DOMSTAL RD

For the use of a Registered Medical Practitioner or a Hospital or a Laboratory Only
Abbreviated Prescribing information for DOMSTAL RD (Omeprazole and Domperidone Capsules I.P)
[Please refer the complete prescribing information available atwww.torrentpharma.com]

PHARMACOLOGICAL PROPERTIES:

Mechanism of Action: ***Omeprazole***: a racemic mixture of two enantiomers reduces gastric acid secretion through a highly targeted mechanism of action. It is a specific inhibitor of the acid pump in the parietal cell. It is rapidly acting and provides control through reversible inhibition of gastric acid secretion with once daily dosing. Omeprazole is a weak base and is concentrated and converted to the active form in the highly acidic environment of the intracellular canaliculi within the parietal cell, where it inhibits the enzyme H+ K+-ATPase - the acid pump. This effect on the final step of the gastric acid formation process is dose-dependent and provides for highly effective inhibition of both basal acid secretion and stimulated acid secretion, irrespective of stimulus. ***Domperidone*****:** is a dopamine antagonist with anti-emetic properties, Domperidone does not readily cross the blood-brain barrier. In domperidone users, especially in adults, extrapyramidal side effects are very rare, but domperidone promotes the release of prolactin from the pituitary. Its anti-emetic effect may be due to a combination of peripheral (gastrokinetic) effects and antagonism of dopamine receptors in the chemoreceptor trigger zone, which lies outside the blood-brain barrier in the area postrema. Animal studies, together with the low concentrations found in the brain, indicate a predominantly peripheral effect of domperidone on dopamine receptors.

INDICATIONS: For the treatment of Gastroesophageal Reflux Disease (GERD) not responding to Omeprazole alone

DOSAGE AND ADMINISTRATION: Hard gelatin capsule Omeprazole (20mg) +Domperidone (10 mg) and as directed by physician.

CONTRAINDICATION: Known hypersensitivity to omeprazole, domperidone or any of the excipients, Prolactin-releasing pituitary tumour (prolactinoma), when stimulation of the gastric motility could be harmful e.g in patients with gastrointestinal, haemorrhage, mechanical obstruction or perforation, In patients with moderate or severe hepatic impairment, in patients who have known existing prolongation of cardiac conduction intervals, particularly QTc, patients with significant electrolyte disturbances or underlying cardiac Diseases such as congestive heart failure. Co-administration with QT-prolonging drugs, co-administration with potent CYP3A4 inhibitors (regardless of their QT prolonging Effects). Omeprazole like other proton pump inhibitors (PPIs) must not be used concomitantly with nelfinavir.

WARNINGS & PRECAUTIONS: ***Omeprazole:*** Hypersensitivity to the active substance, substituted benzimidazoles or to any of the excipients. Omeprazole like other proton pump inhibitors (PPIs) must not be used concomitantly with nelfinavir. Omeprazole, as all acid-blocking medicines, may reduce the absorption of vitamin B12 (cyanocobalamin) due to hypo- or achlorhydria. This should be considered in patients with reduced body stores or risk factors for reduced vitamin B12 absorption on long-term therapy. For patients expected to be on prolonged treatment or who take PPIs with digoxin or drugs that may cause hypomagnesaemia (e.g. diuretics). *Subacute cutaneous lupus erythematosus (SCLE):* If lesions occur, especially in sun-exposed areas of the skin, and if accompanied by arthralgia, the patient should seek medical help promptly and the health care professional should consider stopping Omeprazole. SCLE after previous treatment with a proton pump inhibitor may increase the risk of SCLE with other proton pump inhibitors. *Interference with laboratory tests:* Increased Chromogranin a (CgA) level may interfere with investigations for neuroendocrine tumours. To avoid this interference, omeprazole treatment should be stopped for at least 5 days before CgA measurements. Some children with chronic illnesses may require long-term treatment

