Xapozan Tablets

(Vonoprazan)

زیپوزان ٹیبلیٹس

(ووناپرزان)

COMPOSITION:

Xapozan 10mg Tablets
Each film coated tablet contains:
Vonoprazan Fumarate eq. to
Vonoprazan ... 10mg
[Innovator's Specs.]

Xapozan 20mg Tablets
Each film coated tablet contains:
Vonoprazan Fumarate eq. to
Vonoprazan ... 20mg
[Innovator's Specs.]

DESCRIPTION: Vonoprazan is a potassium competitive acid blocker (PCAB). Chemically, Vonoprazan is 1-[5-(2-fluorophenyl)-1-(pyridin-3-ylsulfonyl)-1H-pyrrol-3-yl]-N-methylmethanamine monofumarate. Its molecular formula is $C_{17}H_{16}FN_3O_2S \cdot C_4H_4O_4$.

INDICATIONS: Xapozan is indicated for the treatment of gastric ulcer, duodenal ulcer, or reflux esophagitis; prevention of recurrence of gastric or duodenal ulcer associated with low-dose aspirin administration and prevention of recurrence of gastric or duodenal ulcer associated with non-steroidal anti-inflammatory drug administration. Adjunct to Helicobacter pylori eradication associated with Gastric ulcer, duodenal ulcer, gastric MALT lymphoma, idiopathic thrombocytopenic purpura, the stomach after endoscopic resection of early stage cancer, or Helicobacter pylori gastritis.

DOSAGE AND ADMINISTRATION: Adults: Gastric ulcer: The usual dose is 20mg of Vonoprazan once a day. Administration should be limited to 8 weeks.
Duodenal ulcer: The usual dose is 20mg of Vonoprazan once a day. Administration should be limited to 6 weeks.
Reflux esophagitis (erosive esophagitis): The usual dose is 20mg of Vonoprazan once a day. Administration should be limited to 4 weeks. However, when the effect is insufficient, treatment may be continued for up to 8 weeks.
Prevention of recurrence of gastric ulcer or duodenal ulcer during low-dose aspirin administration: The usual dose is 10mg of Vonoprazan once a day.
Prevention of recurrence of gastric ulcer or duodenal ulcer during NSAIDs administration: The usual dose is 10mg of Vonoprazan once a day.
Adjunct to Helicobacter pylori eradication: Usually, the following 3 drugs are orally administered at the same time twice daily for 7 days: 20mg Vonoprazan, 750mg amoxicillin, and 200mg clarithromycin. The dose of clarithromycin may be appropriately increased as required, however, the upper limit is 400mg twice daily or physician judgement. When Helicobacter pylori eradication treatment with 3 drugs consisting of a proton pump inhibitor, amoxicillin, and clarithromycin fails, alternative treatment with the following 3 drugs is recommended; 20mg Vonoprazan, 750mg amoxicillin, and 250mg metronidazole, orally administered at the same time twice daily for 7 days. The doses of antibiotic should follow the respective label recommendations for H. pylori eradication.
Method of Administration: Vonoprazan can be taken without regard to food or timing of food.
Special Patient Populations: Elderly Patients: Since the physiological functions such as hepatic or renal function are decreased in elderly patients in general, Vonoprazan should be carefully administered.
Pediatric Patients: Vonoprazan has not been studied in patients under 18 years of age.
Impaired Renal Function: Vonoprazan should be administered with care in patients with renal disorders as a delay in the excretion of Vonoprazan may occur, which may result in an increase in the concentration of Vonoprazan in the blood.
Impaired Hepatic Function: Vonoprazan should be administered with care in patients with hepatic disorders as a delay in the metabolism and excretion of Vonoprazan may occur, which may result in an increase in the concentration of Vonoprazan in the blood.

CLINICAL PHARMACOLOGY: Mechanism of Action: Vonoprazan is a potassium competitive acid blocker (PCAB) and inhibits H+, K+-ATPase in a reversible and potassium-competitive manner. It does not require activation by acid. Vonoprazan is a strong base with a high affinity for the acid pump of gastric cells inhibiting gastric acid production.
Pharmacokinetics: Absorption: Absolute bioavailability has not been determined. The pharmacokinetic parameters of Vonoprazan following single administration of Vonoprazan to healthy adult male subjects at 20mg under fasting and fed conditions.
Distribution: The mean binding rate is 85.2 to 88.0% when [14C] Vonoprazan in the range of 0.1 to 10μg/ml is added to human plasma (in vitro).
Metabolism: Vonoprazan is metabolized mainly by hepatic drug-metabolizing enzyme CYP3A4 and partially by CYP2B6, CYP2C19 and CYP2D6. Vonoprazan is also metabolized by sulfotransferase SULT2A1 (in vitro). Vonoprazan exhibits time-dependent inhibitory effect on CYP2B6, CYP2C19 and CYP3A4/5 (in vitro). In addition, Vonoprazan shows a slight concentration-dependent inductive effect on CYP1A2, but it shows little inductive effect on CYP2B6 and CYP3A4/5 (in vitro).

