

PRESCRIBING INFORMATION

ACTOS▼ **pioglitazone**

(Refer to Summary of Product Characteristics before prescribing) Actos® tablets (pioglitazone) **Presentations:**

Actos 15mg tablets containing 15mg pioglitazone as hydrochloride - blister packs of 28 EU/1/00/150/001 £24.14.

Actos 30mg tablets containing 30mg pioglitazone as hydrochloride - blister packs of 28 EU/1/00/150/004 £33.54.

Actos 45mg tablets containing 45mg pioglitazone as hydrochloride - blister packs of 28 EU/1/00/150/012 £36.96.

Indications: Monotherapy treatment of Type 2 diabetes mellitus in patients inadequately controlled by diet and exercise for whom metformin is inappropriate because of contraindications or intolerance. Combination treatment in patients with insufficient glycaemic control despite maximal tolerated dose of oral monotherapy with either metformin (particularly in overweight patients) or a sulphonylurea (in patients for whom metformin is not tolerated or contraindicated). **Dosage:** 15mg or 30mg once daily with or without food. Dose may be increased in increments up to 45mg once daily. In combination therapy the current metformin or sulphonylurea dose can be continued. If patients on a sulphonylurea report hypoglycaemia, decrease the dose of sulphonylurea. **Elderly & renal impairment (Cr creatinine > 4 ml/min):** No dosage adjustment required. No information is available from dialysed patients therefore pioglitazone should not be used. **Children and adolescents (under 18 years):** Not recommended.

Contraindications: Hepatic impairment. Hypersensitivity. Cardiac failure or history of cardiac failure (NYHA stages I to IV). Concomitant insulin. **Warnings and precautions:** No experience in triple combination with other oral antidiabetics. Can cause fluid retention, which may exacerbate or precipitate heart failure. Observe patients for signs and symptoms of heart failure, particularly those with reduced cardiac reserve. Discontinue pioglitazone if deterioration in cardiac status occurs. Concomitant NSAID administration may increase the risk of oedema. Check liver enzymes before starting treatment. Following initiation it is recommended that liver enzymes be monitored periodically based on clinical judgement. Do not start treatment in patients with increased baseline liver enzyme levels (ALT > 2.5 x upper limit of normal [ULN]). If ALT levels increase to 3 x ULN, reassess as soon as possible. If ALT levels remain > 3 x ULN or jaundice is observed, discontinue therapy. If symptoms suggest hepatic dysfunction, check liver enzymes. Advise patients to adhere strictly to a calorie-controlled diet and monitor weight. Small reductions in haemoglobin and haematocrit, consistent with haemodilution have been noted. Treatment in patients with polycystic ovarian syndrome may result in ovulation. If a patient wishes to become pregnant or if pregnancy occurs, discontinue treatment. **Interactions:** No clinically significant interactions identified. **Pregnancy and lactation:** Do not use. Potential risk unknown. **Undesirable effects:** Suspected adverse reactions reported as more than an isolated case in double-blind studies listed below. Common: 1-10%, uncommon: 0.1-1%, rare: 0.01-0.1% and very rare: < 0.01%. **In monotherapy:** Common: visual disturbance, upper respiratory tract infection, weight increased, hypoaesthesia. Uncommon: sinusitis, insomnia. **With metformin:** Common: anaemia, weight increased, headache, visual disturbance, arthralgia, haematuria, erectile dysfunction. Uncommon: flatulence. **With sulphonylurea:** Common: weight increased, dizziness, flatulence. Uncommon: glycosuria, hypoglycaemia, increased lactic dehydrogenase, appetite increased, headache, vertigo, visual disturbance, sweating, proteinuria, fatigue. Oedema reported in 6-9% of patients on pioglitazone over one year, compared to 2-5% in the comparator groups (metformin and sulphonylurea). Oedema was generally mild-moderate and usually did not require discontinuation of treatment. In most clinical trials, reduced total plasma triglycerides and free fatty acids, and increased HDL-cholesterol levels were seen, with no statistically significant increases in LDL-cholesterol levels. In clinical trials the incidence of elevations of ALT > 3 x ULN was equal to placebo. Rare cases of elevated liver enzymes and hepatocellular dysfunction have occurred in post-marketing experience, although causal relationship has not been established. **Legal category:** POM. **MARKETING AUTHORISATION HOLDER:** Takeda Europe R & D Centre Limited. Savannah House, 11-12 Charles II Street, London SW1Y 4QU United Kingdom. Actos is a registered trademark owned by Takeda Pharmaceutical Company Ltd. For further information contact: Takeda UK Ltd. Takeda House, Mercury Park, Wycombe Lane, Wooburn Green, High Wycombe, Bucks HP10 0HH. 01628-537900.