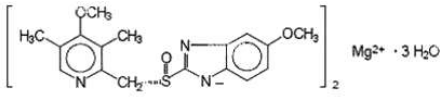
SOMPRA

(Esomeprazole)
40 mg Capsules

DESCRIPTION:
SOMPRA capsules are an enteric-coated pellet formulation of esomeprazole magnesium due to its acid labile nature. Esomeprazole is the S-isomer of omeprazole, which inhibits gastric acid secretion more effectively than omeprazole. Chemically it is bis(5-methoxy-2-[(S)-[(4-methoxy-3,5-dimethyl-2--pyridinyl)methyl]sulfinyl]-1H-benzimidazole-1-yl)magnesium trihydrate. Its empirical formula is (C17H18N3O3S)2Mgx3 H2O and the tructural formula is:



QUALITATIVE AND QUANTITATIVE COMPOSITION:
SOMPRA (Esomeprazole) is available for oral administration. Each **SOMPRA** Capsule contains enteric coated pellets of esomeprazole magnesium trihydrate equivalent to Esomeprazole 40 mg.

CLINICAL PHARMACOLOGY:
Mechanism of action: Esomeprazole works by binding irreversibly to the H+/K+-ATPase in the proton pump. Because the proton pump is the final pathway for secretion of hydrochloric acid by the parietal cells in the stomach, its inhibition dramatically decreases the secretion of hydrochloric acid into the stomach and alters gastric pH.

PHARMACOKINETICS:
Absorption: After oral administration peak plasma levels (Cmax) occur at approximately 1.5 hours (Tmax). The Cmax increases proportionally when the dose is increased, and there is a three-fold increase in the area under the plasma concentration-time curve (AUC) from 20 to 40 mg. At repeated once-daily dosing with 40 mg, the systemic bioavailability approximately 90% compared to 64% after a single Dose of 40 mg.
Effect of food: The AUC after administration of a single 40 mg dose of esomeprazole is decreased by 43% to 53% after food intake compared to fasting conditions. Esomeprazole should be taken at least one hour before meals. Food delays and decreases the absorption of esomeprazole; this does not significantly change its effect on the intragastric acidity.
Distribution: Esomeprazole is 97% bound to plasma proteins. Plasma protein binding is constant over the concentration range of 2-20 µ mol/L. The apparent volume of distribution at steady state in healthy volunteers is approximately 16 L.
Metabolism: Esomeprazole is extensively metabolized in the liver by the cytochrome P450 (CYP) enzyme system. The metabolites of esomeprazole lack antisecretory activity. The major part of esomeprazole's metabolism is dependent upon the CYP2C19 isoenzyme, which forms the hydroxy and desmethyl metabolites. The remaining amount is dependent on CYP3A4 which forms the sulphone metabolite.
Excretion: The plasma elimination half-life of esomeprazole is approximately 1-1.5 hours. Less than 1% of parent drug is excreted in the urine. Approximately 80% of an oral dose of esomeprazole is excreted as inactive metabolites in the urine, and the remainder is found as inactive metabolites in the feces.

SPECIAL PRECAUTIONS:
Geriatric: The AUC and Cmax values were slightly higher (25% and 18%, respectively) in the elderly as compared to younger subjects at steady state. Dosage adjustment based on age is not necessary.
Pediatric: The pharmacokinetics of esomeprazole have not been studied in patients <18years of age.
Gender: The AUC and Cmax values were slightly higher (13%) in females than in males at steady state. Dosage adjustment based on gender is not necessary.
Hepatic Insufficiency: The steady state pharmacokinetics of esomeprazole obtained after administration of 40 mg once daily to 4 patients each with mild (Child Pugh A), moderate (Child Pugh Class B), and severe (Child Pugh Class C) liver insufficiency were compared to those obtained in 36 male and female GERD patients with normal liver function. In patients with mild and moderate hepatic insufficiency, the AUCs were within the range that could be expected in patients with normal liver function. In patients with severe hepatic insufficiency the AUCs were 2 to 3 times higher than in the patients with normal liver function. No dosage adjustment is recommended for patients with mild to moderate hepatic insufficiency (Child Pugh Classes A and B). However, in patients with severe hepatic insufficiency (Child Pugh Class C) a dose of 20 mg once daily should not be exceeded.
Renal Insufficiency: The pharmacokinetics of esomeprazole in patients with renal impairment are not expected to be altered relative to healthy volunteers as less than 1% of esomeprazole is excreted unchanged in urine.

THERAPEUTIC INDICATIONS:
SOMPRA (Esomeprazole) is indicated for:
- Gastroesophageal reflux disease (GERD)
- Treatment of erosive reflux esophagitis
- Long term management of patients with healed esophagitis to prevent relapse
- Symptomatic treatment of gastroesophageal reflux disease (GERD) without esophagitis
- As a triple therapy (esomeprazole plus amoxicillin and clarithromycin) for the eradication of *Helicobacter pylori*
- Prevention of relapse of peptic ulcer in patients with *Helicobacter pylori* associated ulcers

NOTE: In patients who failed the therapy, susceptibility testing should be done. If resistance to clarithromycin is demonstrated or susceptibility testing is not possible, alternative antimicrobial therapy should be instituted.

