These highlights do not include all the information needed to use METFORMIN HYDROCHLORIDE TABLETS safely and effectively. See full prescribing information for METFORMIN HYDROCHLORIDE TABLETS. METFORMIN HYDROCHLORIDE tablets, for oral use Initial U.S. Approval: 1995

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 bradvar rhythmias. 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. (5.1)
- Risk factors include renal impairment, concomitant use of certain drugs, age >65 years old, radiological studies with contrast, surger ner procedures, hypoxic states, excessive alcohol intake, a hepatic impairment. Steps to reduce the risk of and manage metform in associated lactic acidosis in these high risk groups are provided in the Full Prescribing Information. (5.1)
- If lactic acidosis is suspected, discontinue metformin hydrochlo ride and institute general supportive measures in a hospital setting Prompt hemodialysis is recommended. (5.1)

---INDICATIONS AND USAGE-Metformin hydrochloride tablets, USP are a biguanide indicated as an adjunct to diet and exercise to improve glycemic control in adults and pediatric patients 10 years of age and older with type 2 diabetes mellitus. (1) $\,$

- Starting dose: 500 mg orally twice a day or 850 mg once a day, with meals
- Increase the dose in increments of 500 mg weekly or 850 mg every 2 weeks, up to a maximum dose of 2,550 mg per day, given in divided doses
- Doses above 2.000 mg may be better tolerated given 3 times a day with
- meals (2.1)
- Increase dosage in increments of 500 mg weekly up to a maximum of 2,000 mg per day, given in divided doses twice daily (2.2)
- Renal Impairment: Prior to initiation, assess renal function with estimated glomerular filtration

 - Do not use in patients with eGFR below 30 mL/minute/1.73 m² (2.3) Initiation is not recommended in patients with eGFR between 30 to
- 45 mL/minute/1.73 m² (2.3)

FULL PRESCRIBING INFORMATION: CONTENTS*

- INDICATIONS AND USAGE
- DOSAGE AND ADMINISTRATION
- Pediatric Dosage for Metformin Hydrochloride Tablets Recommendations for Use in Renal Impairment
- DOSAGE FORMS AND STRENGTHS CONTRAINDICATIONS
- WARNINGS AND PRECAUTIONS
- Secretagogues
 5.4 Macrovascular Outcomes ADVERSE REACTIONS
- 6.1 Clinical Studies Experience
- 6.2 Postmarketing Experience
- DRUG INTERACTIONS

FULL PRESCRIBING INFORMATION

WARNING: LACTIC ACIDOSIS

sulted in death, hypothermia, hypotension, and resistant bradyarrhyth-mias. The onset of metformin-associated lactic acidosis is often subtle accompanied only by nonspecific symptoms such as malaise, myalgias respiratory distress, somnolence, and abdominal pain. Metformin-associated lactic acidosis was characterized by elevated blood lactate levels (>5 mmol/Liter), anion gap acidosis (without evidence of ketonuria or ketonemia), an increased lactate/pyruvate ratio; and metformin plasma levels generally >5 mcg/mL [see Warnings and Precautions (5.1)]. Risk factors for metformin-associated lactic acidosis include renal im

pairment, concomitant use of certain drugs (e.g. carbonic anhydrase inhibitors such as topiramate), age 65 years old or greater, having a radiological study with contrast, surgery and other procedures, hypoxic states (e.g., acute congestive heart failure), excessive alcohol intake Steps to reduce the risk of and manage metformin-associated lactic acidosis in these high risk groups are provided [see *Dosage and Administration (2.3), (2.7), Contraindications (4), Warnings and Precautions (5.1)*].

If metformin-associated lactic acidosis is suspected, immediately dis continue metformin hydrochloride and institute general supportive measures in a hospital setting. Prompt hemodialysis is recommended [see Warnings and Precautions (5.1)].

INDICATIONS AND USAGE Metformin hydrochloride tablets. USP are indicated as an adjunct to diet and

exercise to improve glycemic control in adults and pediatric patients 10 years of age and older with type 2 diabetes mellitus.

2 DOSAGE AND ADMINISTRATION

- 2.1 Adult Dosage Metformin Hydrochloride Tablets
- The recommended starting dose of metformin hydrochloride tablets is 500 mg orally twice a day or 850 mg once a day, given with meals.

 Increase the dose in increments of 500 mg weekly or 850 mg every 2
- weeks on the basis of glycemic control and tolerability, up to a maximum dose of 2,550 mg per day, given in divided doses.

 Doses above 2,000 mg may be better tolerated given 3 times a day with
- 2.2
- Pediatric Dosage for Metformin Hydrochloride Tablets
 The recommended starting dose of metformin hydrochloride tablets for pediatric patients 10 years of age and older is 500 mg orally twice a day
- given with meals. Increase dosage in increments of 500 mg weekly on the basis of glycemi
- control and tolerability, up to a maximum of 2,000 mg per day, given in
- Recommendations for Use in Renal Impairment
 Assess renal function prior to initiation of metformin hydrochloride tablets and periodically thereafter
- Initiation of metformin hydrochloride tablets in patients with an eGFR between 30 to 45 mL/minute/1.73 m² is not recommended. In patients taking metformin hydrochloride tablets whose eGFR later falls
- below 45 mL/min/1.73 m², assess the benefit risk of continuing therapy. Discontinue metformin hydrochloride tablets if the patient's eGFR lat falls below 30 mL/minute/1.73 m2 [see Warnings and Precautions (5.1)].
- 2.4 Discontinuation for Iodinated Contrast Imaging Procedures
 Discontinue metformin hydrochloride tablets at the time of, or prior to, an iodinated contrast imaging procedure in patients with an eGFR between 30 and 60 mL/min/1.73 m²; in patients with a history of liver disease, alcoholism, or heart failure; or in patients who will be administered intra-arterial iodinated contrast. Re-evaluate eGFR 48 hours after the imaging procedure; restart metformin hydrochloride tablets if renal function is stable

3 DOSAGE FORMS AND STRENGTHS

- tablets with 'LL' debossed on one side and plain on the other side.

 Tablets: 850 mg white to off white, capsule shaped, biconvex, flavored film coated tablets with 'L06' debossed on one side and plain on the other
- Tablets: 1,000 mg white to off white, oval, biconvex, flavored, film coated tablets, with score line on both sides, with 'L' and '11' debossed on either side of score line on one side.
- CONTRAINDICATIONS
- Metformin hydrochloride tablets are contraindicated in patients with: Severe renal impairment (eGFR below 30 mL/min/1.73 m²) [see Warnings

stopped for a short time. Talk to your healthcare der about when you should stop metformin ochloride tablets and when you should start

min hydrochloride tablets again. See 'most important information I should

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Assess risk/benefit of continuing if eGFR falls below 45 mL/minute/ 1.73 m 2 (2.3) Discontinue if eGFR falls below 30 mL/minute/1.73 m 2 (2.3)

- Discontinuation for Iodinated Contrast Imaging Procedures: Metformin hydrochloride tablets may need to be discontinued at time of, or prior to, iodinated contrast imaging procedures (2.4)
- ---DOSAGE FORMS AND STRENGTHS-
- Metformin hydrochloride tablets, USP: 500 mg, 850 mg, and 1,000 mg (3) -----CONTRAINDICATIONS--
- Severe renal impairment (eGFR below 30 mL/min/1.73 m²) (4, 5.1) Hypersensitivity to metformin (4) Acute or chronic metabolic acidosis, including diabetic ketoacidosis, with
- or without coma. (4) ---WARNINGS AND PRECAUTIONS-
- $\begin{array}{l} \textit{Lactic Acidosis:} \ \text{See boxed warning. (5.1)} \\ \textit{Vitamin B}_{12} \ \textit{Deficiency:} \ \text{Metformin may lower vitamin B}_{12} \ \text{levels.} \ \text{Measure} \end{array}$ hematological parameters annually and vitamin B, at 2 to 3 year intervals
- and manage any abnormalities. (5.2)

