

Composition : Ligotin 12.5 Tablet : Each film coated tablet contains Alogliptin 12.5mg (as Alogliptin Benzoate INN).

Ligotin 25 Tablet : Each film coated tablet contains Alogliptin 25mg (as Alogliptin Benzoate INN).

Pharmacology : Alogliptin is a DPP-4 inhibitor that slows the inactivation of the incretin hormones, thereby increasing their blood-stream concentrations and reducing fasting and postprandial glucose concentrations in a glucose-dependent manner in patients with type 2 diabetes mellitus.

Indications : Alogliptin is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

Dosage and administration : Individualize the starting dose of Alogliptin based on the patient's current regimen with or without food. The maximum recommended dose is 25 mg once daily. No dose adjustment of Alogliptin is necessary for patients with mild renal impairment (creatinine clearance [CrCl] >60 mL/min). The dose of Alogliptin is 12.5 mg once daily for patients with moderate renal impairment (CrCl >30 to <60 mL/min). The dose of Alogliptin is 6.25 mg once daily for patients with severe renal impairment (CrCl >15 to <30 mL/min) or with end-stage renal disease (ESRD) (CrCl <15 mL/min or requiring hemodialysis). Or, as directed by the registered physician.

Contraindications : History of a serious hypersensitivity reaction to alogliptin-containing products, such as anaphylaxis, angioedema or severe cutaneous adverse reactions.

Precautions : Acute pancreatitis : There have been post marketing reports of acute pancreatitis. If pancreatitis is suspected, promptly discontinue Alogliptin. Heart failure: Consider the risks and benefits of Alogliptin prior to initiating treatment in patients at risk for heart failure. If heart failure develops, evaluate and manage according to current standards of care and consider discontinuation of Alogliptin. **Hepatic effects :** If liver injury is detected, promptly interrupt Alogliptin and assess patient for probable cause, then treat cause if possible, to resolution

**Ligotin
Tablet**



or stabilization. Do not restart Alogliptin if liver injury is confirmed and no alternative etiology can be found. **Hypoglycemia :** When an insulin secretagogue (e.g., sulfonylurea) or insulin is used in combination with Alogliptin, a lower dose of the insulin secretagogue or insulin may be required to minimize the risk of hypoglycemia.

Side Effects : The most Common side effects are nas pharyngitis, headache and upper respiratory tract infection.

Use in pregnancy and lactation : Pregnancy category B . There are no adequate and well controlled studies in pregnant woman. This tablets should be used during pregnancy only if clearly needed. Caution should be exercised when this tablet is administered to a nursing woman.

Use in Child : The safety and efficacy of this medicine in pediatric patients with less than 18 years of age have not been established.

Drug interactions : Alogliptin is primarily renally excreted. No significant drug-drug interactions are observed with the CYP-substrates or inhibitors tested or with renally excreted drugs.

Overdose : In the event of an overdose, it is reasonable to institute the necessary clinical monitoring and supportive therapy as dictated by the patient's clinical status.

Storage : Store below 30° C in a dry place.

Packing : Ligotin 12.5 Tablet : Each box contains 28's tablets in blister pack.

Ligotin 25 Tablet : Each box contains 30's tablets in blister pack.