl dapat terkandung dalam ASI. Amaryl tidak boleh digunakan selama menyusui.

Mintalah saran dari dokter atau apoteker Anda sebelum mengonsumsi obat ini.

Mengemudi dan menggunakan mesin

Kemampuan Anda untuk berkonsentrasi atau bereaksi dapat terganggu jika gula darah Anda menurun (hipoglikemia) atau meningkat (hiperglikemia) atau jika Anda mengalami masalah penglihatan akibat kondisi tersebut. Ingatlah bahwa Anda dapat membahayakan diri sendiri atau orang lain (misalnya saat mengemudi mobil atau menggunakan mesin). Tanyakan kepada dokter Anda apakah Anda bisa mengemudi mobil jika Anda:

- Sering mengalami hipoglikemia
- Memiliki beberapa atau tidak sama sekali gejala hipoglikemia.

Amaryl mengandung laktosa.

Jika Dokter Anda mengatakan bahwa Anda tidak dapat menoleransi beberapa jenis gula tertentu, hubungi dokter Anda sebelum mengonsumsi obat ini.

Amaryl mengandung sodium.

Obat ini mengandung kurang dari 1 mmol (23 mg) sodium per tablet, yakni bisa dikatakan "bebas sodium".

3. BAGAIMANA MENGGUNAKAN Amaryl

Anda harus mematuhi aturan pakai Amaryl sesuai yang dikatakan Dokter atau Apoteker Anda. Anda harus menanyakan ke dokter atau apoteker jika Anda tidak yakin.

Cara minum Amaryl

Amaryl harus diminum langsung sebelum atau dengan makanan utama pertama pada hari tsb (biasanya sarapan). Apabila tidak sarapan, maka Anda harus meminum obat sesuai yang diresepkan oleh dokter Anda. Penting untuk tidak melewatkan makan sama sekali ketika Anda sedang meminum Amaryl.

Tablet harus diminum sekaligus dengan air secukupnya.

Dosis yang dianjurkan

Dosis Amaryl tergantung pada kebutuhan, kondisi dan hasil tes gula darah dan urine Anda yang ditentukan oleh dokter Anda. Jangan mengonsumsi tablet lebih dari yang diresepkan oleh dokter.

- Dosis awal yang dianjurkan adalah 1 Amaryl 1 mg tablet sekali sehari.
- Jika perlu, dokter Anda dapat meningkatkan dosis setelah pengobatan 1-2 minggu
- Dosis maksimum yang direkomendasikan adalah 6 mg per hari
- Terapi kombinasi glimepiride dan metformin atau glimepiride dan insulin dapat dilakukan. Dalam kasus tsb, dokter Anda akan menentukan dosis glimepiride, metformin atau insulin yang sesuai secara individu bagi Anda.
- Jika berat badan Anda berubah atau jika Anda mengubah gaya hidup Anda, atau Anda dalam situasi stress, dapat menyebabkan perubahan dosis Amaryl, segera beritahu dokter Anda.
- Jika Anda merasakan efek obat Anda terlalu lemah atau terlalu kuat jangan mengubah dosisnya sendiri, tapi tanyakan kepada dokter.

Jika Anda minum obat Amaryl melebihi dosis yang seharusnya

Jika Anda terlalu banyak minum Amaryl atau dosis tambahan, dapat berisiko hipoglikemia (untuk tanda-tanda hipoglikemia, lihat bagian 4), oleh karena itu Anda harus segera mengonsumsi gula yang cukup (kira-kira minimal 20

gula batu, jus manis, teh manis) dan segera hubungi dokter. Ketika mengatasi hipoglikemia yang disebabkan konsumsi yang tidak disengaja oleh anak-anak, jumlah gula yang diberikan harus diawasi untuk menghindari kemungkinan terjadinya hipoglikemia yang berbahaya.

Pasien dalam keadaan tidak sadar tidak boleh diberi makanan atau minuman.

Keadaan hipoglikemia dapat berlangsung selama beberapa waktu, keadaan pasien harus selalu dipantau sampai kondisi pasien membaik. Perawatan di rumah sakit mungkin diperlukan, juga sebagai tindakan pencegahan. Tunjukkan kepada dokter kemasan obat yang tersisa, agar dokter tahu apa yang telah dikonsumsi.