 Hypoglycemia with Concomitant Use with Insulin and Secretagogues: Increased risk of hypoglycemia when used in combination with insulin and/or an insulin secretagogue. Lower dose of insulin or insulin secretagogue may be required (5.3)

----ADVERSE REACTIONS--

For metformin hydrochloride, the most common adverse reactions (>5.0%) are diarrhea, nausea/vomiting, flatulence, asthenia, indigestion, abdominal discomfort, and headache. (6.1) To report SUSPECTED ADVERSE REACTIONS, contact Laurus Generics

at 1-833-3-LAURUS (1-833-352-8787) or FDA at 1-800-FDA-1088 or

- --- DRUG INTERACTIONS-
- Consider more frequent monitoring (7) Drugs that reduce metformin clearance (such as ranolazine, vandetanib,
- dolutegravir, and cimetidine) may increase the accumulation of metformin. Consider the benefits and risks of concomitant use (7) Alcohol can potentiate the effect of metformin on lactate metabolism. Warn
- patients against excessive alcohol intake (7) --- USE IN SPECIFIC POPULATIONS
- Females and Males of Reproductive Potential: Advise premenopausal females of the potential for an unintended pregnancy. (8.3)
- Geriatric Use: Assess renal function more frequently. (8.5) Hepatic Impairment: Avoid use in patients with hepatic impairment. (8.7)
- See 17 for PATIENT COUNSELING INFORMATION and FDA-approved

8.2 Lactation

- Females and Males of Reproductive Potential 8.4 Pediatric Use
- 8.5 Geriatric Use Renal Impairment 8.7 Hepatic Impairment

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- 11 DESCRIPTION
- 12 CLINICAL PHARMACOLOGY 12.1 Mechanism of Action
- 13 NONCLINICAL TOXICOLOGY 13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility
- 14 CLINICAL STUDIES
- HOW SUPPLIED/STORAGE AND HANDLING
- 16.1 How Supplied
- 17 PATIENT COUNSELING INFORMATION *Sections or subsections omitted from the full prescribing information are not listed.

Hypersensitivity to metformin. Acute or chronic metabolic acidosis, including diabetic ketoacidosis, with or without coma.

WARNINGS AND PRECAUTIONS 5.1 Lactic Acidosis

There have been postmarketing cases of metformin-associated lactic acidosis, including fatal cases. These cases had a subtle onset and were accompanied by nonspecific symptoms such as malaise, myalgias, abdominal pain, respiratory distress, or increased somnolence; however, hypotension and resistant bradyarrhythmias have occurred with severe acidosis. Metformin-associated lactic acidosis was characterized by elevated blood lactate concentrations (>5 mmol/L), anion gap acidosis (without evidence of ketonuria or ketonemia), and an increased lactate: pyruvate ratio; metformin plasma levels were generally >5 mcg/mL. Metformin decreases liver uptake of lactate increasing lactate blood levels which may increase the risk of lactic acidosis, especially in patients at risk. If metformin-associated lactic acidosis is suspected, general supportive

measures should be instituted promptly in a hospital setting, along with immediate discontinuation of metformin hydrochloride. In metformin hydrochloride treated patients with a diagnosis or strong suspicion of lactic acidosis, prompt hemodialysis is recommended to correct the acidosis and adiousis, prompt remodiarysis is recommended to correct the acidosis and remove accumulated metformin (metformin hydrochloride is dialyzable with a clearance of up to 170 mL/min under good hemodynamic conditions). Hemodialysis has often resulted in reversal of symptoms and recovery. Educate patients and their families about the symptoms of lactic acidosis and,

if these symptoms occur, instruct them to discontinue metformin hydrochloride and report these symptoms to their healthcare provider. For each of the known and possible risk factors for metformin-associated lactic acidosis, recommendations to reduce the risk of and manage metformin-

associated lactic acidosis are provided below: Renal impairment—The postmarketing metformin-associated lactic acidosis cases primarily occurred in patients with significant renal

The risk of metformin accumulation and metformin-associated lactic acidosis increases with the severity of renal impairment because metformin is substantially excreted by the kidney. Clinical recommendations based

upon the patient's renal function include [see Dosage and Administration (2.1), Clinical Pharmacology (12.3)]: Before initiating metformin hydrochloride, obtain an estimated

glomerular filtration rate (eGFR).

Metformin hydrochloride is contraindicated in patients with an eGFR less than 30 mL/min/1.73 m² [see Contraindications (4]].

Initiation of metformin hydrochloride is not recommended in patients with eGFR between 30 to 45 mL/min/1.73 m².

Obtain an eGFR at least annually in all patients taking metformin hydrochloride. In patients taking metformin hydrochloride. In patients at risk for the development of renal impairment (e.g., the elderly), renal function should be assessed

more frequently. In patients taking metformin hydrochloride whose eGFR falls below 45 mL/min/1.73 m², assess the benefit and risk of continuing therapy. Drug interactions - The concomitant use of metformin hydrochloride with specific drugs may increase the risk of metformin-associated lactic acidosis: those that impair renal function, result in significant hemodynamic change, interfere with acid-base balance, or increase metformin accumulation. Consider more frequent monitoring of patients. Age 65 or greater — The risk of metformin-associated lactic acidosis increases with the patient's age because elderly patients have a greater

likelihood of having hepatic, renal, or cardiac impairment than younger patients. Assess renal function more frequently in elderly patients. Radiologic studies with contrast — Administration of intravascular iodinated contrast agents in metformin-treated patients has led to an acute decrease in renal function and the occurrence of lactic acidosis. Stop metformin hydrochloride at the time of, or prior to, an iodinated contrast imaging procedure in patients with an eGFR between 30 and 60 mL/ min/1.73 m²; in patients with a history of hepatic impairment, alcoholism or heart failure; or in patients who will be administered intra-arterial iodinated

contrast. Re-evaluate eGFR 48 hours after the imaging procedure, and restart metformin hydrochloride if renal function is stable.

Surgery and other procedures — Withholding of food and fluids during surgical or other procedures may increase the risk for volume depletion, hypotension, and renal impairment. Metformin hydrochloride should be temporarily discontinued while patients have restricted food and fluid

Hypoxic states — Several of the postmarketing cases of metformin associated lactic acidosis occurred in the setting of acute congestive heart failure (particularly when accompanied by hypoperfusion and hypoxemia). Cardiovascular collapse (shock), acute myocardial infarction, sepsis, and other conditions associated with hypoxemia have been associated with lactic acidosis and may cause prerenal azotemia. When such an event occurs, discontinue metformin hydrochloride. Excessive alcohol intake — Alcohol potentiates the effect of metformin on

lactate metabolism. Patients should be warned against excessive alcohol

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Before taking metformin hydrochloride tablets, tell your healthcare provider if you:

• have type 1 diabetes. Metformin hydrochloride tablets should not be used to treat people with type 1 diabetes.