DOSAGE AND ADMINISTRATION:
The recommended adult dosages are outlined in the table below.
SOMPRA (Esomeprazole) capsule should be swallowed whole and taken at least one hour before meals.

Recommended adults dosage schedule

INDICATIONS	DOSE	FREQUENCY
Gastroesophageal reflux disease Healing of erosive esophagitis	20 mg or 40 mg	Once daily 4 to 8 weeks (an additional 4-8 weeks treatment may be considered if symptoms persist or esophagitis does not heal)
Maintenance of healed erosive esophagitis	20 mg	Once daily
Symptomatic gastroesophageal reflux disease without esophagitis	20mg to 40mg	Once daily 4 to 8 weeks (an additional 4-8 weeks treatment may be considered if symptoms does not resolve completely)
H. pylori eradication to reduce the risk of duodenal ulcer recurrence		
SOMPRA Amoxicillin Clarithromycin	40 mg 1000 mg 500 mg	Once daily for 10 days Twice daily for 10 days Twice daily for 10 days

ADVERSE REACTIONS:
The following adverse drug reactions have been reported during therapy of esomeprazole. None found to be dose related.
Common: Headache, abdominal pain, diarrhea, flatulence, nausea, vomiting and constipation.

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Uncommon: Dermatitis, pruritus, urticaria, dizziness and dry mouth.
Rare: Hypersensitivity reactions, for example, angioedema, anaphylactic reaction.
The following adverse drug reactions have been observed for the racemic omeprazole and may occur with esomeprazole.
Central and peripheral nervous system: Paresthesia, somnolence, insomnia, vertigo, reversible mental confusion, agitation, aggression, depression and hallucinations, predominantly in severely ill patients.
Gastrointestinal: Stomatitis and gastrointestinal candidiasis.
Haematological: Leucopenia, thrombocytopenia, agranulocytosis and pancytopenia.
Hepatic: Increased liver enzymes, encephalopathy in patient with preexisting severe liver disease, Hepatitis with or without jaundice, hepatic failure.
Skin: Rash, photosensitivity, erythema multiforme, Stevens-Johnson syndrome, toxic epidermal necrolysis (TEN) and alopecia.
Others: Malaise, hypersensitivity reactions for example fever bronchospasm, oedema, blurred vision, taste disturbance and hyponatremia.

CONTRAINDICATIONS:
SOMPRA (Esomeprazole) is contraindicated in patients with known hypersensitivity to any component of the formulation or to substituted benzimidazoles.

PRECAUTIONS:
General: In the presence of any alarming symptoms (for example, significant unintentional weight loss, recurrent vomiting, dysphagia hematemesis or melaena) and when gastric ulcer is suspected or present, malignancy should be excluded, as treatment with esomeprazole may alleviate symptoms and delay diagnosis. Patients on long-term treatment (particularly those treated for more than a year) should be kept under regular surveillance since the symptomatic response to therapy with esomeprazole does not preclude the gastric malignancy.
Atrophic gastritis has been noted occasionally in gastric corpus biopsies from patients treated long term with omeprazole, of which esomeprazole is an enantiomer.
Patient undergoing on-demand treatment should be instructed to contact their physician if their symptoms change in character.
When prescribing esomeprazole for on-demand therapy, the implication for interaction with other pharmaceuticals, due to fluctuating plasma concentration of esomeprazole should be considered.
When prescribing esomeprazole for eradication of Helicobacter pylori infection, possible drug interactions for other components in triple therapy should be considered.
Patients with rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrase-isomaltase insufficiency, should not take this medicine.

PEDIATRIC USE:
Safety and effectiveness in pediatric patients have not been established.

PREGNANCY:
There are no adequate and well-controlled studies in pregnant women. Esomeprazole should be used during pregnancy only if clearly needed.

NURSING MOTHERS:
Because esomeprazole is likely to be excreted in human milk, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account importance of the drug to the mother due the potential for serious adverse reactions in nursing infants from esomeprazole.

DRUG INTERACTIONS:
In common with the use of other inhibitors of acid secretion or antacids, the absorption of ketoconazole and itraconazole can decrease during treatment with esomeprazole due to decreased intragastric acidity during treatment with esomeprazole.
Esomeprazole inhibits CYP2C19 the major esomeprazole metabolizing enzyme. Thus, when esomeprazole is combined with drugs metabolized by CYP2C19 such as diazepam, citalopram, imipramine, clomipramine, phenytoin etc., may be increased and a dose reduction could be needed.

HOW SUPPLIED:
SOMPRA (Esomeprazole) Capsules 40mg are available in alu alu blister of 2 X 7 capsules

STORAGE:
Store below 30°C.
Protect from sunlight & moisture.
The expiration date refers to the product correctly stored at the required conditions.
Keep out of the reach of children.

خوراک: ڈاکٹر کی ہدایت کے مطابق استعمال کریں۔
ہدایت: ٹھنڈی اور خشک جگہ پر بچوں کی پہنچ سے دور رکھیں۔
اور سورج کی روشنی سے بچائیں۔

Manufactured by:
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