Dapzole 40mg

(Pantoprazole Sodium)
Delayed-Release Tablets U.S.P.

QUALITATIVE AND QUANTITATIVE COMPOSITION
Dapzole (Pantoprazole Sodium) Tablets 40mg
Each Delayed-Release Tablet contains:
Pantoprazole Sodium (Sesquihydrate) U.S.P. eq. to Pantoprazole.....40mg

DESCRIPTION
Dapzole (Pantoprazole Sodium) Delayed-Release Tablets, a PPI, is a substituted benzimidazole, sodium 5-(difluoromethoxy)-2-[[(3,4-dimethoxy-2-pyridinyl) methyl] sulfinyl]-1H-benzimidazole sesquihydrate, a compound that inhibits gastric acid secretion. Its empirical formula is $C_{16}H_{14}F_2N_3NaO_4S$. 1.5 H_2O, with a molecular weight of 432.4g/mol

CLINICAL PHARMACOLOGY
Mechanism of Action: Pantoprazole is a PPI that suppresses the final step in gastric acid production by covalently binding to the (H+, K+)-ATPase enzyme system at the secretory surface of the gastric parietal cell. This effect leads to inhibition of both basal and stimulated gastric acid secretion, irrespective of the stimulus. The binding to the (H+, K+)-ATPase results in a duration of antisecretory effect that persists longer than 24 hours for all doses tested (20 mg to 120 mg).
Pharmacodynamics: The fasting gastrin values increase under pantoprazole. On short-term use, in most cases they do not exceed the upper limit of normal. During long-term treatment, gastrin levels double in most cases. An excessive increase, however, occurs only in isolated cases. As a result, a mild to moderate increase in the number of specific endocrine (ECL) cells in the stomach is observed in a minority of cases during long-term treatment (simple to adenomatoid hyperplasia). During treatment with antisecretory medicinal products, serum gastrin increases in response to the decreased acid secretion. Also CgA increases due to decreased gastric acidity. The increased CgA level may interfere with investigations for neuroendocrine tumours. Available published evidence suggests that proton pump inhibitors should be discontinued between 5 days and 2 weeks prior to CgA measurements. This is to allow CgA levels that might be spuriously elevated following PPI treatment to return to reference range.
Pharmacokinetics: Absorption: Pantoprazole is rapidly absorbed and the maximal plasma concentration is achieved even after one single 20 mg oral dose. The absolute bioavailability from the tablet was found to be about 77 %. Concomitant intake of food had no influence on AUC, maximum serum concentration and thus bioavailability. Only the variability of the lag-time will be increased by concomitant food intake.
Distribution: Pantoprazole's serum protein binding is about 98 %. Volume of distribution is about 0.15 l/kg
Biotransformation: The substance is almost exclusively metabolized in the liver. The main metabolic pathway is demethylation by CYP2C19 with subsequent sulphate conjugation, other metabolic pathway include oxidation by CYP3A4.
Elimination: Terminal half-life is about 1 hour and clearance is about 0.1 l/h/kg. Renal elimination represents the major route of excretion (about 80 %) for the metabolites of pantoprazole, the rest is excreted with the faeces.
INDICATIONS AND USAGE
Pantoprazole is indicated for use in adults and adolescents 12 years of age and above for:
• Symptomatic gastrooesophageal reflux disease.
• long-term management and prevention of relapse in reflux oesophagitis.
For long-term management and prevention of relapse in reflux oesophagitis.
• Pantoprazole is indicated for use in adults for: Prevention of gastroduodenal ulcers induced by non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in patients at risk with a need for continuous NSAID treatment.

USE IN SPECIFIC POPULATION
Pregnancy: Pregnancy category B. There are no adequate and well-controlled studies in pregnant women.
Nursing Mothers: a decision on whether to discontinue breast-feeding or to discontinue/abstain from Pantoprazole therapy should take into account the benefit of breast-feeding for the child, and the benefit of Pantoprazole therapy to women.
Pediatric Use: The safety and effectiveness of Dapzole for pediatric uses other than EE have not been established. Pantoprazole is not recommended for use in children below 12 years of age due to limited data on safety and efficacy in this age group.
Hepatic Impairment: Manufacturer advises caution in severe impairment (increased half-life)-monitor liver function and discontinue if deterioration.