• have a history or risk for diabetic ketoacidosis (high levels of certain acids, known as ketones, in the blood

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Hepatic impairment — Patients with hepatic impairment have developed cases of metformin-associated lactic acidosis. This may be due to impaired lactate clearance resulting in higher lactate blood levels. Therefore, avoid use of metformin hydrochloride in patients with clinical or laboratory

5.2 Vitamin B, Deficiency

In metformin hydrochloride clinical trials of 29-week duration, a decrease to subnormal levels of previously normal serum vitamin B_{12} levels was observed in approximately 7% of patients. Such decrease, possibly due to interference with B₁₂ absorption from the B₁₂-intrinsic factor complex, may be associated with an amia but appears to be rapidly reversible with discontinuation of metformin hydrochloride or vitamin B, supplementation. Certain individuals (those with inadequate vitamin B_{12} or calcium intake or absorption) appear to be predisposed to developing subnormal vitamin B_{12} levels. Measure hematologic parameters on an annual basis and vitamin B_{12} at 2 to 3 year intervals in patients on metformin hydrochloride and manage any abnormalities [see Adverse

5.3 Hypoglycemia with Concomitant Use with Insulin and Insulin

nsulin and insulin secretagogues (e.g., sulfonylurea) are known to cau hypoglycemia. Metformin hydrochloride may increase the risk of hypoglycemia when combined with insulin and/or an insulin secretagogue. Therefore, a lower dose of insulin or insulin secretagogue may be required to minimize the risk of hypoglycemia when used in combination with metformin hydrochloride [see

Drug Interactions (7)]. 5.4 Macrovascular Outcomes There have been no clinical studies establishing conclusive evidence of

macrovascular risk reduction with metformin hydrochloride. ADVERSE REACTIONS

The following adverse reactions are also discussed elsewhere in the labeling: Lactic Acidosis [see Boxed Warning and Warnings and Precautions (5.1)]

Vitamin B₁₂ Deficiency [see Warnings and Precautions (5.2)] Hypoglycemia [see Warnings and Precautions (5.3)]

Clinical Studies Experience Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the

rates observed in practice.

mellitus, a total of 141 patients received metformin hydrochloride up to 2,550 mg per day. Adverse reactions reported in greater than 5% of metformir hydrochloride treated patients and that were more common than in placebo treated patients, are listed in Table 1.

Table 1: Adverse Reactions from a Clinical Trial of Metformin Hydrochloride Occurring >5% and More Common than Placebo in Patients with Type 2 **Diabetes Mellitus**

	Metformin Hydrochloride (n=141)	Placebo (n=145)
Diarrhea	53%	12%
Nausea/Vomiting	26%	8%
Flatulence	12%	6%
Asthenia	9%	6%
Indigestion	7%	4%
Abdominal Discomfort	6%	5%
Headache	6%	5%

Diarrhea led to discontinuation of metformin hydrochloride in 6% of patien Additionally, the following adverse reactions were reported in ≥1% to ≤5% of metformin hydrochloride treated patients and were more commonly reported with metformin hydrochloride than placebo: abnormal stools, hypoglycemia, myalgia, lightheaded, dyspnea, nail disorder, rash, sweating increased, taste disorder, chest discomfort, chills, flu syndrome, flushing, palpitation.

In metformin hydrochloride clinical trials of 29-week duration, a decrease to subnormal levels of previously normal serum vitamin B, levels was observed in approximately 7% of patients Pediatric Patients

In clinical trials with metformin hydrochloride in pediatric patients with type 2 diabetes mellitus, the profile of adverse reactions was similar to that observed

in adults. The following adverse reactions have been identified during post approval

use of metformin. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure. Cholestatic. hepatocellular, and mixed hepatocellular liver injury have been

7 DRUG INTERACTIONS Table 3 presents clinically significant drug interactions with metformin

Table 3: Clinically Significant Drug Interactions with Metformin Hydrochloride

Carbonic Anh	ydrase Inhibitors			
Clinical Impact:	Carbonic anhydrase inhibitors frequently cause a decrease in serum bicarbonate and induce non-anion gap, hyperchloremic metabolic acidosis. Concomitant use of these drugs with metformin hydrochloride may increase the risk for lactic acidosis.			
Intervention:	Consider more frequent monitoring of these patients.			
Examples:	Topiramate, zonisamide, acetazolamide or dichlorphenamide.			
Drugs that Reduce Metformin Hydrochloride Clearance				
Clinical Impact:	Concomitant use of drugs that interfere with common renal tubular transport systems involved in the renal elimination of metformin (e.g., organic cationic transporter-2 [OCT2] / multidrug and toxin extrusion [MATE] inhibitors) could increase systemic exposure to metformin and may increase the risk for lactic acidosis [see Clinical Pharmacology (12.3)].			

Clinical Impact:	tubular transport systems involved in the renal elimination of metformin (e.g., organic cationic transporter-2 [OCT2] / multidrug and toxin extrusion [MATE] inhibitors) could increase systemic exposure to metformin and may increase the risk for lactic acidosis [see Clinical Pharmacology (12.3)].			
Intervention:	Consider the benefits and risks of concomitant use with metformin hydrochloride.			
Examples:	Ranolazine, vandetanib, dolutegravir, and cimetidine.			
Alcohol				
Clinical Impact:	Alcohol is known to potentiate the effect of metformin on lactate metabolism.			
Intervention:	Warn patients against excessive alcohol intake while receiving metformin hydrochloride.			
Insulin Secre	etagogues or Insulin			
Clinical Impact:	Coadministration of metformin hydrochloride with an insulin secretagogue (e.g., sulfonylurea) or insulin may increase the risk of hypoglycemia.			

Intervention:	Patients receiving an insulin secretagogue or insulin may require lower doses of the insulin secretagogue or insulin.
Drugs Affecti	ing Glycemic Control
Clinical Impact:	Certain drugs tend to produce hyperglycemia and may lead to loss of glycemic control.
Intervention:	When such drugs are administered to a patient receiving metformin hydrochloride, observe the patient closely for loss of blood glucose control. When such drugs are withdrawn from a patient receiving metformin hydrochloride, observe the patient closely for hypoglycemia.
	This zides and other digretics corticosteroids phenothis

azines, thyroid products, estrogens, oral contraceptives

phenytoin, nicotinic acid, sympathomimetics, calcium

channel blockers, and isoniazid USE IN SPECIFIC POPULATIONS

8.1 Pregnancy Risk Summary Limited data with metformin hydrochloride in pregnant women are not sufficient

to determine a drug-associated risk for major birth defects or miscarriage. Published studies with metformin use during pregnancy have not reported a clear association with metformin and major birth defect or miscarriage risk [see Data]. There are risks to the mother and fetus associated with poorly controlled diabetes mellitus in pregnancy [see Clinical Considerations]. No adverse developmental effects were observed when metformin was

administered to pregnant Sprague Dawley rats and rabbits during the period of organogenesis at doses up to 2- and 5-times, respectively, a 2,550 mg clinical dose, based on body surface area [see Data].

The estimated background risk of major birth defects is 6 to 10% in women with pre-gestational diabetes mellitus with an HbA1C >7 and has been reported to be as high as 20 to 25% in women with a HbA1C >10. The estimated background risk of miscarriage for the indicated population is unknown. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2 to 4% and 15 to 20%, respectively.

Clinical Considerations Disease-associated maternal and/or embryo/fetal risk

Poorly-controlled diabetes mellitus in pregnancy increases the maternal risk for diabetic ketoacidosis, pre-eclampsia, spontaneous abortions, preterm delivery, stillbirth and delivery complications. Poorly controlled diabetes mellitus increases the fetal risk for major birth defects, stillbirth, and macrosomia related morbidity.

Data

Published data from post-marketing studies have not reported a clear association with metformin and major birth defects, miscarriage, or adverse maternal or fetal outcomes when metformin was used during pregnancy. However, these studies cannot definitely establish the absence of any metformin-associated risk because of methodological limitations, including small sample size and inconsistent comparator groups.

