Es-Omecos® (Tablets)

1349
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Esomeprazole Magnesium Trihydrate

Proton pump inhibitor

ES-OMECOS® 40MG TABLETS (ENTERIC COATED TABLETS)

PRESENTATION:

Es-Omecos® 40mg Enteric Coated Tablets : Salmon red, round shaped enteric coated tablets PLAIN on the both sides. Each enteric coated tablet contains: Esomeprazole 40 mg.

CLINICAL PHARMACOLOGY:

Esomeprazole is the S-isomer of omeprazole and reduces gastric acid secretion through a specific targeted mechanism of action. It is a specific inhibitor of the acid pump in the parietal cell. Both the R- and S-isomer of omeprazole have similar pharmacodynamic activity. Esomeprazole is a weak base and is concentrated and converted to the active form in the highly acidic environment of the secretory canaliculi of the parietal cell, where it inhibits the enzyme H^+K^+-ATPase – the acid pump and inhibits both basal and stimulated acid secretion. After oral dosing with esomeprazole 20 mg and 40 mg the onset of effect occurs within one hour. After repeated administration with 20 mg esomeprazole once daily for five days, mean peak acid output after pentagastrin stimulation is decreased 90% when measured 6–7 hours after dosing on day five. After five days of oral dosing with 20 mg and 40 mg of esomeprazole, intragastric pH above 4 was maintained for a mean time of 13 hours and 17 hours, respectively over 24 hours in symptomatic GERD patients.

Pharmacokinetics:

Absorption

Esomeprazole is acid labile and is administered orally as enteric-coated granules. In vivo conversion to the R-isomer is negligible. Absorption of esomeprazole is rapid, with peak plasma levels occurring approximately 1-2 hours after dose. The absolute bioavailability is 64% after a single dose of 40 mg and increases to 89% after repeated once daily administration. For 20 mg esomeprazole the corresponding values are 50% and 68%, respectively.

Food intake both delays and decreases the absorption of esomeprazole although this has no significant influence on the effect of esomeprazole on intragastric acidity.

Distribution

The apparent volume of distribution at steady state in healthy subjects is approximately 0.22 l/kg body weight. Esomeprazole is 97% plasma protein bound.

Biotransformation

Esomeprazole is completely metabolised by the cytochrome P450 system (CYP). The major part of the metabolism of esomeprazole is dependent on the polymorphic CYP2C19, responsible for the formation of the hydroxy- and desmethyl metabolites of esomeprazole. The remaining part is dependent on another specific isoform, CYP3A4, responsible for the formation of esomeprazole sulphone, the main metabolite in plasma.

Elimination

Total plasma clearance is about 17 l/h after a single dose and about 9 l/h after repeated administration. The plasma elimination half-life is about 1.3 hours after repeated once daily dosing. Esomeprazole is completely eliminated from plasma between doses with no tendency for accumulation during once-daily administration. The major metabolites of esomeprazole have no effect on gastric acid secretion. Almost 80% of an oral dose of esomeprazole is excreted as metabolites in the urine, the remainder in the faeces. Less than 1% of the parent drug is found in urine.

USES:

Es-omecos® tablets are indicated in adults for:

1. Gastroesophageal Reflux Disease (GERD) -Treatment of erosive reflux esophagitis.
2. Prolonged treatment after i.v. induced prevention of rebleeding of peptic ulcers.
3. Treatment of *Zollinger Ellison Syndrome*

DOSAGE AND ADMINISTRATION:

Adults

Gastroesophageal Reflux Disease (GERD) - Treatment of erosive reflux esophagitis

40 mg once daily for 4 weeks.

An additional 4 weeks treatment is recommended for patients in whom esophagitis has not healed or who have persistent symptoms.

Prolonged treatment after i.v. induced prevention of rebleeding of peptic ulcers.

40 mg once daily for 4 weeks after i.v. induced prevention of rebleeding of peptic ulcers.

Treatment of *Zollinger Ellison Syndrome*

The recommended initial dosage is Es-omecos® 40 mg twice daily. The dosage should then be individually adjusted and treatment continued as long as clinically indicated. Based on the clinical data available, the majority of patients can be controlled on doses between 80 to 160 mg esomeprazole daily.

The tablets should be swallowed whole with liquid. The tablets should not be chewed or crushed. For patients who have difficulty in swallowing, the tablets can also be dispersed in half a glass of non-carbonated water and administered through a gastric tube.

CONTRA-INDICATIONS AND WARNINGS:

Hypersensitivity to the active substance, to substituted benzimidazoles. Talk to your doctor or pharmacist before taking Es-omecos:

- If you have severe liver and kidney problems.

Es-omecos® (Tablets)

- If you have ever had a skin reaction after treatment with a medicine similar to Es-omecos® that reduces stomach acid.
- If you are due to have a specific blood tests (Chromogranin A).

Precautions

Long term use

Patients on long-term treatment (particularly those treated for more than a year) should be kept under regular surveillance.

On demand treatment

Patients on on-demand treatment should be instructed to contact their physician if their symptoms change in character.

Helicobacter pylori eradication

When prescribing esomeprazole for eradication of Helicobacter pylori, possible drug interactions for all components in the triple therapy should be considered. Clarithromycin is a potent inhibitor of CYP3A4 and hence contraindications and interactions for clarithromycin should be considered when the triple therapy is used in patients concurrently taking other drugs metabolised via CYP3A4 such as Cisapride.

Adverse Effects:

Common

- Headache
- Effects on your stomach or gut: diarrhoea, stomach pain, constipation, wind (flatulence).
- Feeling sick (nausea) or being sick (vomiting).
- Benign polyps in the stomach.

Uncommon

- Swelling of the feet and ankles.
- Disturbed sleep (insomnia).
- Dizziness, tingling feelings such as “pins and needles”, feeling sleepy.
- Spinning feeling (vertigo).
- Dry mouth.
- Changes in blood tests that check how the liver is working.

Overdosage:

Esomeprazole is extensively plasma protein bound and is therefore not readily dialyzable. As in any case of overdose, treatment should be symptomatic and general supportive measures should be utilized.

Interactions:

Esomeprazole should not be used concomitantly with Nelfinavir.

Tell your doctor or pharmacist if you are taking any of the following medicines:

- Atazanavir (used to treat HIV infection).
- Clopidogrel (used to prevent blood clots).
- Ketoconazole, itraconazole or voriconazole (used to treat infections caused by a fungus).
- Erlotinib (used to treat cancer).
- Citalopram, imipramine or clomipramine (used to treat depression).
- Diazepam (used to treat anxiety, relax muscles or in epilepsy).
- Phenytoin (used in epilepsy). If you are taking phenytoin, your doctor will need to monitor you when you start or stop taking Es-omecos®.

Pregnancy and Breastfeeding:

Animal studies do not indicate direct or indirect harmful effects with respect to reproductive toxicity. Esomeprazole should not be used during breast-feeding.

PHARMACEUTICAL PRECAUTIONS:

Store in a dry place below 30°C. Protect from light. Keep all medicines out of the reach of children.

LEGAL CATEGORY:

Prescription Only Medicine (POM)

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COSMOS

Cosmos Limited,
Rangwe Rd; Off Lunga Lunga Rd,
Nairobi, Kenya