

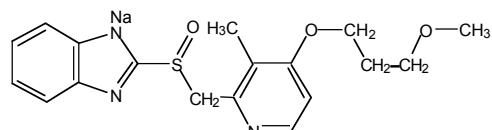
# Promto™

(Rabeprazole Sodium Tablets)

Tablets 10mg and 20mg

## DESCRIPTION

PROMTO (Rabeprazole sodium) is an enteric-coated (gastric acid resistant) formulation of rabeprazole sodium due to its acid labile nature. Rabeprazole sodium a substituted benzimidazole, is a proton pump inhibitor that inhibits gastric acid secretion. Chemically it is 2-[[[4-(3-methoxypropoxy)-3-methyl-2-pyridinyl]methyl]sulfinyl]-1H-benzimidazole sodium salt. The molecular formula is  $C_{18}H_{20}N_3NaO_3S$  and the structural formula is:



Rabeprazole sodium

## QUALITATIVE & QUANTITATIVE COMPOSITION

PROMTO (Rabeprazole sodium) is available for oral administration as:

PROMTO Tablets 10mg

Each enteric-coated tablet contains:  
Rabeprazole sodium ...10mg

PROMTO Tablets 20mg

Each enteric-coated tablet contains:  
Rabeprazole sodium ...20mg

## CLINICAL PHARMACOLOGY

### Mechanism of Action

Rabeprazole sodium belongs to a new class of antisecretory compounds (substituted benzimidazole proton-pump inhibitor) that do not exhibit anticholinergic or histamine H<sub>2</sub>-receptor antagonist properties, but suppress gastric acid secretion by inhibiting the gastric H<sup>+</sup>/K<sup>+</sup> ATPase at the parietal cell. The effect is dose related and leads to the inhibition of both basal and stimulated acid secretion irrespective to the stimulus.

### Pharmacokinetics

#### Absorption

PROMTO (Rabeprazole sodium) is an enteric-coated formulation therefore, absorption begins only after the tablet leaves the stomach. Absorption is rapid, with peak plasma concentrations (C<sub>max</sub>) of rabeprazole occurring approximately 3.5 hours (T<sub>max</sub>) after a 20mg dose. C<sub>max</sub> and AUC of rabeprazole are linear over the dose range of 10mg to 40mg. Absolute bioavailability of an oral 20mg dose is about 52%. The plasma half-life is approximately 1 hour. Neither food nor the time of day of administration of the treatment affect the absorption of rabeprazole sodium.

### Distribution

Rabeprazole is approximately 97% bound to human plasma proteins.

### Metabolism

Following absorption, rabeprazole sodium undergoes extensive hepatic metabolism. The resulting metabolites have no significant antisecretory activity.

### Excretion

Approximately 90% of the dose was eliminated in the urine primarily as metabolites. The remainder of the dose was recoverable in the faeces.

### Special Populations

#### Renal Insufficiency

In patients with stable, end-stage, renal failure requiring maintenance haemodialysis (creatinine clearance ≤ 5mL/min/1.73m<sup>2</sup>), the disposition of rabeprazole was very similar to that in healthy volunteers. The AUC and the C<sub>max</sub> in these patients was about 35% lower than the corresponding parameters in healthy volunteers. The mean half-life of rabeprazole was 0.82 hours in healthy volunteers, 0.95 hours in patients during haemodialysis and 3.6 hours post dialysis. The clearance of the drug in patients with renal disease requiring maintenance haemodialysis was approximately twice that in healthy volunteers.

#### Hepatic Insufficiency

Following a single 20mg dose of rabeprazole to patients with chronic mild to moderate hepatic impairment the AUC doubled and there was a 2-3 fold increase in half-life of rabeprazole compared to the healthy volunteers. However, following a 20mg dose daily for 7 days the AUC had increased to only 1.5-fold and the C<sub>max</sub> to only 1.2-fold. The half-life of rabeprazole in patients with hepatic impairment was 12.3 hours compared to 2.1 hours in healthy volunteers. The pharmacodynamic response (gastric pH control) in the two groups was clinically comparable.