PRECAUTIONS
Gastric Malignancy: In adults, symptomatic response does not preclude presence of gastric malignancy. Consider additional follow-up and diagnostic testing.
Acute Tubulointerstitial Nephritis: Discontinue treatment and evaluate patients.
Clostridium difficile-Associated Diarrhea: PPI therapy may be associated with increased risk of *Clostridium difficile* associated Diarrhea.
Bone Fracture: Long-term and multiple daily dose PPI therapy may be associated with an increased risk for osteoporosis-related fractures of the hip, wrist or spine.
Cutaneous and Systemic Lupus Erythematosus: Mostly cutaneous; new onset or exacerbation of existing disease; discontinue Dapzole and refer to specialist for evaluation.
Cyanocobalamin (Vitamin B-12) Deficiency: Daily long-term use (e.g., longer than 3 years) may lead to malabsorption or a deficiency of cyanocobalamin.
Hypomagnesemia: Reported rarely with prolonged treatment with PPIs.
Fundic Gland Polyps: Risk increases with long-term use, especially beyond one year. Use the shortest duration of therapy.

ADVERSE REACTIONS
Most common adverse reactions are:
For adult use (>2%): headache, diarrhea, nausea, abdominal pain, vomiting, flatulence, dizziness, and arthralgia.
For pediatric use (>4%): URI, headache, fever, diarrhea, vomiting, rash, and abdominal pain.

DOSAGE AND ADMINISTRATION
Helicobacter pylori eradication [in combination with other drugs]
• **BY MOUTH: Adult:** 40 mg twice daily for 7 days for first- and second-line eradication therapy; 10 days for third-line eradication therapy.
Benign gastric ulcer
• **BY MOUTH: Adult:** 40 mg daily for 8 weeks; increased if necessary up to 80 mg daily, dose increased in severe cases.
Duodenal ulcer:
• **BY MOUTH: Adult:** 40 mg daily for 4 weeks; increased if necessary up to 80 mg daily, dose increased in severe cases.
NSAID-associated peptic ulcer disease
• **BY MOUTH: Adult:** 40 mg once daily for 8 weeks
Prophylaxis of NSAID-associated gastric ulcer in patients with an increased risk of gastroduodenal complications who require continued NSAID treatment | Prophylaxis of NSAID-associated duodenal ulcer in patients with an increased risk of gastroduodenal complications who require continued NSAID treatment.
• **BY MOUTH: Adult:** 40 mg once daily for 4 or 8 weeks
Severe oesophagitis
• **BY MOUTH: Adult:** 40 mg once daily for 8 weeks, continue as maintenance treatment if appropriate
Severe oesophagitis, refractory to initial treatment.
• **BY MOUTH: Adult:** 40 mg twice daily
Functional dyspepsia
• **BY MOUTH: Adult:** 40 mg once daily for 4 weeks
Zollinger–Ellison syndrome (and other hypersecretory conditions)
• **BY MOUTH: Adult:** Initially 80 mg daily (max. per dose 80 mg), adjusted according to response, elderly: 40 mg daily.
Renal Impairment
• **Dose adjustments Max. oral dose 40 mg daily.**
Hepatic Impairment

OVERDOSAGE
Experience in patients taking very high doses of Dapzole (greater than 240 mg) is limited.
Spontaneous post-marketing reports of overdose are generally within the known safety profile of Dapzole.
Pantoprazole is not removed by hemodialysis. In case of overdosage, treatment should be symptomatic and supportive.
Single oral doses of pantoprazole at 709 mg/kg, 798 mg/kg, and 887 mg/kg were lethal to mice, rats, and dogs, respectively. The symptoms of acute toxicity were hypoactivity, ataxia, hunched sitting, limbsplay, lateral position, segregation, absence of ear reflex, and tremor.

INSTRUCTIONS
Dosage as directed by the physician.
Store below 30°C.
Protect from heat, light and moisture.
Do not split, chew or crush before administration.
Keep all medicines out of the reach of children.

PRESENTATION
Dapzole (Pantoprazole Sodium) Tablets 40mg
are available in Alu-Alu blister pack of 1x14's with insert.

Manufactured for:
DANEEN PHARMA **Daneen Pharma (Pvt.) Ltd.**
27-Sundar Industrial Estate, Sundar Raiwind Road Lahore, Pakistan.
Tel: +92-42-35297781-2, **Email:** info@daneenpharma.com
ISO 9001:2015 ISO 14001:2015 ISO 45001:2018
www.daneenpharma.com

Manufactured by:
GENIX **Genix Pharma (Pvt.) Ltd.**
44,45-B, Korangi Creek Road, Karachi-75190, Pakistan.
UAN: +92-21-111-10-10-11, **Email:** info@genixpharma.com
ISO 9001:2015 ISO 14001:2015 ISO 45001:2018
www.genixpharma.com