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Respite™

Rabeprazole Sodium INN

50051

Presentation:
Respite 20mg tablet: Each enteric-coated tablet contains Rabeprazole Sodium INN 20mg.

Description and mechanism of Action:
Rabeprazole Sodium, a substituted benzimidazole that inhibits gastric acid secretion. Rabeprazole Sodium is known chemically as 2-[[[4-(3-methoxypropoxy)-3-methyl-2-pyridinyl]-methyl]sulfinyl]-1H-benzimidazole sodium salt. The stability of Rabeprazole Sodium is a function of pH; it is rapidly degraded in acid media, and is more stable under alkaline conditions. Rabeprazole belongs to a class of anti-secretory compounds (substituted benzimidazole proton-pump inhibitors) that do not exhibit anticholinergic or histamine H2-receptor antagonist properties, but suppress gastric acid secretion by inhibiting the gastric H+, K+ATPase at the secretory surface of the gastric parietal cell. Because this enzyme is regarded as the acid (proton) pump within the parietal cell, Rabeprazole has been characterized as a gastric proton-pump inhibitor. Rabeprazole blocks the final step of gastric acid secretion. In gastric parietal cells, Rabeprazole is protonated, accumulates, and is transformed to an active sulfenamide. When studied in vitro, Rabeprazole is chemically activated at pH 1.2 with a half-life of 78 seconds. It inhibits acid transport in porcine gastric vesicles with a half-life of 90 seconds.

Indication:
Healing of Erosive or Ulcerative Gastroesophageal Reflux Disease (GERD).
Maintenance of Healing of Erosive or Ulcerative Gastroesophageal Reflux Disease (GERD).
Treatment of Symptomatic Gastroesophageal Reflux Disease (GERD)
Healing of Duodenal Ulcers
Helicobacter pylori Eradication to Reduce the Risk of Duodenal Ulcer Recurrence
Treatment of Pathological Hypersecretory Conditions, Including Zollinger-Ellison Syndrome

Dosage and Administration:
Respite tablets should be swallowed whole. The tablets should not be chewed, crushed, or split. It can be taken with or without food.

Healing of Erosive or Ulcerative Gastroesophageal Reflux Disease (GERD):
The recommended adult oral dose is one Respite 20 mg tablet to be taken once daily for 4 to 8 weeks. For those patients who have not healed after 8 weeks of treatment, an additional 8-week course may be considered.

Maintenance of Healing of Erosive or Ulcerative Gastroesophageal Reflux Disease (GERD Maintenance):
The recommended adult oral dose is 20 mg tablet to be taken once daily.

Treatment of Symptomatic Gastroesophageal Reflux Disease (GERD):
The recommended adult oral dose is 20 mg tablet to be taken once daily for 4 weeks. If symptoms do not resolve completely after 4 weeks, an additional course of treatment may be considered.

Healing of Duodenal Ulcers:
The recommended adult oral dose is one 20 mg tablet taken once daily after the morning meal for a period up to 4 weeks. Most patients with duodenal ulcer heal within 4 weeks. A few patients may require additional therapy to achieve healing.

Helicobacter pylori Eradication to Reduce the Risk of Duodenal Ulcer Recurrence Three drug regimen-
It is important that patients comply with the full 7-day regimen.
Respite 20mg Twice Daily for 7 Days
Amoxicillin 1000mg Twice Daily for 7 Days
Clarithromycin 500mg Twice Daily for 7 Days
All three medications should be taken twice daily with the morning and evening meals.

Treatment of Pathological Hypersecretory Conditions Including Zollinger-Ellison Syndrome:
The recommended adult oral starting dose is 60 mg once a day. Doses should be adjusted to individual patient needs and should continue for as long as clinically indicated. Some patients may require divided doses. Doses up to 100 mg 4 times and 60 mg 2 times have been administered. Some patients with Zollinger-Ellison syndrome have been treated continuously up to one year.

Short-term Treatment of Gastroesophageal Reflux Disease (GERD) in Adolescent Patients 12 Years of Age and Above:
The recommended oral dose for adolescents 12 years of age and above is 20 mg once daily for up to 8 weeks.

Use in Pregnancy and lactation:
Rabeprazole is FDA Pregnancy Category B. Animal studies have revealed no evidence of impaired fertility or harm to the fetus due to Rabeprazole. However this drug should be used during pregnancy only if clearly needed.
It is not known Rabeprazole is excreted in human breast milk. Since many drugs are excreted in milk, and because of the potential for adverse reactions to nursing infants from Rabeprazole, a decision should be made to discontinue nursing or discontinue the drug, taking into account the importance of the drug to the mother.