## THERAPEUTIC INDICATIONS

PROMTO (Rabeprazole sodium) is indicated for the treatment of the following:

- Active duodenal ulcer.
- Active benign gastric ulcer.
- Symptomatic Erosive or Ulcerative Gastroesophageal Reflux Disease (GERD).
- Gastroesophageal Reflux Disease Long-term Management (GERD Maintenance).
- Zollinger-Ellison Syndrome.
- For the eradication of *Helicobacter pylori* in patients with peptic ulcer disease in combination with appropriate antibacterial therapeutic regimens.

## DOSAGE & ADMINISTRATION

PROMTO (Rabeprazole sodium) tablets should be swallowed as whole and not crushed or chewed. The recommended adult dose of PROMTO (Rabeprazole sodium) is provided in the table below:

Disease	Adult dose	Course of therapy
Active duodenal ulcer	20mg daily in the morning. Some patients respond to 10mg dose	4 weeks. Few patients may require an additional 4 weeks therapy
Active benign gastric ulcer	20mg daily in the morning	6 weeks. Few patients may require an additional 6 weeks therapy.
Symptomatic Erosive or Ulcerative Gastroesophageal Reflux Disease (GERD)	20mg daily	4 - 8 weeks
Gastroesophageal Reflux Disease Long-term Management (GERD Maintenance)	10 to 20mg daily	Depending upon patient's response.
Zollinger-Ellison Syndrome	60mg daily as starting dose. Dose may be titrated based on patient need up to 120mg daily in 2 divided doses.	Treatment should continue as long as clinically indicated.
Eradication of <i>Helicobacter pylori</i>	[PROMTO 20mg + Clarithromycin 500mg + Amoxicillin 1gm] / twice daily	1 week

## ADVERSE EFFECTS

Rabeprazole sodium is usually very well tolerated. However following are the adverse events reported during therapy with rabeprazole sodium.

**Common:** Headache, diarrhea and nausea. Other adverse events were rhinitis, abdominal pain, asthenia, flatulence, pharyngitis, vomiting, non-specific pain/back pain, dizziness, flu like syndrome, infection, cough, constipation and insomnia.

**Less frequent:** Rash, myalgia, chest pain, dry mouth, dyspepsia, nervousness, somnolence, bronchitis, sinusitis, chills, eructation, leg cramps, urinary tract infection, arthralgia and fever.

**Rare:** Anorexia, gastritis, weight gain, depression, pruritus, vision or taste disturbances, stomatitis, sweating and leucocytosis, thrombocytopenia, neutropenia and leukopenia.

## CONTRAINDICATIONS

Rabeprazole sodium is contraindicated:

- In patients with known hypersensitivity to rabeprazole or other substituted benzimidazoles or any component of this product.
- In pregnancy and during breast-feeding.

Rabeprazole sodium is not recommended for children, as there is no experience of its use in this group.

## PRECAUTIONS

- The possibility of malignancy should be excluded prior to commencing treatment with rabeprazole as symptomatic response to therapy with rabeprazole sodium does not preclude the presence of gastric or esophageal malignancy. Patients on long-term treatment (particularly those treated for more than a year) should be kept under regular surveillance.
- Rabeprazole sodium should be used with caution in patients with severe hepatic dysfunction.

## Drug Interactions:

Rabeprazole sodium produces a profound and long lasting inhibition of gastric acid secretion. An interaction with compounds whose absorption is pH dependent may occur. Co-administration of rabeprazole sodium with ketoconazole or itraconazole may result in a significant decrease in antifungal plasma levels. Therefore individual patients may need to be monitored to determine if a dosage adjustment is necessary when ketoconazole or itraconazole are taken concomitantly with rabeprazole.

## STORAGE

Store below 25°C.

Protect from sunlight and moisture.

The expiration date refers to the product correctly stored at the required conditions.

## HOW SUPPLIED

PROMTO (Rabeprazole sodium) Tablets 10mg are available in blister packs of 10's.

PROMTO (Rabeprazole sodium) Tablets 20mg are available in blister packs of 10's.

**Keep out of reach of children.**

**To be sold on prescription of a registered medical practitioner only.**

Please read the contents carefully before use.  
This package insert is continually updated from time to time.



Manufactured by: Getz Pharma (Pvt.) Limited, 29-30/27, K.I.A., Karachi - 74900, Pakistan.