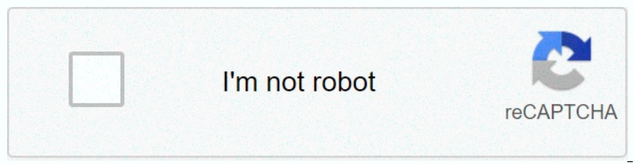

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Metformin xr starting dose

No dose regimens for the treatment of hyperglycaemia have been established in patients with type 2 diabetes mellitus with GLUCOPHAGE or GLUCOPHAGE XR or any other pharmacological medicinal product. The dose of GLUCOPHAGE or GLUCOPHAGE XR should be individualised on the basis of both efficacy and tolerability, while not exceeding the maximum recommended daily doses. The maximum recommended daily dose of GLUCOPHAGE is 2550 mg for adults and 2000 mg for paediatric patients (10 to 16 years of age); the maximum recommended daily dose of GLUCOPHAGE XR for adults is 2000 mg. GLUCOPHAGE should be given in divided doses with food, while GLUCOPHAGE XR should normally be taken once daily with an evening meal. GLUCOPHAGE or GLUCOPHAGE XR should be initiated at a low dose, gradually increasing the dose to reduce gastrointestinal adverse reactions and to determine the minimum dose required for adequate monitoring of the patient's glycectomic surges. At initiation of treatment and dose titration (see recommended dose regimen), fasting plasma glucose should be used to determine the therapeutic response to GLUCOPHAGE or GLUCOPHAGE XR and to determine the minimum effective dose for the patient. The glycosylated haemoglobin should then be measured at approximately 3-month intervals. The therapeutic objective is to reduce fasting plasma glucose and glycosylated haemoglobin levels to or close to normal levels using the lowest effective dose of GLUCOPHAGE or GLUCOPHAGE XR, when used as monotherapy or in combination with a sulphonylurea or insulin. Glucose and glycated haemoglobin monitoring will also allow for the primary failure, i.e. insufficient blood glucose reduction at the maximum recommended dose, and secondary failure, i.e. loss of adequate blood glucose response after the initial period of effectiveness. At the time of temporary loss of control, patients who are usually well controlled on a diet alone may have sufficient short-term control during short-term use. GLUCOPHAGE XR tablets should be swallowed whole and never crushed and chewable. In some cases, the inactive components of GLUCOPHAGE XR will be removed into the feces as a soft hydrated mass. (See patient information printed below.) Overall, no clinically relevant response was observed at doses below 1500 mg/day. However, in order to reduce gastrointestinal symptoms, it is recommended to reduce the recommended starting dose and gradually increase the dose. The usual starting dose of GLUCOPHAGE (metformin hydrochloride) The tablets are 500 mg twice daily or 850 mg once daily with food. Dose escalation should be made at 500 mg per week or 850 mg every 2 weeks, totaling up to 2000 mg per day administered in divided doses. Patients may also be titrated from 500 mg twice daily to 850 mg twice daily after 2 weeks. In patients requiring additional glycaemic control, glucophage may be administered at a maximum daily dose of 2550 mg daily. Doses above 2000 mg may be better 3 times a day with food. The usual starting dose of GLUCOPHAGE XR (metformin hydrochloride) prolonged-release tablets is 500 mg once daily with an evening meal. Dose escalation should be done by increasing the dose by 500 mg per week to a maximum of 2000 mg once daily during an evening meal. If glycaemic control is not achieved with glucophage XR 2000 mg once daily, a study of GLUCOPHAGE XR 1000 mg twice daily should be considered. If higher doses of metformin are required, GLUCOPHAGE should be administered in total daily doses up to 2550 mg given in