Metformin hydrochloride did not adversely affect development outcomes when administered to pregnant rats and rabbits at doses up to 600 mg/kg/day. This represents an exposure of about 2 and 5 times a 2,550 mg clinical dose based on body surface area comparisons for rats and rabbits, respectively. Determination of fetal concentrations demonstrated a partial placental barrier

8.2 Lactation Risk Summary

imited published studies report that metformin is present in human milk [see Data]. However, there is insufficient information to determine the effects of metformin on the breastfed infant and no available information on the effects of metformin on milk production. Therefore, the developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for metformin hydrochloride and any potential adverse effects on the breastfed child from metformin hydrochloride or from the underlying maternal condition.

milk which resulted in infant doses approximately 0.11% to 1% of the maternal weight-adjusted dosage and a milk/plasma ratio ranging between 0.13 and 1. However, the studies were not designed to definitely establish the risk of use of metformin during lactation because of small sample size and limited adverse event data collected in infants.

Published clinical lactation studies report that metformin is present in human

8.3 Females and Males of Reproductive Potential Discuss the potential for unintended pregnancy with premenopausal women as therapy with metformin hydrochloride may result in ovulation in some

anovulatory women. 8.4 Pediatric Use Metformin Hydrochloride

The safety and effectiveness of metformin hydrochloride for the treatment of type 2 diabetes mellitus have been established in pediatric patients 10 to 16 years old. Safety and effectiveness of metformin hydrochloride have not been established in pediatric patients less than 10 years old.

Use of metformin hydrochloride in pediatric patients 10 to 16 years old for the treatment of type 2 diabetes mellitus is supported by evidence from adequate and well-controlled studies of metformin hydrochloride in adults with additional data from a controlled clinical study in pediatric patients 10 to 16 years old with type 2 diabetes mellitus, which demonstrated a similar response in glycemic control to that seen in adults [see Clinical Studies (14.1)]. In this study, adverse reactions were similar to those described in adults. A maximum daily dose of 2,000 mg of metformin hydrochloride is recommended. [See *Dosage and* Administration (2.2).] 8.5 Geriatric Use

numbers of elderly patients to determine whether they respond differently from younger patients. In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy and the higher risk of lactic acidosis. Assess renal function more frequently in elderly patients [see *Warnings and*

Precautions (5.1)]. 8.6 Renal Impairment

Metformin is substantially excreted by the kidney, and the risk of metformin accumulation and lactic acidosis increases with the degree of renal impairment. Metformin hydrochloride is contraindicated in severe renal impairment, patients with an estimated glomerular filtration rate (eGFR) below 30 mL/min/1.73 m² [see Dosage and Administration (2.3), Contraindications (4), Warnings and Precautions (5.1), and Clinical Pharmacology (12.3)].

8.7 Hepatic Impairment

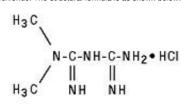
Use of metformin in patients with hepatic impairment has been associated with some cases of lactic acidosis. Metformin hydrochloride is not recommended in patients with hepatic impairment. [see Warnings and Precautions (5.1)]. 10 OVERDOSAGE Overdose of metformin hydrochloride has occurred, including ingestion of

amounts greater than 50 grams. Hypoglycemia was reported in approximately 10% of cases, but no causal association with metformin has been established.

Lactic acidosis has been reported in approximately 32% of metformin overdose cases [see *Warnings and Precautions (5.1)*]. Metformin is dialyzable with a clearance of up to 170 mL/min under good hemodynamic conditions. Therefore, hemodialysis may be useful for removal of accumulated drug from patients in

whom metformin overdosage is suspected.

Metformin hydrochloride tablets. USP contain the antihyperglycemic agent metformin, which is a biguanide, in the form of monohydrochloride. The chemical name of metformin hydrochloride is N,N-dimethylimidodicarbonimidic diamide hydrochloride. The structural formula is as shown below:



Metformin hydrochloride, USP is a white to off-white crystalline compound with a molecular formula of C_sH₁₁N_s+HCl and a molecular weight of 165.63. It is freely soluble in water and is practically insoluble in acetone, ether, and chloroform. The pK_a of metformin is 12.4. The pH of a 1% aqueous solution of metformin hydrochloride is 6.68.

Metformin hydrochloride tablets, USP contain 500 mg, 850 mg, or 1,000 mg of metformin hydrochloride, which is equivalent to 389.93 mg, 662.88 mg, 779.86 mg metformin base, respectively. Each tablet contains the inactive ingredients colloidal silicon dioxide, croscarmellose sodium, magnesium stearate and povidone. In addition, the tablet coating material of 500 mg, 850 mg and 1,000 mg tablets contains hypromellose, polyethylene glycol, titanium dioxide and artificial blackberry flavor. 12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action Metformin is an antihyperglycemic agent which improves glucose tolerance in patients with type 2 diabetes mellitus, lowering both basal and postprandial plasma glucose. Metformin decreases hepatic glucose production, decreases

peripheral glucose uptake and utilization. With metformin therapy, insulin secretion remains unchanged while fasting insulin levels and day-long plasma insulin response may decrease. 12.3 Pharmacokinetics Absorption The absolute bioavailability of a metformin hydrochloride 500 mg tablet given under fasting conditions is approximately 50% to 60%. Studies using single oral doses of metformin hydrochloride 500 to 1,500 mg and 850 to 2,550 mg, indicate that there is a lack of dose proportionality with increasing doses, which is due to decreased absorption rather than an alteration in elimination. At usual clinical doses and dosing schedules of metformin hydrochloride, steady state

intestinal absorption of glucose, and improves insulin sensitivity by increasing

plasma concentrations of metformin are reached within 24 to 48 hours and are Effect of food: Food decreases the extent of absorption and slightly delays the absorption of metformin, as shown by approximately a 40% lower mean peak plasma concentration (C_{max}), a 25% lower area under the plasma concentration versus time curve (AUC), and a 35-minute prolongation of time to peak plasma concentration (T_{max}) following administration of a single 850 mg tablet of metformin hydrochloride with food, compared to the same tablet strength

Distribution

The apparent volume of distribution (V/F) of metformin following single oral doses of metformin hydrochloride 850 mg averaged 654 ± 358 L. Metformin is negligibly bound to plasma proteins. Metformin partitions into erythrocytes, most likely as a function of time Intravenous single-dose studies in normal subjects demonstrate that metformin

is excreted unchanged in the urine and does not undergo hepatic metabolism (no metabolites have been identified in humans) nor biliary excretion. Renal clearance (see Table 4) is approximately 3.5 times greater than creatinine clearance, which indicates that tubular secretion is the major route of metformin

effect.

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What are metformin hydrochloride tablets?

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have kidney problems. People whose kidneys are not working properly should not take metformin hydrochloride tablets. have liver problems. have congestive heart failure that requires treatment

arge amount of body fluids). e sick with a fever, vomiting, can also happen when you short-term "binge"

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Front Page

zy or lightheaded slow or irregular heartbeat a higher chance of

You have have a

if you:

feel cold, e feel dizzy o

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feel very weak and tired have unusual (not normal) have trouble breathing have unusual sleepiness or Stop taking me your healthcar the following s

a hospital.

