SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

Glysit Plus 10/100 mg film coated Tablets

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each film coated tablet contains 10 mg of Dapagliflozin and 100 mg of Sitagliptin.

For full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Film coated Tablet. Yellow, round shaped film coated tablet plain on both sides.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Type 2 diabetes mellitus: It is indicated in adults for the treatment of insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise.

4.2 Posology and method of administration

The recommended dose is one tablet once daily.

4.3 Contraindications

Hypersensitivity to the active substance or to any of the excipients.

4.4 Special warnings and precautions for use

Dapagliflozin

Renal impairment

The glycaemic efficacy of Dapagliflozin is dependent on renal function, and efficacy is reduced in patients who have moderate renal impairment and is likely absent in patients with severe renal impairment.

Hepatic impairment

There is limited experience in clinical studies in patients with hepatic impairment.

Use in patients at risk for volume depletion and/or hypotension

Dapagliflozin increases diuresis which may lead to a modest decrease in blood pressure.

Diabetic ketoacidosis

SGLT2 inhibitors should be used with caution in patients with increased risk of DKA.

Sitagliptin

Acute pancreatitis

Use of DPP-4 inhibitors has been associated with a risk of developing acute pancreatitis, characterised by persistent severe abdominal pain. Very rare cases of necrotising or haemorrhagic pancreatitis and/or death have been reported. If pancreatitis is suspected, Sitagliptin should be discontinued; if confirmed, it should not be restarted. Caution should be exercised in patients with a history of pancreatitis.

Hypoglycaemia when used in combination with other anti-hyperglycaemic medicinal products

Hypoglycaemia has been observed when Sitagliptin was used in combination with insulin or a sulphonylurea; a lower dose may be considered to reduce this risk.

Renal impairment

Sitagliptin is renally excreted. Lower dosages are recommended in patients with GFR <45 mL/min.

Hypersensitivity reactions

Post-marketing reports of serious hypersensitivity reactions including anaphylaxis, angioedema, and exfoliative skin conditions including Stevens-Johnson syndrome have been reported, mostly within the first 3 months of treatment. If suspected, discontinue and assess for alternative causes.

4.5 Interaction with other medicinal products and other forms of interaction

Dapagliflozin

Diuretics

Dapagliflozin may add to the diuretic effect of thiazide and loop diuretics, increasing risk of dehydration and hypotension.

Insulin and insulin secretagogues

A lower dose of insulin or insulin secretagogue may be needed to reduce hypoglycaemia risk.

Sitagliptin

Digoxin

Sitagliptin had a small effect on plasma digoxin concentrations (AUC +11%, Cmax +18%). No dose adjustment of digoxin is recommended, but patients at risk of digoxin toxicity should be monitored.

In vitro data suggest Sitagliptin does not inhibit nor induce CYP450 isoenzymes and did not meaningfully alter the pharmacokinetics of metformin, glyburide, simvastatin, rosiglitazone, warfarin, or oral contraceptives. Sitagliptin may be a mild inhibitor of p-glycoprotein in vivo.

4.6 Fertility, pregnancy and lactation

Dapagliflozin

Pregnancy

No data from use in pregnant women; not recommended during second and third trimesters of pregnancy. Discontinue when pregnancy is detected.

Breast-feeding

Dapagliflozin should not be used while breast-feeding.

Sitagliptin

Pregnancy

There are no adequate data from use in pregnant women. Due to lack of human data, Sitagliptin should not be used during pregnancy.

Breast-feeding

It is unknown whether Sitagliptin is excreted in human breast milk; animal studies show excretion in breast milk. Should not be used during breast-feeding.

4.7 Effects on ability to drive and use machines

Glysit Plus has no or negligible influence on the ability to drive and use machines. Patients should be alerted to the risk of hypoglycaemia.

