ZEDEX

References:

1. Stan K et al, Cough, cold and Allergy, Applied Pharmacology 2011.
2. Ron Eccles et al. Rational for Treatment of Common Cold and Flu with Multi-Ingredient Combination Products for Multi-Symptom Relief in Adults, Journal of Respiratory diseases 2014, 4, 73-82
3. Mayuresh Kiran et.al. Efficacy aand safety of combination of Paracetamol, chlorpheneramine maleate, phenylephrine, sodium citrate and menthol in the symptomatic treatment of common cold and allergic rhinitis: phase IV clinical study, International Journal of Current Medical Arid Pharmaceutical Research, Vol.3, Issue, 05, pp.1804-1808, May 2017

ABPI:

COMPOSITION: Each 5ml of Zedex syrup consists of Dextromethorphan hydrobromide IP : 10 mg Chlorpheniramine maleate IP :2mg Flavored syrup base: qs

INDICATIONS: Cough suppressant, in dry cough and throat irritation

CONTRAINDICATIONS: Hypersensitivity to any of the ingredients. It should not be used as treatment for lower respiratory tract conditions including asthma and during an asthma attack **WARNINGS:** Keep this and all medications out of the reach of children. In case of accidental overdose, seek professional assistance. **PRECAUTIONS:** Pregnancy and Lactation It is not known whether Zedex Syrup can cause fetal harm or is excreted in human milk. Therefore, Zedex Syrup should be given to a pregnant or lactating woman only if clearly needed. Pediatric Use Safety and effectiveness in the pediatric population, under 2years, have not been established. **ADVERSE REACTIONS:** The components of Zedex are well tolerated and adverse effects are very rare. These may include dizziness, headache, sleep disturbances, rashes, and GI disturbance.

DOSAGE AND ADMINISTRATION: Adult-10ml 2-3 times/day.

BRO ZEDEX SYRUP

References:

Approved indication id for the symptomatic relief of bronchospasm in bronchial asthma & bronchitis

1. Vora A. et al., A cross sectional cohort Analyses Accessing Response to Levosalbutamol Bronchodilator Cough Formulation in Outpatient Community Setting of India: BUS'sanalyses.2016; Vol 64.
2. L. Subhrajit Evidence behind use of levosalbutamol over salbutamol to prevent cardiac side effects. Int J Contemp Pediatr. 2017 May: 4 (3):674-678
3. Rahaman A et.al., Levosalbutamol over Salbutamol for the treatment of Acute excebration of Asthma in Bangladesh Children. J of Allergy Ther. 2012 Vol(3)3;
4. Chattopadhyay S et. Al., Artificial sweeteners- A Review. J Food Sci Technol. 2014; 51(4): 611-621.

Data on File **CardioVascular Disease $ Gastro Intestinal

ABPI

COMPOSITION Each 5 ml syrup contains: Bromhexine IP 4 mg, Terbutaline IP 1.25mg, Guaiphenesin IP-50 mg, Menthol IP 2.5 mg. Flavoured syrup base qs. INDICATIONS It is recommended for clinical relief of cough associated with bronchitis, bronchial asthma, emphysema and other bronchopulmonary

disorders where bronchospasm, mucus plugging and difficulty in expectoration coexist CONTRAINDICATIONS Hypersensitivity to any of the ingredients of the formulation. PRECAUTIONS AND WARNINGS: General Use with cautions in patients who have renal and hepatic dysfunction, gastric or intestinal ulcer/irritation, heart disease, arrhythmias, glaucoma, liver diseases, recent fever, thyroid problem, seizures, drug or food allergies and diabetes. Guaiphenesin is possibly porphyrogenic and should be used with cautions in patient with porphyria. PREGNANCY & LACTATION The components of this medication may cross the placental barrier or get excreted in a breast milk therefore this medication should be used only when clearly needed during pregnancy & lactation. ADVERSE REACTIONS Mild Gastro intestinal disturbance and rarely palpitation, tremors, restlessness, headache, dizziness, insomnia and skin rashes maybe seen. Transient rise in serum transaminase may occur. DOSAGE AND ADMINISTRATION Adults: 2 teaspoonful (10 ml), 3-4 times/ day, Children: 6-12 years 1 Teaspoon (5ml)3-4 times/day, 2-6 years 1/4 - 1/2 teaspoonful (2.5 ml) 3-4 times a day.
Adapted from Brozedex PI latest version.