Lactic Acidosis. Metformin hydrochloride, the medicine in metformin but serious, sic of lactic acid in acidosis is a m know about Serious si metformin

---DOSAGE AND ADMINISTRATION-

Adult Dosage for Metformin Hydrochloride Tablets:

Pediatric Dosage for Metformin Hydrochloride Tablets: Starting dose: 500 mg orally twice a day, with meals (2.2)

WARNING: LACTIC ACIDOSIS

- Adult Dosage 2.4 Discontinuation for Iodinated Contrast Imaging Procedures
- 5.1 Lactic Acidosis 5.2 Vitamin B₁₂ Deficiency 5.3 Hypoglycemia with Concomitant Use with Insulin and Insulin
- 8 USE IN SPECIFIC POPULATIONS

- Metformin hydrochloride tablets are contraindicated in patients with an estimated glomerular filtration rate (eGFR) below 30 mL/minute/1.73 m².
- Metformin Hydrochloride Tablets, USP are available as: Tablets: 500 mg white to off white, round, biconvex, flavored, film coated

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Specific Populations

In patients with decreased renal function the plasma and blood half-life of metformin is prolonged and the renal clearance is decreased (see Table 3) [See Dosage and Administration (2.3), Contraindications (4), Warnings and Precautions (5.1) and Use in Specific Populations (8.6)] Hepatic Impairment

No pharmacokinetic studies of metformin have been conducted in patients with hepatic impairment [See Warnings and Precautions (5.1) and Use in Specific Populations (8.7)].

Geriatrics

in healthy elderly subjects suggest that total plasma clearance of metformin is decreased, the half-life is prolonged, and C_{max} is increased, compared to health young subjects. It appears that the change in metformin pharmacokinetics with aging is primarily accounted for by a change in renal function (see Table 4). [See Warnings and Precautions (5.1) and Use in Specific Populations (8.5)]

Table 4: Select Mean (±S.D.) Metformin Pharmacokinetic Para

Subject Groups: Metformin Hydrochloride dose ^a (number of subjects)	C b (mcg/mL)	T ° (hrs)	Renal Clearance (mL/min)
Healthy, nondiabetic adults: 500 mg single dose (24) 850 mg single dose (74) ^d 850 mg three times daily for 19 doses ^e (9)	1.03 (±0.33) 1.60 (±0.38) 2.01 (±0.42)	2.75 (±0.81) 2.64 (±0.82) 1.79 (±0.94)	600 (±132) 552 (±139) 642 (±173)
Adults with type 2 diabetes mellitus: 850 mg single dose (23) 850 mg three times daily for 19 doses ^e (9)	1.48 (±0.5) 1.90 (±0.62)	3.32 (±1.08) 2.01 (±1.22)	491 (±138) 550 (±160)
Elderly ^f , healthy nondiabetic adults: 850 mg single dose (12)	2.45 (±0.70)	2.71 (±1.05)	412 (±98)
Renal-impaired adults: 850 mg single dose Mild (CLcr ⁹ 61 to 90 mL/ min) (5) Moderate (CLcr 31 to 60 mL/min) (4) Severe (CLcr 10 to 30 mL/ min) (6)	1.86 (±0.52) 4.12 (±1.83) 3.93 (±0.92)	3.20 (±0.45) 3.75 (±0.50) 4.01 (±1.10)	384 (±122) 108 (±57) 130 (±90)

- ^b Peak plasma concentration
- d Combined results (average means) of five studies: mean age 32 years (range 23 to 59 years)
- e Kinetic study done following dose 19, given fasting
- ^f Elderly subjects, mean age 71 years (range 65 to 81 years) ⁹ CLcr = creatinine clearance normalized to body surface area of 1.73 m²

Pediatrics

After administration of a single oral metformin hydrochloride 500 mg tablet with food, geometric mean metformin C_{\max} and AUC differed less than 5% between pediatric type 2 diabetic patients (12 to 16 years of age) and gender-and weight-matched healthy adults (20 to 45 years of age), all with normal renal function.

Gender Metformin pharmacokinetic parameters did not differ significantly between normal subjects and patients with type 2 diabetes mellitus when analyzed according to gender (males=19, females=16).

No studies of metformin pharmacokinetic parameters according to race have been performed

In Vivo Assessment of Drug Interactions

Drug Interactions

Table 5: Effect of Coadministered Drug on Plasma Metformin Systemic Exposure

Coadministered Drug	Dose of Coadministered Drug*	Dose of Metformin*	Geometric Mean Ra (ratio with/withou coadministered drug Effect = 1.00		out ug) No
				AUC†	C _{max}
No dosing adju	stments required	for the follow	wing:		
Glyburide	5 mg	850 mg	metformin	0.91‡	0.93‡
Furosemide	40 mg	850 mg	metformin	1.09‡	1.22‡
Nifedipine	10 mg	850 mg	metformin	1.16	1.21
Propranolol	40 mg	850 mg	metformin	0.90	0.94
Ibuprofen	400 mg	850 mg	metformin	1.05‡	1.07‡
	eliminated by renaination [See Warns (7.2).]				•
Cimetidine	400 mg	850 mg	metformin	1.40	1.61

100 mg§ 500 mg§ metformin 1.25§ 1.17 * All metformin and coadministered drugs were given as single doses

Carbonic anhydrase inhibitors may cause metabolic acidosis

[See Warnings and Precautions (5.1) and Drug Interactions (7.1).]

- † AUC = AUC(INF)
- \S At steady state with topiramate 100 mg every 12 hours and metformin 500 mg every 12 hours; AUC = AUC o to 12h Table 6: Effect of Metformin on Coadministered Drug Systemic Exposure

Coadministered Drug	Dose of Coadministered Dose of		Geometric Mean Ratio (ratio with/without metformin) No Effect = 1.00		
			AUC† C _{mi}		C _{max}
No dosing adjustments required for the following:					
Glyburide	5 mg	850 mg	glyburide	0.78‡	0.63‡
Furosemide	40 mg	850 mg	furosemide	0.87‡	0.69‡
Nifedipine	10 mg	850 mg	nifedipine	1.10§	1.08
Propranolol	40 mg	850 mg	propranolol	1.01§	1.02
Ibuprofen	400 mg	850 mg	ibuprofen	0.97¶	1.01¶
Cimetidine	400 mg	850 mg	cimetidine	0.95§	1.01

- * All metformin and coadministered drugs were given as single doses
- †AUC = AUC(INF) unless otherwise noted
- § AUC_(0 to 24 hr) reported
- ¶ Ratio of arithmetic means 13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility
Long-term carcinogenicity studies have been performed in rats (dosing
duration of 104 weeks) and mice (dosing duration of 91 weeks) at doses up
to and including 900 mg/kg/day and 1,500 mg/kg/day, respectively. These
doses are both approximately 3 times the maximum recommended human daily dose of 2,550 mg based on body surface area comparisons. No evidence of carcinogenicity with metformin was found in either male or female mice. Similarly, there was no tumorigenic potential observed with metformin in male rats. There was, however, an increased incidence of benign stromal uterine polyps in female rats treated with 900 mg/kg/day. There was no evidence of a mutagenic potential of metformin in the following in

vitro tests: Ames test (S. typhimurium), gene mutation test (mouse lymphoma cells), or chromosomal aberrations test (human lymphocytes). Results in the in vivo mouse micronucleus test were also negative. Fertility of male or female rats was unaffected by metformin when administered

at doses as high as 600 mg/kg/day, which is approximately 2 times the maximum recommended human daily dose of 2,550 mg based on body surface

14 CLINICAL STUDIES 14.1 Metformin Hydrochloride

Common include dia

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Adouble-blind, placebo-controlled, multicenter U.S. clinical trial involving obese patients with type 2 diabetes mellitus whose hyperglycemia was not adequately controlled with dietary management alone (baseline fasting plasma glucose [FPG] of approximately 240 mg/dL) was conducted. Patients were treated with

metformin hydrochloride (up to 2,550 mg/day) or placebo for 29 weeks. The results are presented in Table 7.