divided daily doses as described above. (See CLINICAL PHARMACOLOGY: clinical trials.) In a randomised study, patients treated with GLUCOPHAGE were switched to GLUCOPHAGE XR. The results of this study indicate that patients receiving GLUCOPHAGE therapy can safely switch to GLUCOPHAGE XR once daily at the same total daily dose of up to 2000 mg once daily. After switching from GLUCOPHAGE to GLUCOPHAGE XR, glycaemic control should be closely monitored and the dose adjusted accordingly (see CLINICAL PHARMACOLOGY: clinical studies). The usual starting dose of GLUCOPHAGE is 500 mg twice daily, to be taken with a meal. The dose is increased by 500 mg per week to a maximum of 2000 mg per day administered in divided doses. The safety and efficacy of GLUCOPHAGE XR in paediatric patients have not been established. When patients are transferred from standard oral hypoglycaemic agents other than chlorpropamide to GLUCOPHAGE XR, a transitional period is not usually necessary. When transferring patients from chlorpropamide, care should be taken during the first 2 weeks due to prolonged retention of chlorpropamide in the body, resulting in overlapping of drug exposure and possible hypoglycaemia. If patients have not responded to 4 weeks after the maximum dose of GLUCOPHAGE or GLUCOPHAGE XR monotherapy, the gradual addition of an oral sulphonylurea should be considered by continuing the administration of GLUCOPHAGE or GLUCOPHAGE XR at the maximum dose, even if the primary or secondary inability to take a sulphonylurea has occurred before. Clinical and pharmacokinetic drug interaction data are currently only available for metformin in combination with gliburide (glibenclamide). At the same time as GLUCOPHAGE or GLUCOPHAGE XR and a sulphonylurea, the desired blood glucose control can be obtained by adjusting the dose of each medicine. In a clinical study in patients with type 2 diabetes mellitus and glyburide insufficiency, patients started glucophage 500 mg and glyburide 20 mg, titration to 1000/20 mg, 1500/20 mg, 2000/20 mg or 2500/20 mg glucophage and glyburide to achieve the glycaemic control objective as determined by FPG, HbA1c and plasma glucose reactions (see CLINICAL PHARMACology: clinical studies). However, it is necessary to try to determine the minimum effective dose of each drug in order to achieve this goal. Co-administration of GLUCOPHAGE or GLUCOPHAGE XR and a sulphonylurea sulphonylurea and may be increased. Appropriate precautions should be taken. (See package leaflet for the appropriate sulphonylurea.) If patients have not responded satisfactorily to 1 to 3 months of concomitant therapy with the maximum dose of GLUCOPHAGE or GLUCOPHAGE XR and the maximum dose of an oral sulphonylurea, consider therapeutic alternatives, including switching to or without GLUCOPHAGE or GLUCOPHAGE XR. The current insulin dose should be continued when glucophage or GLUCOPHAGE XR is started. GLUCOPHAGE or GLUCOPHAGE XR therapy should be initiated at 500 mg once daily in patients receiving insulin therapy. In patients inadequately responded, the dose of GLUCOPHAGE or GLUCOPHAGE XR should be increased by 500 mg after approximately 1 week and by 500 mg every week thereafter until adequate glycaemic control is achieved. The maximum recommended daily dose is 2500 mg in the GLUCOPHAGE group and 2000 mg in the GLUCOPHAGE XR group. In patients receiving concomitant insulin and GLUCOPHAGE or GLUCOPHAGE XR, it is recommended that the insulin dose be reduced by 10% to 25%. Further adjustment should be adjusted individually based on the glucose-lowering response. Glucophage or GLUCOPHAGE XR is not recommended during