4.8 Undesirable effects

Dapagliflozin

Very common: Hypoglycaemia (when used with SU or insulin). Common: Vulvovaginitis/balanitis/genital infections, urinary tract infection, dizziness, rash, back pain. Uncommon: Fungal infection, volume depletion, thirst, constipation, dry mouth. Very rare: Necrotising fasciitis of the perineum, angioedema.

Sitagliptin

Rare: Thrombocytopenia. Frequency not known: Hypersensitivity reactions including anaphylactic responses, interstitial lung disease. Common: Hypoglycaemia, headache. Uncommon: Dizziness, constipation.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorization of the medicine is important. It allows continued monitoring of the benefit/risk balance of the medicine. Healthcare professionals are requested to report any suspected adverse reactions via pharmacy and poisons board, Pharmacovigilance Electronic Reporting System (PvERS) https://pv.pharmacyboardkenya.org'

4.9 Overdose

Dapagliflozin

No toxicity at single oral doses up to 500 mg (50x max recommended dose). No clinically meaningful effect on QTc; hypoglycaemia incidence similar to placebo.

Sitagliptin

Single doses up to 800 mg were administered with minimal, non-clinically-relevant QTc increases. No dose-related adverse reactions with doses up to 600

mg/day for 10 days or 400 mg/day for 28 days. Sitagliptin is modestly dialysable (~13.5% removed over 3-4 hour haemodialysis session).

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Dapagliflozin

SGLT2 is the predominant renal transporter for glucose reabsorption; Dapagliflozin reduces reabsorption, increasing urinary glucose excretion independent of insulin secretion/action.

Sitagliptin

Sitagliptin is a DPP-4 inhibitor that enhances active incretin hormone levels (GLP-1, GIP), increasing insulin release and decreasing glucagon levels in a glucose-dependent manner, reducing HbA1c and fasting/postprandial glucose. It is highly selective and does not inhibit DPP-8 or DPP-9 at therapeutic concentrations.

5.2 Pharmacokinetic properties

Dapagliflozin

Cmax at ~2h, absolute oral bioavailability 78% (10 mg dose); ~91% protein bound; extensively metabolised via UGT1A9 to inactive 3-O-glucuronide; terminal half-life 12.9 hours.

Sitagliptin

Rapidly absorbed with peak plasma concentrations 1-4 hours post-dose; absolute bioavailability ~87%; volume of distribution ~198 L; ~38% plasma protein bound; primarily eliminated unchanged in urine (~79%); minor metabolism via CYP3A4 with contribution from CYP2C8.

5.3 Preclinical safety data

Dapagliflozin

No special hazard for humans based on conventional studies; direct/indirect exposure in juvenile/pregnant rats associated with renal pelvic and tubular dilatations in progeny.

Sitagliptin

Renal and liver toxicity observed in rodents at high exposure multiples; incisor teeth abnormalities in rats; not genotoxic; not carcinogenic in mice; increased incidence of hepatic adenomas/carcinomas in rats considered secondary to chronic hepatic toxicity at high doses, not relevant to humans given high safety margin. No adverse effects on fertility observed.

6. PHARMACEUTICAL PARTICULARS

6.1 List of Excipients

- Calcium hydrogen phosphate
- Microcrystalline cellulose 200
- Croscarmellose sodium dried
- Magnesium stearate BP
- Sodium stearyl fumarate USP
- Aerosil BP

Film coating:

- Opadry II Yellow

6.2 Incompatibilities

Not Applicable.

6.3 Shelf life

2 Years.

6.4 Special precautions for storage

Store in a dry place below 30°C. Protect from light. Keep all medicines out of the reach of children.

6.5 Nature and contents of container

Aluminium/Aluminium blister pack; 30 tablets packed in blisters in cartons with literature insert.

6.6 Special precautions for disposal and other handling

No special requirements.

7. MARKETING AUTHORISATION HOLDER

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8. MARKETING AUTHORISATION NUMBER(S)

H2022/CTD10275/22843

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

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10. DATE OF REVISION OF THE TEXT

22-08-2026