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Pediatric Use:
The safety and effectiveness of Rabeprazole for the treatment of GERD patients <12 years of age have not been established.

Elderly, Renal and Hepatic Impaired Patients:
No dosage adjustment is necessary in elderly patients, in patients with renal disease or in patients with mild to moderate hepatic impairment. Administration of Rabeprazole to patients with mild to moderate liver impairment resulted in increased exposure and decreased elimination. Due to the lack of clinical data on Rabeprazole in patients with severe hepatic impairment, caution should be exercised in those patients.

Side-Effect:
Rabeprazole like other PPIs has few side effects. The most common side effects are diarrhea, nausea, vomiting, constipation, rash and headaches. Dizziness, nervousness, abnormal heartbeat, muscle pain, weakness, leg cramps and water retention rarely occur.

Contra-Indication:
Rabeprazole is contraindicated in patients with Known hypersensitivity to Rabeprazole, substituted benzimidazoles or any component of the formulation.

Precaution:
Symptomatic response to therapy with Rabeprazole does not preclude the response of gastric malignancy. Patients treated with a proton pump inhibitor and warfarin may need to be monitored for increases in INR and prothrombin time due to risk of abnormal bleeding.

Drug Interaction:
There have been reports of an increase in the effect of the blood thinner, warfarin, by Rabeprazole which theoretically could lead to increased bleeding. Patients taking warfarin should be monitored more frequently if the begin taking Rabeprazole. Rabeprazole may reduce the elimination of cyclosporin in the liver, thereby increasing cyclosporin levels in the blood and potentially lead to cyclosporin toxicity. The absorption of certain drugs may be affected by changes in stomach acidity. Rabeprazole and other PPIs that reduce stomach acid reduce the absorption and concentration in blood of ketoconazole and increase the absorption and concentration in blood of digoxin. This may lead to reduced effectiveness of ketoconazole or increased digoxin toxicity, respectively.

Pharmacokinetic Profile:
After oral administration of 20 mg Rabeprazole, peak plasma concentrations (Cmax) of Rabeprazole occur over a range of 2.0 to 5.0 hours (Tmax). The Rabeprazole Cmax and AUC are linear over an oral dose range of 10 mg to 40 mg. There is no appreciable accumulation when doses of 10 mg to 40 mg are administered every 24 hours; the pharmacokinetics of Rabeprazole is not altered by multiple dosing. The plasma half-life ranges from 1 to 2 hours.

Absorption: Absolute bioavailability for a 20 mg oral tablet of Rabeprazole (compared to intravenous administration) is approximately 52%. When Rabeprazole is administered with a high fat meal, its Tmax is variable and may delay its absorption up to 4 hours or longer, however, the Cmax and the extent of Rabeprazole absorption (AUC) are not significantly altered. Thus Rabeprazole may be taken without regard to timing of meals.

Distribution: Rabeprazole is 96.3% bound to human plasma proteins.

Metabolism: Rabeprazole is extensively metabolized. A significant portion of Rabeprazole is metabolized via systemic nonenzymatic reduction to a thioether compound. Rabeprazole is also metabolized to sulphone and desmethyl compounds via cytochrome P450 in the liver. The thioether and sulphone are the primary metabolites measured in human plasma. These metabolites were not observed to have significant antisecretory activity.

Elimination: Following a single 20 mg oral dose of 14C-labeled Rabeprazole, approximately 90% of the drug was eliminated in the urine, primarily as thioether carboxylic acid; its glucuronide, and mercapturic acid metabolites. The remainder of the dose was recovered in the feces. Total recovery of radioactivity was 99.8%. No unchanged Rabeprazole was recovered in the urine or feces.

Storage Condition:
Store below 25^{o}C, protected from light and moisture.

Commercial Pack:
Respite 20mg Tablet: 5x10's tablets in Alu-alu blisters. Each blister is packed within pouch.

Manufactured by:
synovia
Synovia Pharma PLC., Station Road, Tongi, Gazipur.
A Subsidiary of BEXIMCO PHARMACEUTICALS LTD.

527425

Direction Slip artwork legend

Product Name	:	Respite
Code number	:	527425
Dimension	:	L 11 x W 3.85 inches
Min. size of text	:	8 pt
Used Colors	:	Black C ■ Pantone 186 C ■