CompoSIT

COMPARATIVE TRIAL WITH SITAGLIPTIN

Evidence for type 2 diabetes patients across disease progression

ONCE–DAILY

Janumet XR

(sitagliptin/metformin extended-release, MSD)

THE LEGACY YOU TRUST

References:
1.Roussel, R. et al.2019. Double-blind, randomized clinical trial comparing the efficacy and safety of continuing or discontinuing the dipeptidyl peptidase-4 inhibitor sitagliptin when initiating insulin glargine therapy in patients with type 2 diabetes: The CompoSIT-I Study. Diabetes, Obesity and Metabolism, 21(4), pp.781-790.
2. Scott, R., et al. 2018. A randomized clinical trial of the efficacy and safety of sitagliptin compared with dapagliflozin in patients with type 2 diabetes mellitus and mild renal insufficiency: The CompoSIT-R study. Diabetes, Obesity and Metabolism, 20(12), pp.2870-2884.
3.Pries, Let al.2019. Double-blind, randomized clinical trial assessing the efficacy and safety of early initiation of sitagliptin during metformin uptitration in the treatment of patients with type 2 diabetes: The CompoSIT-M study. Diabetes, Obesity and Metabolism, 21(5), pp.1128-1136.
4.Janumet XR. Local Summary of product characteristics.

SELECTED SAFETY INFORMATION ON JANUMET XR

Warning: Lactic Acidosis See full prescribing information for complete boxed warning.•Postmarketing cases of metformin-associated lactic acidosis have resulted in death, hypothermia, hypotension, and resistant bradyarrhythmias. Symptoms included malaise, myalgias, respiratory distress, somnolence, and abdominal pain. Laboratory abnormalities included elevated blood lactate levels, anion gap acidosis, increased lactate/pyruvate ratio, and metformin plasma levels generally >5 mcg/mL.• Risk factors include renal impairment, concomitant use of certain drugs, age >65 years old, radiological studies with contrast, surgery and other procedures, hypoxic states, excessive alcohol intake, and hepatic impairment. Steps to reduce the risk of and manage metformin-associated lactic acidosis in these high risk groups are provided in the Full Prescribing Information. • If lactic acidosis is suspected, discontinue JANUMET XR and institute general supportive measures in a hospital setting. Prompt hemodialysis is recommended.

Indications & Use JANUMET XR is a dipeptidyl peptidase4- (DPP4-) inhibitor and biguanide combination product indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus when treatment with both sitagliptin and metformin extended release is appropriate. Important Limitations of Use Not for the treatment of type 1 diabetes or diabetic ketoacidosis. Has not been studied in patients with a history of pancreatitis.**Dosage & Administration** Individualize the starting dose of JANUMET XR based on the patient's current regimen. Adjust the dosing based on effectiveness and tolerability while not exceeding the maximum recommended daily dose of 100 mg sitagliptin and 2000 mg metformin extended-release. Administer once daily with a meal preferably in the evening. Gradually escalate the dose to reduce the gastrointestinal side effects due to metformin. Prior to initiation, assess renal function with estimated glomerular filtration rate (eGFR) Do not use in patients with eGFR below 30 mL/min/1.73 m^2. Discontinue if eGFR later falls below 30 mL/min/1.73 m^2. Initiation is not recommended in patients with eGFR between 45 – 30 mL/min/1.73 m^2. Assess risk/benefit of continuing if eGFR falls below 45 mL/min/1.73 m^2. Limit dose of sitagliptin to 50 mg once daily if eGFR falls below 45 mL/min/1.73 m^2. JANUMET XR may need to be discontinued at time of, or prior to, iodinated contrast imaging procedures. **Contraindications** Severe renal impairment: eGFR below 30 mL/min/1.73 m^2. Metabolic acidosis, including diabetic ketoacidosis. History of a serious hypersensitivity reaction (e.g., anaphylaxis or angioedema) to JANUMET XR or to one of its components. **Warnings & precautions** There have been postmarketing reports of acute pancreatitis, including fatal and non-fatal hemorrhagic or necrotizing pancreatitis in patients treated with sitagliptin. If pancreatitis is suspected, promptly discontinue JANUMET XR. Heart failure has been observed with two other members of the DPP4- inhibitor class. Consider risks and benefits of JANUMET XR in patients who have known risk factors for heart failure. Monitor patients for signs and symptoms. There have been postmarketing reports of acute renal failure in patients treated with sitagliptin, sometimes requiring dialysis. Before initiating JANUMET XR and at least annually thereafter, assess renal function. When used with an insulin secretagogue (e.g., sulfonylurea) or with insulin, a lower dose of the insulin secretagogue or insulin may be required to minimize the risk of hypoglycemia. There have been postmarketing reports of serious allergic and hypersensitivity reactions in patients treated with sitagliptin, such as anaphylaxis, angioedema, and exfoliative skin conditions including Stevens-Johnson syndrome. In such cases, promptly stop JANUMET XR, assess for other potential causes, institute appropriate monitoring and treatment, and initiate alternative treatment for diabetes. Severe and disabling arthralgia has been reported in patients taking DPP4- inhibitors. Consider as a possible cause for severe joint pain and discontinue drug if appropriate. There have been postmarketing reports of bullous pemphigoid requiring hospitalization in patients taking DPP4- inhibitors. Tell patients to report development of blisters or erosions. If bullous pemphigoid is suspected, discontinue JANUMET XR. **Adverse reactions** The most common adverse reactions reported in ≥%5 of patients simultaneously started on sitagliptin and metformin and more commonly than in patients treated with placebo were diarrhea, upper respiratory tract infection, and headache **Before initiating therapy, please consult the full Prescribing Information.** MSD does not recommend the use of any product any different manner than as described in the Prescribing Information.

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In case you need any update or you have an inquiry or need to report an adverse reaction, you can contact:
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