Kasus hipoglikemia berat disertai dengan hilangnya kesadaran dan kegagalan neurologis yang parah adalah kasus-kasus darurat medis yang memerlukan perawatan medis segera dan perawatan rumah sakit. Harus dipastikan terdapat orang lain (yang mengetahui kondisi Anda) yang dapat segera menghubungi dokter jika ini terjadi pada Anda.

Jika Anda lupa minum obat Amaryl

Minum dosis selanjutnya sesuai jadwal biasa. Jangan minum 2 dosis sekaligus sebagai pengganti dosis yang terlupakan itu.

Jika Anda berhenti minum obat Amaryl

Jika Anda menghentikan perawatan, Anda harus menyadari bahwa efek penurunan gula darah tidak dapat tercapai atau keadaan penyakit dapat semakin memburuk. Terus gunakan Amaryl sampai dokter Anda mengatakan untuk berhenti.

Jika Anda memiliki pertanyaan lebih lanjut tentang penggunaan obat ini tanyakan kepada dokter atau apoteker atau perawat Anda.

4. EFEK SAMPING YANG MUNGKIN TIMBUL

Berdasarkan pengalaman dengan Amaryl dan apa yang diketahui tentang sulfonilurea lain, efek merugikan berikut harus dipertimbangkan:

- Gangguan metabolisme dan nutrisi
Sebagai hasil kerja Amaryl dalam menurunkan gula darah, hipoglikemia dapat terjadi, dan juga dapat berlangsung lama.
Kemungkinan gejala hipoglikemia termasuk sakit kepala, kelaparan, mual, muntah, kelelahan, kantuk, gangguan tidur, gelisah, sikap agresif, gangguan konsentrasi, kewaspadaan dan reaksi, depresi, kebingungan, kesulitan berbicara dan bahkan kehilangan kemampuan berbicara, afasia, gangguan penglihatan, tremor, parese, gangguan sensorik, pusing, tidak berdaya, kehilangan kendali diri, delirium, kejang otak, mengantuk dan kehilangan kesadaran hingga dan termasuk koma, pernapasan dangkal dan detak jantung lambat (bradikardia). Selain itu, tanda-tanda kontra-regulasi adrenergik mungkin ada seperti berkeringat, kulit lembab, gelisah, denyut jantung cepat (takikardia), hipertensi, palpitasi, angina pectoris, dan aritmia jantung. Gambaran klinis serangan hipoglikemik berat mungkin mirip dengan stroke. Gejala hipoglikemia hampir selalu mereda ketika kondisi membaik.
- Gangguan mata
Gangguan penglihatan sementara dapat terjadi ketika memulai pengobatan dengan Amaryl. Hal ini disebabkan adanya perubahan kadar gula darah.
- Gangguan pencernaan
Kadang-kadang, gejala gastrointestinal seperti berikut ini dapat terjadi: mual, muntah, nyeri ulu hati, nyeri perut, dan diare.
Pada kasus yang jarang terjadi, kadar enzim hati dapat meningkat.
Pada kasus yang sangat jarang terjadi, fungsi hati yang tidak normal termasuk gangguan aliran empedu (kolestasis), menguningnya kulit dan mata (jaundice) dan radang hati (hepatitis) dapat berkembang, menyebabkan gagal hati.
Perubahan sensor rasa (frekuensi tidak diketahui)
- Gangguan sistem limfatik dan darah
Frekuensi kejadian yang jarang: trombositopenia (kekurangan sel trombosit atau sel yang membantu pembekuan darah)
Frekuensi kejadian yang sangat jarang: leukopenia (kekurangan sel darah putih), anemia hemolitik (kekurangan darah akibat sel darah merah hancur atau mati lebih cepat dari waktu yang seharusnya), misalnya erythrocytopenia (kekurangan sel darah merah), granulocytopenia / agranulocytosis (kondisi akut dari kekurangan sel darah putih), dan pancytopenia (kekurangan semua komponen darah (sel darah merah, sel darah putih dan trombosit)).
Frekuensi kejadian tidak diketahui: Kasus trombositopenia berat dengan jumlah trombosit kurang dari 10.000/ μ l dan purpura trombositopenik.
- Gangguan kulit dan jaringan subkutan
Frekuensi tidak diketahui: kebotakan
- Gangguan umum
Kadang-kadang, reaksi alergi atau pseudoalergi dapat terjadi, misalnya dalam bentuk gatal, ruam, jika reaksi kulit berlanjut, obat harus dihentikan. Reaksi tersebut mungkin ringan, tetapi juga dapat menjadi lebih serius dan dapat disertai dengan sesak napas dan penurunan tekanan darah, terkadang berkembang menjadi syok. Jika ruam terjadi, dokter harus segera diberitahu.
Frekuensi kejadian sangat jarang: penurunan serum, radang pembuluh darah (vaskulitis alergi) dan hipersensitivitas kulit terhadap cahaya.
- Frekuensi kejadian tidak diketahui: penambahan berat badan