pregnancy. GLUCOPHAGE is not recommended for use in patients less than 10 years of age. GLUCOPHAGE XR is not recommended for paediatric patients (under 17 years of age). The starting and suspension dose of GLUCOPHAGE or GLUCOPHAGE XR should be conservative in patients of advanced age due to the potential for decreased renal function in this population. Any dose adjustment should be performed with careful consideration of renal function. Normally, elderly, attenuated and malnourished patients should not be titrated to the maximum dose of GLUCOPHAGE or GLUCOPHAGE XR. Monitoring of renal function is required to help prevent lactic acidosis, especially in elderly patients. (See WARNINGS.) ER - Long-acting IR - Immediate Release Met - Metformin P = Medications in children Metformin IR | Glucophage® | Riomet® Glucophage® tablets Riomet® solution 500 mg/5 ml Comes in 120 ml and 480 ml bottle Comes cherry and strawberry flavor Type 2 diabetes Starting: 5 or 850 mg once daily Maintenance therapy: 850 to 2550 mg/day Max: 2550 mg/day Doses above 850 mg/day should be administered in 2 to 3 divided doses. dose Increase the dose by 500 mg per week or 850 mg every two weeks Take 2. type 2 diabetes (≥ 10 years old) Start: 500 mg twice daily Max: 2000 mg/day Increase daily dose by 500 mg every week Take with food Gluc phlephate - YES / $ Riomet - NO / $ $ $ $ $ $ (300 ml) Metformin ER (Glucophage XR®) Pills, long-acting type 2 diabetes Mingly: 500 mg once daily with an evening meal Maintenance : 500 - 2000 mg/ day Max: 2000 mg / day Can be used in 1-2 divided doses Increase the dose in in increments of 500 mg 1 week apart Metformin ER (Fortamet®) Tablet, prolonged-release type 2 diabetes Ming: 1000 mg once daily during an evening meal Maintenance therapy: 1000 to 2500 mg once daily Max: 2500 mg once daily Increasing the dose by 500 mg at 1 week Interval Take with an evening meal. Take a full glass of water. - YES / $ $ $ $ (60 tablets) Do not crush, cut or chew a tablet Tablet sheath can be seen in the stool. That's normal. In patients receiving insulin therapy, it is recommended to use a starting dose of 500 mg See the transition between metformin IR and metformin ER for information on changing the ER (Glumetza®) tablet for metformin. long-acting type 2 diabetes Starting: 500 mg once daily with an evening meal Maintenance therapy 500- 2000 mg once daily Max: 2000 mg once daily Increase the dose by in in in in in in half 500 mg with 1 to 2 weeks apart Take with an evening meal - YES/$$$$ (#60 tablets) METFORMIN + DPP-4 INHIBITOR Janumet® (sitagliptin ... + metformin) Tablets Sitagliptin - Metformin 50 mg - 500 mg 50 mg - 1000 mg 2. Diabetes mellitus Starting: 50/500 mg twice daily with Max: 50/1000 mg twice daily with food - NO /$$$$ Do not slip or cut Janumet janmetu® XR (sitagliptin + metformin ER) , long-acting sitagliptin - Metformin 4 50 mg - 500 mg - 500 mg - 1000 mg - 1000 mg type 2 diabetes mellitus Early: 100/1000 mg once daily with evening meal Max : 100/2000 mg once daily Take with an evening meal - NO/$$$$$$ Do not cleave, crush or chew tablets There have been reports of incompletely reconstituted Jaumet XR tablets observed in faeces. It is not known whether this material seen in feces contains active medications. If faecal tablets are repeated, evaluate the suitability of glycaemic control. Jentadueto® (linagliptin + metformin) Tablets Linagliptin - Metformin 2.5 mg - 500 mg - 2.5 mg - 850 mg 2.5 mg - 1000 mg 2. Diabetes mellitus Starting: 2.5/500 mg twice daily Max: 2.5/1000 mg twice daily Take meals - NO/$$$$$ Jentadueto® XR (linagliptin + metformin ER) Tablets, prolonged-release linagliptin - Metformin ER 2.5 mg - 1000 mg 5 mg - 1000 mg 2. Type 1 diabetes Starting with: 5/1000 mg once daily with a meal Max: 5/2000 mg once daily take with food - NO/$$$$$ Do not split, chew, metformin ER medicinal products have been reported as non-crushing tablets. If the tablet is seen in the fecal, evaluate the compliance with glycemic control. Kazano® (alogliptin + metformin) Alogliptin tablet – metformin 12.5 mg - 500 mg 12.5 mg – 1000 mg type 2 diabetes Doses: 12.5/500 – 12.5/1000 mg Max twice daily. 