Deplat-AP 75/75 75/150

(Clopidogrel + Aspirin)

Tablets

ڈی پلیٹ ۔ اے پی

(کلوپی ڈوگرل + اسپرین) گولیاں

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COMPOSITION:

Deplat-AP Tablets 75/75
Each film coated tablet contains:
Clopidogrel USP ..... 75mg.
(as Clopidogrel Bisulphate)
Aspirin ..... 75mg.
(as enteric coated)
Mfg. Specs NQ.

Deplat-AP Tablets 75/150
Each film coated tablet contains:
Clopidogrel USP ..... 75mg.
(as Clopidogrel Bisulphate)
Aspirin ..... 150mg.
(as enteric coated)
Mfg. Specs NQ.

DESCRIPTION:

Deplat-AP is a fixed-dose combination containing Clopidogrel and Aspirin.

Clopidogrel is an inhibitor of platelet aggregation. It selectively inhibits the binding of adenosine diphosphate (ADP) to its platelet receptor and the subsequent ADP-mediated activation of the glycoprotein GPIIb/IIIa complex, thereby inhibiting platelet aggregation. Copidogrel also inhibits platelet aggregation induced by agonists other than ADP by blocking the amplification of platelet activation by released ADP.

Aspirin is also an anti-platelet agent. Aspirin acts by causing irreversible inhibition of the cyclooxygenase enzyme, which leads to decreased formation of thromboxane A_2. Since platelets do not synthesize new enzyme, the action of aspirin on platelet cyclooxygenase is permanent, lasting for the life of the platelets (7-10 days).

CLINICAL PHARMACOLOGY:

Pharmacodynamics

Clopidogrel

After activation by cytochrome P450 (CYP)-mediated hepatic metabolism, Clopidogrel selectively and irreversibly inhibits ADP-induced platelet aggregation. At a clinically relevant dosage (75 mg/day), Clopidogrel prevented ADP-induced inhibition of adenylate cyclase and binding of fibrinogen without modifying the glycoprotein (GP) IIb/IIIa complex in platelets obtained from healthy volunteers. The drug also abolished cyclic AMP-dependent phosphorylation of vasodilator-simulated phosphoprotein, an event associated with activation of the GP IIb/IIIa complex.

Aspirin: Aspirin irreversibly inhibits prostaglandin cyclooxygenase, resulting in the reduced production of thromboxane A_2. This results in the inhibition of platelet aggregation.

Pharmacokinetics:

Clopidogrel is extensively metabolized by the liver. Excretion is through urine and feces. The elimination half life is 8 hours after single and repeated administration. Meals do not significantly modify the bioavailability of Clopidogrel. Aspirin, after absorption, is hydrolysed and converted to salicylic acid, whose rate of elimination is constant in relation to plasma concentration. Renal excretion of free salicylate is dependent upon urine pH, as urinary pH rises above 6.5, the renal clearance increases from <5 percent to >80 percent.

INDICATIONS: **Deplat-AP** is indicated for the prevention of ischemic events, myocardial infarction, stroke and cardiovascular death in patients with Acute Coronary Syndrome (ACS).

DOSAGE AND ADMINISTRATION: The recommended dose is one tablet once a day taken with or without food. Or as directed by the Physician.

CONTRA INDICATIONS:

Hypersensitivity to clopidogrel.
Hypersensitivity to aspirin and/or non-steroidal anti-inflammatory agents. Active pathological bleeding such as peptic ulcer or intracranial hemorrhage. Patients with bleeding tendencies like hemophilia.

WARNINGS: Patients should be told that it might take them longer than usual to stop bleeding when they take **Deplat-AP,** and that they should report any unusual bleeding to their physician. Patients should inform physicians and dentists that they are taking **Deplat-AP** before any surgery is scheduled and before any new drug is taken.

PRECAUTIONS:

General: **Deplat-AP** should be used with cautions in patients who may be at risk of increased bleeding from trauma, surgery, or other pathological conditions or drug therapy. If a patient is to undergo elective surgery and an anti-platelet effect is not desired. **Deplat-AP** should be discontinued 7 days prior to surgery.

GI Bleeding: **Deplat-AP** prolongs the bleeding time. Thus it should be used with caution in patients who have lesions with a propensity to bleed (such as ulcers).