Silakan berkonsultasi dengan dokter Anda jika Anda mengalami salah satu efek samping tsb. Dikarenakan beberapa efek samping (misalnya hipoglikemia berat, perubahan tertentu pada gambaran darah, reaksi alergi parah atau pseudoalergi, atau gagal hati) dapat mengancam jiwa, maka beritahu dokter Anda dan tetap mengonsumsi obat meskipun tanpa petunjuk dokter.

Selain efek samping Amaryl yang disebutkan di atas, peristiwa berikut telah dilaporkan dengan sulfonilurea yang

kemungkinan menambah aksi perifer ADH dan/atau meningkatkan pelepasan ADH:

- Porfiri kutanea tarda (lepuhan pada kulit akibat jumlah zat porfirin yang berlebihan dalam tubuh)
- Reaksi porfiri hati (reaksi yang terjadi akibat jumlah porfirin yang berlebihan di hati)
- Reaksi seperti disulfiram (reaksi seperti nyeri dada, muntah, sakit kepala, atau jantung berdebar)
- Sindrom sekresi hormon antidiuretik yang tidak tepat (SIADH) (sindrom yang mempengaruhi keseimbangan air dan mineral pada tubuh khususnya sodium)

Pelaporan efek samping

Jika Anda atau anak Anda mendapatkan efek samping, bicarakanlah dengan dokter, apoteker atau perawat Anda. Termasuk kemungkinan efek samping yang tidak tercantum dalam brosur ini.

Anda juga dapat melaporkan efek samping secara langsung ke Industri Farmasi dengan kontak berikut farmakovigilans@kalventis.com.

Dengan melaporkan efek samping Anda dapat membantu memberikan informasi tentang keamanan obat ini.

5. CARA MENYIMPAN Amaryl

Simpan pada suhu dibawah 30°C.

Jangan gunakan setelah tanggal kadaluwarsa yang tercantum pada blister dan karton. Tanggal kadaluwarsa mengacu pada hari terakhir bulan itu.

6. ISI KEMASAN DAN INFORMASI LAINNYA

Kandungan Amaryl

- Bahan aktif glimepiride.
- Tiap tablet Amaryl mengandung glimepiride 1 mg, 2 mg, 3 mg atau 4 mg tergantung kekuatan dosis yang tercantum pada blister dan dus.
- Bahan lainnya adalah: lactose monohydrate, sodium starch glycolate, magnesium stearate, microcrystalline cellulose, povidone 25000.
- Selain itu juga mengandung pewarna:
 - Tablet 1 mg mengandung red iron oxide (E172)
 - Tablet 2 mg mengandung yellow iron oxide (E172) dan indigo-carmine aluminium lake (E132)
 - Tablet 3 mg mengandung yellow iron oxide (E172)
 - Tablet 4 mg mengandung indigo-carmine aluminium lake (E132)

Isi kemasan

Tiap tablet Amaryl berbentuk persegi Panjang dan bergaris tengah pada kedua sisi. Tiap tablet dapat dibelah menjadi dua dengan dosis yang sama. Perbedaan pada tiap kekuatan sediaan terletak pada warna tablet:

- Tablet 1 mg berwarna merah muda
- Tablet 2 mg berwarna hijau
- Tablet 3 mg berwarna kuning muda
- Tablet 4 mg berwarna biru muda

Tiap kotak karton Amaryl 1 mg, 2 mg dan 3 mg berisi 5 blister, Amaryl 4 mg berisi 3 blister, masing-masing terdiri dari 10 tablet salut selaput dan leaflet.

Jauhkan obat dari jangkauan anak-anak

Diproduksi dan didaftarkan oleh:

PT Kalventis Sinergi Farma,
Jakarta – Indonesia

Atas dasar lisensi dari:

Sanofi Winthrop Industrie, France