12.5/1000 mg twice daily With food - NO /$$$$Kombiglyze™ XR (saxagliptin + metformin ER) Tablets, prolonged-release saxagliptin - Metformin ER 5 mg - 500 mg - 1000 mg 2.5 mg - 1000 mg type 2 diabetes Starting: 5/500 mg once a day with an evening meal Max: saxagliptin 5 mg/day; metformin 2000 mg/day Take with an evening meal - NO / $ $ $ actoplus tablet met® (pioglitazone + metformin) Pioglitazone tablet - Metformin 15 mg - 500 mg 15 mg - 850 mg type 2 diabetes Mellitus Smal: 15/500 mg twice daily or 15/850 mg once daily Max: pioglitazone 45 mg/day | Metformin 2550 mg/day Titrate can be taken in one or two divided doses With food to reduce GI - YES/$$ Actoplus met with XR® (pioglitazone + metformin ER) Tablets, prolonged-release pioglitazone - Metformin ER 15 mg - 1000 mg 30 mg - 1000 mg type 2 diabetes Mellitus Start: 15/1000 - 30/1000 mg once daily Max: pioglitazone 45 mg/day | metformin ER 2000 mg/ day Titrate to be administered in one or two divided doses With food to reduce GI disorders - NO/$$$$ Swallows whole. Do not crush, cut or chew the tablet. Inactive ingredients can sometimes be removed by faeces as a soft mass, which may resemble the original Avandamet® tablet (rosiglitazone + metformin) Rosiglitazone tablet - Metformin 2 mg - 500 mg 2 mg - 1000 mg 4 mg - 500 mg 4 mg - 1000 mg 2. Type 1 Diabetes Mellitus Starting: 2/500 mg twice daily Max: rosiglitazone 8 mg/day | metformin 2000 mg / day Titrate to be able to eat food to reduce GI upset - NO $ $ $ $ PrandiMet® (repaglinide + metformin) Tablets Repaglinide - Metformin 1 mg - 500 mg 2 mg - 500 mg type 2 diabetes Starting: 1/500 mg twice daily with max: repaglinide 10 mg/day; metformin 2500 mg/day Not more than 4 mg repaglinide or 1000 mg metformin may be taken as a single meal Ideally 15 minutes before a meal, but may vary from 0 to 30 minutes - YES /$$$Ja meal is omitted, do not take a dose of Glucovance® (glyburide + metformin) Glyburide tablet - Metformin 1.25 mg - 250 mg 2.5 mg - 500 mg 5 mg - 500 mg type 2 diabetes Mellitus Start: 1.25/250 mg once or twice a day with Max: glyidebur 20 mg/day; metformin 2000 mg/day Increase the dose by step 1.25/250 mg/day every 2 weeks Take metaglips® (glipizide + metformin) Tablets Glipizide - Metformin 2.5 mg - 250 mg 2.5 mg - 500 mg 5 mg - 500 mg 2. Type 1 diabetes Starting: 2.5/250 - 2.5/500 mg once or twice daily with max: glipizide 20 mg/ day; metformin 2000 mg/day Increase dose by increasing the dose to 2.5/250 mg/day 2 weeks apart - YES/$ METFORMIN + SGLT2 INHIBITOR Invokamet® (canagliflozin + metformin) Canagliflozin - Metformin 50 mg - 500 mg 50 mg - 1000 mg 150 mg - 500 mg 150 mg - 1000 mg 2. Type 1 diabetes Starting: 50/500 mg twice daily Maintenance therapy: 50/500 - 150/1000 mg twice daily Max: 150/1 000 mg twice daily Take with food - NO/$$$ Invokamet® XR (canagliflozin + metformin ER) Tablets, prolonged-release canagliflozin - Metformin ER 50 mg - 500 mg 50 mg - 1000 mg - 500 mg 150 mg - 1000 mg type 2 diabetes mellitus 50/500 mg once daily Maintenance therapy: 50/500 - 300/2000 mg once daily Max: 300/2000 mg once daily Take with a morning meal - NO/$$$Bezdel