although it is not recommended. Omeprazole contains lactose. Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine. ***Domperidone:*** *Cardiovascular effects*: Domperidone has been associated with prolongation of the QT interval on the electrocardiogram. During post-marketing surveillance, there have been very rare cases of QT prolongation and torsades de pointes in patients taking domperidone. These reports included patients with confounding risk factors, electrolyte abnormalities and concomitant treatment which may have been contributing factors.Epidemiological studies showed that domperidone was associated with an increased risk of serious ventricular arrhythmias or sudden cardiac death (see section 4.8). A higher risk was observed in patients older than 60 years, patients taking daily doses greater than 30 mg, and patients concurrently taking QT-prolonging drugs or CYP3A4 inhibitors. Domperidone is contra-indicated with QT prolonging drugs including apomorphine, unless the benefit of the co-administration with apomorphine outweighs the risks, and only if the recommended precautions for co-administration mentioned in the apomorphine SmPC are strictly fulfilled. Please refer to the apomorphine SmPC.*Renal impairment*: The elimination half-life of domperidone is prolonged in severe renal impairment. For repeated administration, the dosing frequency of domperidone should be reduced to once or twice daily depending on the severity of the impairment, and the dose may need to be reduced. Such patients on prolonged therapy should be reviewed regularly.

DRUG INTERACTIONS: Omeprazole: The plasma levels of nelfinavir and atazanavir are decreased in case of co-administration with omeprazole. Concomitant administration of omeprazole with atazanavir is not recommended. Concomitant administration of omeprazole (40 mg once daily) and atazanavir 300 mg/ritonavir 100 mg to healthy volunteers resulted in a 75% decrease of the atazanavir exposure. *Digoxin with omeprazole* in healthy subjects increased the bioavailability of digoxin by 10%. Digoxin toxicity has been rarely reported. *Clopidogrel* with omeprazole resulting in a decreased exposure to the active metabolite of clopidogrel by an average of 46% and a decreased maximum inhibition of (ADP induced) platelet aggregation by an average of 16%. *Other active substances* the absorption of posaconazole, erlotinib, ketoconazole and itraconazole is significantly reduced and thus clinical efficacy may be impaired. For posaconazole and erlotinib concomitant use should be avoided. ***Domperidone:*** The main metabolic pathway of domperidone is through CYP3A4. In vitro data suggest that the concomitant use of drugs that significantly inhibit this enzyme may result in increased plasma levels of domperidone. Increased risk of occurrence of QT-interval prolongation, due to pharmacodynamic and/or pharmacokinetic interactions.

ADVERSE REACTIONS: ***Omeprazole:*** Leukopenia, thrombocytopenia, Agranulocytosis, pancytopenia. Hypersensitivity reactions e.g. fever, angioedema and anaphylactic reaction/shock. Headache, Dizziness, paraesthesia, Taste disturbance. Blurred vision. Vertigo, Bronchospasm, Abdominal pain, constipation, diarrhoea, flatulence, nausea/vomiting, fundic gland polyps (benign), Dry mouth, stomatitis, gastrointestinal, candidiasis and Microscopic colitis, Increased liver enzymes, Hepatitis with or without jaundice, Hepatic failure, encephalopathy in patients with pre-existing liver disease, Dermatitis, pruritus, rash, urticarial, Alopecia, photosensitivity, Erythema multiforme, Stevens-Johnson syndrome, toxic epidermal necrolysis (TEN) and Subacute cutaneous lupus erythematosus, Fracture of the hip, wrist or spine, Arthralgia, myalgia, Muscular weakness, Interstitial nephritis Acute kidney injury Gynaecomastia, Malaise, peripheral oedema, Increased sweating. ***Domperidone:*** Anaphylactic reaction, Loss of libido, Anxiety, Nervousness, Somnolence, Headache, Convulsion, Sudden cardiac death, QTc prolongation, Dry mouth, Diarrhoea, Rash, Pruritus, Urticarial, Angioedema, Urinary retention, Galactorrhoea, Breast pain, Breast tenderness, Gynaecomastia, Amenorrhoea, Asthenia, Liver function test abnormal and Blood prolactin increased.

MARKETED BY:

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