Table 7: Mean Change in Fasting Plasma Glucose and HbA1c at Week 29

	Metformin Hydrochloride (n=141)	Placebo (n=145)	p-Value
FPG (mg/dL)			
Baseline	241.5	237.7	NS*
Change at FINAL VISIT	-53.0	6.3	0.001
Hemoglobin A1c (%)			
Baseline	8.4	8.2	NS*
Change at FINAL VISIT	-1.4	0.4	0.001

Mean baseline body weight was 201 lbs and 206 lbs in the metformin hydrochloride and placebo arms, respectively. Mean change in body weight from baseline to week 29 was -1.4 lbs and -2.4 lbs in the metformin hydrochloride and placebo arms, respectively. A 29-week, double-blind, placebo-controlled study of metformin hydrochloride and glyburide, alone and combination, was conducted in obese patients with type 2 diabetes mellitus who had failed to achieve adequate glycemic control while on maximum doses of glyburide (baseline FPG of approximately 250 mg/dL). Patients randomized he combination arm started therapy with metformin hydrochloride 500 mg and glyburide 20 mg. At the end of each week of the first 4 weeks of the trial, these patients had their dosages of metformin hydrochloride increased by 500 mg if they had failed to reach target fasting plasma glucose. After week 4, such dosage adjustments were made monthly, although no patient was allowed to exceed metformin hydrochloride 2,500 mg. Patients in the metformin hydrochloride only arm (metformin plus placebo) discontinued glyburide and followed the same titration schedule. Patients in the glyburide arm continued the same dose of glyburide. At the end of the trial, approximately 70% of the patients in the combination group were taking metformin hydrochloride 2,000 mg/glyburide 20 mg or metformin hydrochloride 2,500 mg/glyburide 20 mg. The results are displayed in Table 8.

Table 8: Mean Change in Fasting Plasma Glucose and HbA1c at Week 29 Comparing Metformin Hydrochloride/Glyburide (Comb) vs Glyburide (Glyb) vs Metformin Hydrochloride (MET): in Patients with Type 2 Diabetes ellitus with Inadequate Glycemic Control on Glyburide

	Comb	Glyb (n=209)	MET (n=210)	p-Values		
	(n=213)			Glyb vs Comb	MET vs Comb	MET vs Glyb
Fasting Plasma Glu- cose (mg/dL)						
Baseline	250.5	247.5	253.9	NS*	NS*	NS*
Change at FINAL VISIT	-63.5	13.7	-0.9	0.001	0.001	0.025
Hemoglobin A1c (%)						
Baseline	8.8	8.5	8.9	NS*	NS*	0.007
Change at FINAL VISIT	-1.7	0.2	-0.4	0.001	0.001	0.001
Not statistically significant						

Mean baseline body weight was 202 lbs, 203 lbs, and 204 lbs in the metformin hydrochloride/glyburide, glyburide, and metformin hydrochloride arms, respectively. Mean change in body weight from baseline to week 29 was 0.9 lbs. -0.7 lbs, and -8.4 lbs in the metformin hydrochloride/glyburide, glyburide Pediatric Clinical Studies

Table 9: Mean Change in Fasting Plasma Glucose at Week 16 Comparing Metformin Hydrochloride vs Placebo in Pediatric Patients^a with Type 2 Diabetes Mellitus

Metformin

Hydrochloride

Placebo p-Value

NDC 42385-948-90

NDC 42358-948-01

NDC 42385-949-11

A double-blind, placebo-controlled study in pediatric patients aged 10 to 16 years with type 2 diabetes mellitus (mean FPG 182.2 mg/dL), treatment with metformin hydrochloride (up to 2,000 mg/day) for up to 16 weeks (mean

duration of treatment 11 weeks) was conducted. The results are displayed in

	-		ı					
FPG (mg/dL) Baseline	(n=37) 162.4	(n=36) 192.3						
Change at FINAL VISIT	-42.9	21.4	<0.001					
Pediatric patients mean age 13.8 years (range 10 to16 years)								
	005 11 1	400 11						

Mean baseline body weight was 205 lbs and 189 lbs in the me lydrochloride and placebo arms, respectively. Mean change in body weight from

aseline to week 16 was -3.3 lbs and -2.0 lbs in the metformin hydrochloride and placebo arms, respectively 16 HOW SUPPLIED/STORAGE AND HANDLING

16.1 How Supplied formin Hydrochloride Tablets, USP are supplied in the following strengths

and package configurations: Metformin Hydrochloride Tablets USP, 500 mg are supplied as white to off white. mountaining as write to off white, round, biconvex, flavored, film coated tablets with 'LL' debossed on one side and plain on the other side.

NDC 42385-947-90 Bottles of 90 Bottles of 100 Bottles of 180 NDC 42385-047-01 NDC 42385-947-05 Bottles of 500 NDC 42385-947-11 Carton with 100 (10×10) Unit-Dose Tablets Metformin Hydrochloride Tablets USP, 850 mg are supplied as white to off white, capsule shaped, biconvex, flavored, film coated tablets with 'L06' debossed on one side and plain on the other side.

Bottles of 500 NDC 42385-948-05 NDC 42385-948-11 Carton with 100 (10×10) Unit-Dose Tablets

Metformin Hydrochloride Tablets USP, 1,000 mg are supplied as white to off white, oval, biconvex, flavored, film coated tablets, with score line on both sides, NDC 42385-949-01

Carton with 100 (10×10) Unit-Dose Tablets **16.2 Storage**Store at 20° to 25°C (68° to 77°F); excursions permitted between 15° to 30°C (59° to 86°F) [See USP Controlled Room Temperature].

Dispense in light-resistant containers. 17 PATIENT COUNSELING INFORMATION

Bottles of 90

Bottles of 100

Advise the patient to read the FDA-approved patient labeling (Patient

Lactic Acidosis Explain the risks of lactic acidosis, its symptoms, and conditions that predispose to its development. Advise patients to discontinue metformin hydrochloride tablets immediately and to promptly notify their healthcare provider if

tablets immediately and to promptly notify their neathcare provider in unexplained hyperventilation, myalgias, malaise, unusual somnolence or other nonspecific symptoms occur. Counsel patients against excessive alcohol intake and inform patients about importance of regular testing of renal function while receiving metformin hydrochloride tablets. Instruct patients to inform their doctor that they are taking metformin hydrochloride tablets prior to any surgical or radiological procedure, as temporary discontinuation may be required [see Warnions and Precayings (5.11)].

Hypoglycemia
Inform patients that hypoglycemia may occur when metformin hydrochloride tablets are coadministered with oral sulfonylureas and insulin. Explain to patients receiving concomitant therapy the risks of hypoglycemia, its symptoms and treatment, and conditions that predispose to its development [see Warnings] and Precautions (5.3)].

 $\label{eq:Vitamin B} \textit{Nitamin B}_{\textit{12}} \textit{ Deficiency:} \\ \textit{Inform patients about importance of regular hematological parameters while receiving metformin hydrochloride tablets [see Warnings and Precautions (5.2)].}$

Females of Reproductive Age:
Inform females that treatment with metformin hydrochloride tablets may result in ovulation in some premenopausal anovulatory women which may lead to unintended pregnancy [see Use in Specific Populations (8.3)].