NISE

References:

Lal A, Gomber S, Talukdar B. Antipyretic effects of nimesulide, paracetamol and ibuprofen-paracetamol. Indian J Pediatr. 2000 Dec;67(12):865-70

1. Kress HG et al. Acute pain: a multifaceted challenge - the role of nimesulide, Curr Med Res Opin. 2016;32(1):23-36.
2. Data on File
3. MIDAS Data-2027
4. Arulrhaj et al. Effectiveness of Nimesulide in Acute Fever Management in Adults: Retrospective Electronic Medical Records Database Study Outcome in Outpatient Department; J Assoc Physicians India. 2021 Jul;69 (7):11-12.
5. Gautam and Lekha Saha, Br J Clin Pharmacol.2008 May; 65(5):Published onlineonline 2008 Feb 21.
6. National Health Portal Govt. of India. Available at https://www.nhp.gov.in/Complete-list-of-344-drugsbanned-by-the-Ministry-of-Health-and-Family-welfare_pg
7. https://aidanindia.wordpress.com/

ABPI

Nise (Abbreviated Prescribing Information) India

NAME OF MEDICINAL PRODUCT: NISE (Nimesulide) Dosage form and Strength: Each uncoated tablet contains: Nimesulide BP 100 mg. THERAPEUTIC INDICATION: In the short-term treatment of inflammatory conditions including joint disorders such as rheumatoid arthritis, posttraumatic and post-operative painful conditions and fever. DOSAGE AND ADMINISTRATION: The usual adult dose is 100 mg twice daily, orally. USE IN SPECIAL POPULATIONS: Patients with renal impairment: Patients with renal impairment should use nimesulide with caution. Patients with severe renal impairment should preferably avoid using nimesulide. Patients with hepatic impairment: Nimesulide should not be administered in moderate to severe hepatic impairment. Use in Asthmatic Patients: As with other NSAIDs, caution should be exercised while using nimesulide in patients with bronchial asthma. Pregnant and Lactating Women: Safety and effcacy of nimesulide in pregnant and lactating women have not been established. Therefore, nimesulide is not indicated for use in pregnant and lactating women. CONTRAINDICATIONS: Known hypersensitivity to nimesulide, History of hypersensitivity reactions (bronchospasm, rhinitis, urticaria) to aspirin or other NSAIDs, Patients with active peptic ulcer disease, Patients with hepatic or renal impairment, Pregnancy and lactation. PRECAUTIONS: Caution is advised when administering

warfarin and nimesulide concurrently. UNDESIRABLE EFFECTS: Among the adverse events reported with nimesulide, the common ones are gastrointestinal disturbances (epigastric pain, heartburn, nausea, diarrhea, vomiting), skin reactions (rash, pruritus) and CNS effects (dizziness, somnolence, headache). Nimesulide has been reported to cause hepatic adverse events, ranging from mild abnormal liver function to severe liver injuries including fatal hepatic failure in a few cases. Most of these patients were elderly women. It is reported that this adverse event appears to be idiosyncratic or immunologicin nature. Overdose: No information is available on overdosage with nimesulide.
Date: 30 Apr 2018

DOXT-SL

References:

1. Data on File (97.4% in IPD setting EMR analysis & upto 84% in OPD setting)
2. Shashank Joshi, Gifty Immanuel, S Arulrhaj, Mangesh Tiwaskar, Agam Vora, Srinivas Samavedam, Roadmap for the Management of Acute Undierentiated Febrile Illness: An Expert Discussion and Review of Available Guidelines, Journal of The Association of Physicians of India , Vol. 69, September 2021.
Reference 3 & 5 : Data on file
Reference 4: 4a: Information available at https://www.unmc.edu/intmed/divisions/id/asp/antibiogram/docs/antibiotic-chart.pdf. Accessed on 6.1.2022. 4b: Madeleine E. Oliver ME, Hinks TSC. Azithromycin in viral infections. Rev Med Virol.2021;31:e2163. 4c:Gendrot M et al. Molecules 2020, 25, 5064; doi:10.3390/molecules25215064. 4d: Aguiar ACC et al. Mem Inst Oswaldo Cruz, Rio de Janeiro, 2012.107(7): 831-845. 4e: Alam M et al. Cureus 12(8): e9658. 4f: Bhattacharjee B. et al. Journal of Pharmacology and Therapeutic Research (2018) Volume 2, Issue 2. 14-17. 4g: Ali AS et al. Arab J of Chem. 2021;14(3):102983. 4h: M.Papich Saunders Handbook of Veterinary Drugs (Fourth Edition). 4i: McMullanBJ.Aust Presc. 2015 38(3): 87-89. 4j: Mason WH. Pediatric Annals.1996;25:11