Impaired Hepatic Function: Experience is limited in patients with severe hepatic disease, who may have bleeding diathesis **Deplat-AP** should be used with caution in this population.

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Use in Pregnancy, Nursing Mother and children:
Pregnancy Category B: Do not take this product during the last three months of pregnancy unless directed by the doctor. Aspirin taken near the time of delivery may cause bleeding to both mother and child.

Nursing Mothers: Animal studies do not show that Clopidogrel and/or its metabolites are excreted in the milk. It is not known whether this drug is excreted in human milk and because of the potential for serious adverse reactions in nursing infants, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to nursing woman.
Use in Children: Not to be used in children below 12 years of age except under medical advice.

DRUG INTERACTIONS:
Oral anticoagulants: **Deplat-AP** should be used with caution when anticoagulants are prescribed concurrently, since both Aspirin and Clopidogrel may depress the concentration of prothrombin in plasma and thereby increase bleeding time.
Hypoglycemic agents: Large doses of salicylates have hypoglycemic action and may enhance the effect of the oral hypoglycemics. Cosequently, they should not be given concomitantly; if however this is necessary, the dosage of the hypoglycemic agent must be reduced while the salicylate is given.
Non steroidal Anti-inflammatory Drugs (NSAIDs): Concomitant administration of Clopidogrel was associated with increased occult gastrointestinal blood loss in healthy volunteers receiving naproxen, NSAIDs and Clopidogrel should be co-administered with caution.
Warfarin: The safety of the co-administration of Clopidogrel with warfarin has not been established. Consequently, concomitant administration of these two agents should be undertaken with caution.
Heparin: Clopidogrel did not necessitate modification of the heparin dose or alter the effect of heparin on coagulation. Co-administration of heparin had no effect on inhibition of platelet aggregation induced by Clopidogrel. The safety of this combination has not been established, however, and concomitant use should be undertaken with caution.
Aspirin:
Anticoagulants: Aspirin should be used with caution when anticoagulants are prescribed concurrently, for Aspirin may depress the concentration of prothrombin in plasma and thereby increasing bleeding time.
Hypoglycemic Agents: Large doses of salicylates have a hypoglycemic action and may enhance the effect of the oral hypoglycemics. Consequently, they should not be given concomitantly; if however, this is necessary, the dosage of the hypoglycemic agent must be reduced while the salicylate is given. This hypoglycemic action may also affect the insulin requirements of diabetes.
Corticosteroids: Concomitant administration with Aspirin may increase the risk of gastrointestinal ulceration and may reduce serum salicylate levels.
Urinary Alkalinizers: Decrease Aspirin effectiveness by increasing the rate of salicylate renal excretion.
Alcohol: Has a synergistic effect with Aspirin in causing gastrointestinal bleeding.
Pyrazolone derivatives (phenylbutazone, oxybutazone and possibly dipyrone): Concomitant administration may increase the risk of gastrointestinal ulceration.
Phenobarbital: Decreases Aspirin effectiveness by enzyme induction.
Propranolol: It may decrease aspirin's anti-inflammatory action by competing for the same receptors.

ADVERSE EFFECTS:
Clopidogrel: The common clinically important side effects with Clopidogrel are pruritus, purpura, diarrhea and rash, infrequent events included intracranial hemorrhage (0.4%) and severe neutropenia (0.04%). The worldwide post marketing experience with Clopidogrel reported thrombotic thrombocytopenic purpura (TTP) at rate of 4 cases per million patients.
Aspirin: Gastrointestinal side effects like heartburn, stomach pain, vomiting and gross gastrointestinal bleeding were found to be significant.

OVER DOSAGE: In case of over dosage symptomatic treatment is advised. Platelet transfusion may be appropriate in reverse the pharmacological effects of **Deplat-AP** if quick reversal is required.

INSTRUCTIONS: As directed by the doctor. Keep out of the reach of children.

AVAILABILITY:
Deplat-AP 75/75 tablets are available in pack of 10's.
Deplat-AP 75/150 tablets are available in pack of 10's.

ہدایات: ڈاکٹر کی ہدایت کے مطابق استعمال کریں۔ بچوں کی پہنچ سے دور رکھیں۔

Manufactured by:
NABIQASIM INDUSTRIES (PVT) LTD.
17/24, Korangi Industrial Area,
Karachi-Pakistan.

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