Dispense with Patient Information available at:

www.laurusgenerics.us/images/met-patient-info.pdf

Manufactured for:

400 Connell Drive

Suite 5200 Berkeley Heights, NJ 07922 Manufactured by:

Revised: 06/2021

PATIENT INFORMATION Metformin Hydrochloride (met for' min hye" droe klor' ide) Tablets, USP

Read the Patient Information that comes with metformin hydrochloride tablets before you start taking them and each time you get a refill. There may be new information. This leaflet does not take the place of talking with your healthcare

provider about your medical condition or treatme What is the most important information I should know about metformin

Serious side effects can happen in people taking metformin hydrochlo-

Lactic Acidosis. Metformin hydrochloride, the medicine in metformin hydrochloride tablets, can cause a rare, but serious, side effect called lactic acidosis (a build-up of lactic acid in the blood) that can cause death. Lactic acidosis is a medical emergency and must be treated in a hospital.

Stop taking metformin hydrochloride tablets and call your healthcare ler right away if you get any of the following symptoms of lactic

- feel very weak and tired
- have unusual (not normal) muscle pain have trouble breathing
- have unusual sleepiness or sleep longer than usual have unexplained stomach or intestinal problems with nausea and vomiting, or diarrhea
- feel cold, especially in your arms and legs feel dizzy or lightheaded
- have a slow or irregular heartbeat

You have a higher chance of getting lactic acidosis if you: have kidney problems. People whose kidneys are not working properly

- should not take metformin hydrochloride tablets. have liver problems.
- have congestive heart failure that requires treatment with medicines drink a lot of alcohol (very often or short-term "binge" drinking). get dehydrated (lose a large amount of body fluids). This can happen
- if you are sick with a fever, vomiting, or diarrhea. Dehydration can also happen when you sweat a lot with activity or exercise and do not drink
- enough fluids. have certain x-ray tests with injectable dyes or contrast agents
- have surgery. have a heart attack, severe infection, or stroke.
- are 80 years of age or older and have not had your kidney function tested.
- Metformin hydrochloride tablets are prescription medicines that contain metformin hydrochloride. Metformin hydrochloride tablets are used with diet and exercise to help control high blood sugar (hyperglycemia) in
- adults with type 2 diabetes. Metformin hydrochloride tablets are not for people with type 1 diabetes. Metformin hydrochloride tablets are not for people with diabetic

ketoacidosis (increased ketones in your blood or urine). Metformin hydrochloride tablets help control your blood sugar in a number of ways. These include helping your body respond better to the insulin it makes naturally, decreasing the amount of sugar your liver makes, and decreasing the amount of sugar your intestines absorb. Metformin hydrochloride tablets do not cause your body to make more insulin.

Who should not take metformin hydrochloride tablets? Some conditions increase your chance of getting lactic acidosis, or cause other problems if you take this medicine. Most of the conditions listed below can increase your chance of getting lactic acidosis

Do not take metformin hydrochloride tablets if you:

have kidney problems are allergic to the metformin hydrochloride in metformin hydrochloride tablets or any of the ingredients in metformin hydrochloride tablets.

are going to get an injection of dye or contrast agents for an x-ray procedure or if you are going to have surgery and not able to eat or drink much. In these situations, metformin hydrochloride tablets will need to be stopped for a short time. Talk to your healthcare provider about when you should stop metformin hydrochloride tablets and when you should start metformin hydrochloride tablets again. See "What is the most important information I should know about metforming hydrochloride tablets?

See the end of this leaflet for a complete list of ingredients in metfor

What should I tell my healthcare provider before taking metformin hydrochloride tablets?

Before taking metformin hydrochloride tablets, tell your healthcare provider

acids, known as ketones, in the blood or urine). Metformin hydrochloride

have type 1 diabetes. Metformin hydrochloride tablets should not be used to treat people with type 1 diabetes. have a history or risk for diabetic ketoacidosis (high levels of certain

tablets should not be used for the treatment of diabetic ketoacidosis. have kidney problems

sugar while you are pregnant.

drinking.

have liver problems.

have heart problems, including congestive heart failure. are older than 80 years. If you are over 80 years old you should not take metformin hydrochloride tablets unless your kidneys have been checked and they are normal drink alcohol very often, or drink a lot of alcohol in short-term "binge"

are taking insulin have any other medical conditions are pregnant or plan to become pregnant. It is not known if metforming hydrochloride tablets will harm your unborn baby. If you are pregnant, talk with your healthcare provider about the best way to control your blood

are breast-feeding or plan to breast-feed. It is not known if metformin hydrochloride passes into your breast milk. Talk with your healthcare provider about the best way to feed your baby while you take metforming hydrochloride tablets. Tell your healthcare provider about all the medicines you take, including prescription and nonprescription medicines, vitamins, and herbal supplements

Know the medicines you take. Keep a list of them to show your healthcare provider and pharmacist when you get a new medicine. Metformin hydrochloride tablets may affect the way other medicines work, and other medicines may affect how metformin hydrochloride

Metformin hydrochloride tablets have been shown to effectively lower glucose

levels in children (ages 10 to 16 years) with type 2 diabetes. Metformin hydrochloride tablets have not been studied in children younger than 10 years old. Metformin hydrochloride tablets have not been studied in combination with other oral glucose-control medicines or insulin in children. If you have any questions about the use of metformin hydrochloride tablets in children, talk with your doctor or other healthcare provider How should I take metformin hydrochloride tablets?

Take metformin hydrochloride tablets exactly as your healthcare provider

- Metformin hydrochloride tablets should be taken with meals to help lessen an upset stomach side effect.
 Swallow metformin hydrochloride tablets whole.
 - You may sometimes pass a soft mass in your stools (bowel movement) that looks like metformin hydrochloride tablets.

 When your body is under some types of stress, such as fever, trauma
- (such as a car accident), infection, or surgery, the amount of diabetes medicine that you need may change. Tell your healthcare provider right away if you have any of these problems. Your healthcare provider should do blood tests to check how well your kidneys are working before and during your treatment with metformin hydrochloride tablets. Your healthcare provider will check your diabetes with regular blood tests, including your blood sugar levels and your hemoglobin ATC. Follow your healthcare provider's instructions for treating blood sugar

that is too low (hypoglycemia). Talk to your healthcare provider if low blood sugar is a problem for you. See "What are the possible side effects of metformin hydrochloride tablets?" Check your blood sugar as your healthcare provider tells you to.

Stay on your prescribed diet and exercise program while taking

metformin hydrochloride tablets. If you miss a dose of metformin hydrochloride tablets, take your next dose as prescribed unless your healthcare provider tells you differently. Do not take an extra dose the next day. If you take too much metformin hydrochloride tablets, call your healthcare provider, local Poison Control Center, or go to the nearest hospital

What should I avoid while taking metformin hydrochloride tablets? Do not drink a lot of alcoholic drinks while taking metformin hydrochloride tablets. This means you should not binge drink for short periods, and you should not drink a lot of alcohol on a regular basis. Alcohol can increase the

emergency room right away.

What are the side effects of metformin hydrochloride tablets? Lactic acidosis. Metformin, the active ingredient in metformin

hydrochloride tablets, can cause a rare but serious condition called lactic acidosis (a buildup of an acid in the blood) that can cause death. Lactic acidosis is a medical emergency and must be treated

Call your doctor right away if you have any of the following symptoms, which could be signs of lactic acidosis hloride tablets?

an extra dose the next day. healthcare provider tells you tells you to. Stay on you

Check your blood sugar as your healthcare provider

If you miss a dose of metformin hydrochloride tablets,

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(20°C to 25°C).

Follow your healthcare provider's instructions treating blood sugar that is too low (hypoglycen Talk to your healthcare provider if low blood suga a problem for you. See "What are the possible effects of metformin hydrochloride tablets?"