Rev: 03-23/0

Elimination: When radioactive-labeled drug (15mg as Vonoprazan) is orally administered to healthy adult male subjects, 98.5% of the radioactivity administered is excreted into urine and feces by 168 hours after administration: 67.4% into urine and 31.1% into feces.

CONTRA-INDICATIONS: Hypersensitivity to the active ingredients or to any of the excipients.

WARNINGS AND PRECAUTIONS: Hepatotoxicity: Hepatic function abnormalities including liver injury have been reported in clinical studies.
Post marketing reports have also been received in patients treated with Vonoprazan, many of which occurred shortly after initiation of treatment, Discontinuation of Vonoprazan is recommended in patients who have evidence of liver function abnormalities or if they develop signs or symptoms suggestive of liver dysfunction.
Elevation of intragastric pH: Administration of Vonoprazan results in elevation of intragastric pH and is therefore not recommended to be taken with drugs for which absorption is dependent on acidic intragastric pH.
Masking of Symptoms Associated with Gastric Malignancy: Gastric malignancy may present with symptoms associated with acid-related disorders which initially respond to drugs that elevate intragastric pH. A symptomatic response to Vonoprazan does not exclude the presence of gastric malignancy.
Clostridium difficile associated diarrhea, including pseudomembranous colitis: Drugs that elevate intragastric pH may be associated with an increased risk of Clostridium difficile gastrointestinal infection. Pseudomembranous colitis may be due to antibiotics used for Helicobacter pylori eradication in combination with Vonoprazan. If abdominal pain and frequent diarrhea occur, appropriate measures, including discontinuation of the treatment, should be taken.
Bone Fracture: An increased risk for osteoporosis-related fractures of the hip, wrist, or spine, predominantly in the elderly or in presence of other recognized risk factors, has been reported with the use of proton pump inhibitors, especially with use of high doses over a long-term period (>1 year). The mechanism is not clear and is likely to be multifactorial.

SPECIAL POPULATIONS: Pregnancy: As a precaution, vonoprazan should not be administered to women who are or may be pregnant, unless the expected therapeutic benefit is thought to outweigh any possible risk.

Lactation: During treatment with vonoprazan, nursing should be avoided if the administration of this drug is necessary for the mother.

SIDE EFFECTS: The following are the side effects as described below:
- Diarrhoea - Constipation - Nausea - Abdominal distension - Urticaria - Hepatotoxicity - Jaundice - Rash - Erythema multiforme - Stevens-Johnson syndrome - Toxic epidermal necrolysis

DRUG INTERACTIONS: Vonoprazan and clarithromycin: The AUC_{∞} and C_{max} of Vonoprazan increased by 1.6 times and 1.4 times, respectively, when concomitantly administered with clarithromycin compared to those of Vonoprazan when administered alone.
Vonoprazan, amoxicillin and clarithromycin: AUC_{12} and C_{max} of Vonoprazan increased by 1.8 times and 1.9 times, respectively, and AUC_{12} and C_{max} of unchanged clarithromycin increased by 1.5 times and 1.6 times, respectively.
Vonoprazan, amoxicillin and metronidazole: No difference was observed in the pharmacokinetics of metronidazole or amoxicillin when administered alone or as triple therapy.
Vonoprazan, Bismuth, Clarithromycin and Amoxicillin: Lack of a clinically meaningful effect of Vonoprazan on the pharmacokinetics of bismuth compared with lansoprazole.
Vonoprazan and low-dose aspirin or vonoprazan and NSAIDs: No clear effect of low-dose aspirin or NSAIDs on pharmacokinetics of Vonoprazan and of Vonoprazan on pharmacokinetics of low-dose aspirin or NSAIDs.
Vonoprazan and Midazolam: Midazolam systemic exposure increased less than 2-fold when co-administered with oral Vonoprazan, Vonoprazan is classified as a weak inhibitor of CYP3A4.

OVERDOSE: There is no experience of overdose with Vonoprazan. Vonoprazan is not removed from the circulation by hemodialysis. If overdose occurs, treatment should be symptomatic and supportive.

INSTRUCTIONS: Store below 30° C. Protect from heat, light and moisture. Keep out of the reach of children.

PRESENTATION:
Xapozan 10mg Tablets are available in pack size of 14's.
Xapozan 20mg Tablets are available in pack size of 14's.

ہدایات: ۳۰ ڈگری سینٹی گریڈ سے کم درجہ حرارت پر رکھیں۔ گرمی، روشنی اور نمی سے بچائیں۔ بچوں کی پہنچ سے دور رکھیں۔

Manufactured by:
NABIQASIM INDUSTRIES (PVT.) LTD.
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PHARMA
Rev: 03-23/0