whole tablets. Do not crush, cut or chew. Segluromet® (ertugliflozin + metformin) Ertugliflozin - - 2.5 mg - 500 mg 2.5 mg - 1000 mg 7.5 mg - 500 mg 7.5 mg - 1000 mg 2. Diabetes mellitus Mother: 2.5/500 mg - 7.5/1,000 mg twice daily Max: 7.5/1,000 mg twice daily Individualize the starting dose, based on the patient's current regimen Take with food - NO/$$$$$Synjardy® (empagliflozin + metformin) Tablets Empagliflozin - Metformin 5 mg - 500 mg 5 mg - 1000 mg 12.5 mg - 500 mg 12.5 mg - 1000 mg 2. Type 1 diabetes Starting: 5/500 mg twice daily Maintenance therapy: 5/500 - 12.5/1000 mg twice daily Max: 12.5/1000 mg twice daily Take with food - NO/$$$$$ Synjardy® XR (empagliflozin + metformin ER) empagliflozin - Metformin ER 5 mg - 1000 mg 10 mg - 1000 mg 12.5 mg - 1000 mg 25 mg - 1000 mg type 2 diabetes : 5/1000 mg once daily Maintenance therapy : 5/1000 - 25/2000 mg once daily Max: 25/2000 mg once daily Take with a morning meal - NO/$$$ Tablets are whole. Do not crush, cut or chew. Xigduo™ XR (dapagliflozin + metformin ER) Tablets, prolonged-release dapagliflozin - Metformin ER 5 mg - 500 mg 5 mg - 1000 mg 10 mg - 500 mg 10 mg - 10 mg - 1000 mg 2. Type 1 diabetes Starting: 5/500 mg once daily Maintenance therapy: 5/500 - 10/2000 mg once daily Max: 10/2000 mg once daily Take with food in the morning - NO/$$$$ Swallow tablets whole. Do not crush, cut or chew. The inactive ingredients may be excreted in faeces as soft, hydrated masses, which may resemble the original Trijardy® XR (empagliflozin + linagliptin + metformin ER) tablets, empagliflozin - Linagliptin - Metformin ER 5 mg - 2, 5 mg - 1000 mg 10 mg - 5 mg - 1000 mg 12.5 mg - 2.5 mg - 1000 mg 25 mg - 5 mg - 1000 mg type 2 diabetes Starting: Patients switching from metformin with or without linagliptin, a dose similar to the total daily dose of metformin and the total daily dose of empagliflozin 10 mg and 5 mg linagliptin 5 mg in patients switching from metformin to any empagliflozin-containing regimen with with or without linagliptin, take a dose similar to the total daily dose of metformin, the same total daily dose of empagliflozin and linagliptin 5 mg Max: empagliflozin 25 mg/day | Linagliptin 5 mg/day | Metformin 2000 mg/day Take once a day with food in the morning - NO/$$$$$Norijiet tablets whole. Do not crush, cut, dissolve or chew. Faeces may contain incompletely dissolved tablets. Patients should report this finding to their healthcare professional and the provider should evaluate glycaemic control. Renal disease Due to concerns about lactic acidosis (see lactic acidosis above), the metformin prescribing information used to determine that it is contraindicated in patients with renal disease (defined as serum creatinine ≥ 1.5 mg/ dl in men and ≥ 1.4 mg/dl in women) Metformin is so widely established that it is Is used in many patients with significant kidney disease. Despite the absence of an increase in lactic acidosis in 2016, the FDA released recommendations for prescribing metformin to patients with kidney disease FDA recommendations for prescribing metformin in case of kidney disease Before prescribing metformin and at least once a year thereafter, obtain gFR. Patients at risk of kidney disease (e.g. elderly patients) should be tested more frequently. Metformin is contraindicated in patients with GFR < 30 ml/min In patients with GFR 30 to 45 ml/min, it is not recommended if the GFR decreases to 30 to 45 ml/min in the patient, Metformin, the risk/benefit of continued metformin There is no conclusive evidence that metformin increases the risk of lactic acidosis Metformin is so widely prescribed that a significant