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regular blood tests, including your blood sugar levels

If you take too much metformin hydrochloride tablets, call your healthcare provider, local Poison Control

- you feel cold in your hands or feet you feel dizzy or lightheaded
- you have a slow or irregular heartbeat
- you feel very weak or tired you have trouble breathing
- you feel sleepy or drowsy you have stomach pains, nausea or vomiting that, combined with the metformin, led to the lactic acidosis. Tell your doctor if
- you have any of the following, because you have a higher chance for getting lactic acidosis with metformin hydrochloride tablets if you: have severe kidney problems, or your kidneys are affected by certain

 - x-ray tests that use injectable dye

 - drink alcohol very often, or drink a lot of alcohol in short-term "binge"
 - drinking get dehydrated (lose a large amount of body fluids). This can happen
 - if you are sick with a fever, vomiting, or diarrhea. Dehydration can also
- happen when you sweat a lot with activity or exercise and do not drink
- have surgery have a heart attack, severe infection, or stroke

take the medicine for a while. Taking your medicine with meals can help reduce these side effects. Tell your doctor if the side effects bother you a lot, last for more than a few weeks, come back after they've gone away, or start later in therapy. You may need a lower dose or need to stop taking the medicine for a

Common side effects of metformin hydrochloride tablets include diarrhea, nausea, and upset stomach. These side effects generally go away after you

About 3 out of every 100 people who take metformin hydrochloride tablets have an unpleasant metallic taste when they start taking the medicine. It lasts

Metformin hydrochloride tablets rarely cause hypoglycemia (low blood sugar) by themselves. However, hypoglycemia can happen if you do not eat enough,

you drink alcohol, or if you take other medicines to lower blood sugar. How should I store metformin hydrochloride tablets?

Store metformin hydrochloride tablets at 68°F to 77°F (20°C to 25°C). Keep metformin hydrochloride tablets and all medicines out of the reach

General information about the use of metformin hydrochloride tablets If you have questions or problems, talk with your doctor or other healthcare provider. You can ask your doctor or pharmacist for the information about

metformin hydrochloride tablets that is written for healthcare professionals. Medicines are sometimes prescribed for purposes other than those listed in

a patient information leaflet. Do not use metformin hydrochloride tablets for a condition for which they were not prescribed. Do not share your medicine What are the ingredients of metformin hydrochloride tablets? Active ingredients of metformin hydrochloride tablets: metformin hydrochloride. Inactive ingredients in each tablet of metformin hydrochloride: colloidal silicon

dioxide, croscarmellose sodium, magnesium stearate and povidone. In addition, the tablet coating material of 500 mg, 850 mg and 1,000 mg tablets contains hypromellose, polyethylene glycol, titanium dioxide and artificial What is type 2 diabetes? Type 2 diabetes is a condition in which your body does not make enough rype 2 diabotics is a commission in minimary and because the mass insulin, and the insulin that your body produces does not work as well as it should. Your body can also make too much sugar. When this happens, sugar

(glucose) builds up in the blood. This can lead to serious medical problems The main goal of treating diabetes is to lower your blood sugar to a normal High blood sugar can be lowered by diet and exercise, and by certain

medicines when necessary. Talk to your healthcare provider about how to prevent, recognize, and take care of low blood sugar (hypoglycemia), high blood sugar (hyperglycemia),

and problems you have because of your diabetes.

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Laurus Generics Inc. 400 Connell Drive Suite 5200 Berkeley Heights, NJ 07922 Manufactured by: Laurus Labs Limited

sakhapatnam-531011 India Revised: 06/2021

Swallow metformin hydrochloride tablets whole. You may sometimes pass a soft mass in (bowel movement) that looks

away if you have any of these problems Your healthcare provider should do b or surgery, the amount of diabetes medicine that you need may change. Tell your healthcare provider right as a car accident), types of stress, do blood tests like metformin such your

check how well your kidneys are working before and during your treatment with metformin hydrochloride Your healthcare provider will check your diabetes with time. hypoglycemia you drink alcol Metformin

back after they've gone away, or st You may need a lower do medicino f hydrochloride tablets have medicine for a short period or for good. About 3 out of every 100 generally go away after you take . Taking your medicine with meals taking or need doctor if q

other medicin do not eat

you

≕:

How should I store metformin hydrochloride tablets? Store metformin hydrochloride tablets at 68°F to 77°F

rarel ely cause is. However, it enough, if nes to lower

hypoglycemia (low blood sugar) by themselves hydrochloride can happen an unpleasant me medicine. It lasts t people who take or start later a few the nedicine for help reduce side effects seks, come in therapy, taking the etallic for a metformin

320(L) x 650(W) mm

***LAURUS** Labs No. of Colours:01 Market: US **List. of Colours:** Pharma Code:295 Date: 16/07/2021 **SAP Code:**2000924 Black **Font: Helvetica** Prepared by Reviewed by Approved by **Functional areas MFG-PKD MFG-PKD** RA QA

Back Page

magnesium stearate and povidone.

polyethyle

ene

colloidal silicon dioxide,

cros

metformin scarmellose In addition, ig and 1,000

Product Name: Metformin Hydrochloride Tablets Component: Leaflet Do not drink a lot of alcoholic drinks while taking metformin What should I avoid while taking metformin hydroc-Center, or go to the nearest hospital emergency room

right away

of alcohol on a rechance of getting What are the side effects of metformin hydrochloride hydrochloride tablets. This means you should not binge drink for short periods, and you should not drink a lot on a regular basis. A getting lactic acidosis. Alcohol can increase

metformin hydrochloride.

Inactive

ingredients

each

tablet

으

Active ingredients

of metformin hydrochlori

de tablets

What are the ingredients

of metformin hydi

ochloride

tablets?

share your medicine with other people a condition for which they were not prescrib purposes other than those listed in a patient leaflet. Do not use metformin hydrochloride

in metformin hydrochloride tablets, can active ingredient

tablets?

a medical that can emergency acidosis not make enough insulin, and the insulin that produces does not work as well as it should. can also make too much sugar. When this titanium dioxide and artificial blackberry flavor mg tablets contains hypromellose, the tablet coating material of 500 mg, 850 mg What is type 2 diabetes?

diabetes is a condition in

which your

and must be treated in the hospital. (a buildup of an acid in the blood) death. Lactic acidosis is a medi rare but serious condition called

Call your doctor right away if you have any of the following symptoms, which could be signs of lactic acidosis:

sugar (glucose) builds up in

blood.

. This

0

this

t your body
Your body
happens,
can lead to

serious medical problems

you feel very weak or tired you have trouble breathing you have a slow or irregular heartbeat you feel dizzy or lightheaded you feel cold in your hands or feet you feel sleepy or drowsy

sugar to a normal level

The main goal of treating diabetes is to lower

your blood

High blood sugar can be

lowered by diet

anc

0

exercise

certain medicines when necessary.

your healthcare

and

provider abo

you have stomach pains, nausea or vomiting

Most people who have had lactic acidosis with metformin

prevent,

acidosis. Tell your works ..., ing, because you have a higher chance acidosis with metformin hydrochloride combined with the metformin,

have led to any of the

other things

that,

ō

following, becau lactic acidosis

affected by certain x-ray tests that use injectable dye have liver problems drink alcohol very often, or drink a lot of alcohol in short-term "binge" drinking get dehydrated (lose a large amount of body fluids). This can happen if you are sick with a fever, vomiting, or diarrhea. Dehydration can also happen when you sweat a lot with activity or exercise and do not drink enough fluids have surgery are dye

Manufactured by: Berkeley Heights, NJ 07922

400 Connell Drive

_aurus Generics Inc.

Manufactured for:

severe kidney problems,

or your kidneys

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(hypoglycemia), high blood sugar (hyperglyc le at: nt-info.pdf respective

bout how to blood sugar lycemia), and

&

Signature

Date