number of patients with contraindications have received an increase in the incidence of lactic acidosis [16] in 2016. In 2007, the FDA updated metformin prescribing information to reflect its many years of safe prescribing FDA guidelines are now more in line with other professional organizations, including those listed below the Canadian Diabetes Association recommending that such Metformin be used with caution in patients with GFR 30 to 60 ml/min Metformin should not be used in patients with GFR < 30 ml/min the Australian Diabetes Society recommends that patients with GFR 30 to 60 ml/min should not be used in patients with GFR < 30 ml/min the Australian Diabetes Society recommends that patients with GFR 30 to 60 ml/min not be used in patients with GFR < 30 ml/min the Australian Diabetes Society recommends that the Australian Diabetes Society recommends that : Metformin should not be used with caution in patients with GFR 30 to 45 ml/min Metformin should not be used in patients with GFR < 30 ml/min [16] Liver disease Dose progressive liver disease is a risk factor for lactic acidosis The prescribing information for metformin indicates that it should normally be avoided in patients with clinical or laboratory evidence of liver disease A large number of diabetic patients have fatty liver disease and elevated liver enzymes. , but in large studies metformin has not been evaluated in this population [21.23] Metformin Summary is safe in most patients with mild to moderate hepatic disease It is not known whether metformin is safe in patients with advanced liver disease Manufacturer does not make dose recommendations for liver disease NOTE: The drug interactions presented here are not comprehensive. There may be other interactions. The interactions here are meant to include commonly prescribed medications and/or interactions that are well documented. Always consult your doctor or pharmacist before taking the medicine at the same time. CLICK HERE for more information on drug interactions. Metformin Alcohol - alcohol may potentiate the effect of metformin on lactate metabolism. Do not drink excessively while taking metformin. Cholesevelm (Welchol™) - colsevelam has been shown to increase metformin prolonged action. Monitor side effects when combined. Carbonic anhydrase inhibitors - carbonic anhydrase inhibitors cause a decrease in serum bicarbonate and cause nonanion gap, hyperchloremic metabolic acidosis. This may increase the risk of lactic acidosis. Cephalexin (Keflex®) - metformin in your blood. The significance of this interaction is unclear. OCT2/MATE inhibitors - metformin is a substrate for OCT2. OCT2/MATE inhibitors may increase the systemic exposure to metformin, thereby increasing the risk of lactic acidosis. Metabolism and clearance Metformin unalted hepatic metabolism OCT2-substrate CONVERSION BETWEEN METFORMIN AND METFORMIN ER Review The maximum recommended daily dose of metformin prolonged release is lower than for fast-acting metformin When switching from fast-acting metformin to prolonged-release formulations, the dose should remain the same, as long as it does not exceed the maximum recommended daily dose of the prolonged-release drug The maximum daily dose of metformin IS (glucofalf®) 2550 mg Metformin ER (Glucophage XR®) 2000 mg Fortamet® ® 2500 mg Glumetza® 2000 mg Price legend $= 0-$$$$$$=$51-$100$$$ = $101 -$150 $$$$ = > $151 Prices based on one month after treatment at standard dose adult Prices based on information from GoodRX.com® Prices may vary by region and availability Manufacturer's package insert 2 - PMID 21617112 3 - PMID 12651978 4 - PMID 11045142 11045142