ABPI

COMPOSITION: Each capsule contains Doxycycline 100mg + Lactic acid bacillus spores-5billion THERAPEUTIC INDICATIONS: For adult patients prone to intra-abdominal bacterial infection & antibiotic associated diarrhoea. DOSAGE AND ADMINISTRATION: In Adults for the treatment of acute infections is two capsules per day (as a single dose or in divided doses) followed by a maintenance dose of one capsule/day. In the management of more severe infections, two capsules daily should be given throughout treatment. CONTRAINDICATIONS: Doxycycline is contraindicated when hypersensitivity to any of the Tetracycline's. DRUG INTERACTIONS: Anticoagulant, co-administration of Tetracyclines with penicillin, Antacid, OC pills, Antiepileptic's etc. WARNINGS & PRECAUTIONS: During tooth development (lasthalf of pregnancy, infancy and childhood to the age of 8 years) may cause permanent discoloration of the teeth (yellow-gray-brown). Evaluate for Clostridium difficile-associated diarrhoea. Limit sun exposure. Overgrowth of non-susceptible organisms, including fungi & superinfection. Dosage adjustment required in patients with hepatic impairment. Adverse reactions: In patients receiving tetracyclines include anorexia, nausea, vomiting, diarrhoea, rash, photosensitivity, urticaria, and hemolyticanemia. SPECIAL POPULATION: Can be prescribed in the elderly in the usual dosages. Not recommended for use in paediatric population due to complexity of dose calculations with a combined dosage form. Pregnancy Category D. Tetracyclines are excreted in human milk; Doxycycline use duringnursing should be avoided if possible.
Further information available upon request.
Date: March 20, 2020

OMEZ

References:

1. IMS IQVIA AUG 21 Data
2.https://pubmed.ncbi.nlm.nih.gov/?term=Omeprazole&filter=pubt.clinicaltrial&filter=hum_ani.humans&sort=date&size=200 As per literature search of "Omeprazole safety" in pubmed with filter of "Clinical trial + Human" on 4.10.2021
3. Sharma P, JAPI ;2018: 66: 72-78 (cross)
4. Yang H et al. Proton pump inhibitors use and risk of chronic kidney disease in diabetic patients. Diabetes Res Clin Pract. 2019 Jan;147:67-75. doi: 10.1016/j.diabres.2018.11.019. Epub 2018 Nov 27
5. S. Arhulraj, Mangesh Tiwaskar, T. S. Chandrasekar Acid-Peptic Disorder Management:- Omeprazole, A Safer Option: Thieme Publishing Group, Delhi.2020 p.7-36.

ABPI

NAME OF MEDICINAL PRODUCT: OMEZ (Omeprazole Capsules IP 10/20 mg) Dosage Form and Strength: Each capsule contains omeprazole IP 10/20 mg as enteric coated granules. THERAPEUTIC INDICATIONS: Omeprazole capsule is indicated in the short-term treatment of duodenal ulcer, gastric ulcer, reflux oesophagitis and in the management of Zollinger-Ellison syndrome. DOSAGE AND ADMINISTRATION: Duodenal Ulcer: The recommended adult oral dose for the short-term treatment of duodenal ulcer is 20 mg once daily for 4 weeks. Sometimes the treatment may require an additional 4 weeks. Gastric Ulcer: The recommended adult dose is 40 mg once daily for 4 - 8 weeks. For prevention of relapse in patients with duodenal ulcer the recommended dose is Omeprazole 10mg, once daily, increasing to 20mg, once daily if symptoms return. For patients who are at risk from recurrent ulcer relapse i.e., those with Helicobacter pylori infection, younger patients (<60 years), patients whose symptoms persist for more than one year and smokers, long-term therapy should be initiated with omeprazole 20mg once daily, reducing to 10mg once daily, if necessary. Reflux oesophagitis: For the short-term treatment of reflux oesophagitis with only symptomatic gastroesophageal reflux disease (GERD) and no oesophageal lesions, the recommended adult dose is 20 mg once daily for 4 weeks. For patients with erosive oesophagitis and accompanying symptoms of GERD, the recommended dose is 20 mg once daily for 4-8 weeks. Omeprazole 40 mg/day can be used in patients with reflux oesophagitis refractory to other therapy. Healing usually occurs within 8 weeks. Patients can be continued at a dosage of 20 mg once daily. Maintenance of healing of erosive oesophagitis: The usual adult oral dose is 20 mg daily. Zollinger-Ellison syndrome: The recommended starting oral dose is 60 mg once daily. The doses can be varied with individual patient's need and treatment should be continued as long as clinically indicated. Doses up to 120 mg t.i.d have been administered. With doses above 80 mg daily, the dose should be divided and given twice daily. Omeprazole should be taken before food. USE IN SPECIAL POPULATIONS: Paediatric population: (1 to 16 years of age) Safety profile similar to that in adults, except that respiratory system events and fever were the most frequently reported reactions in pediatric studies. Older patients - No dosage adjustment is necessary for elderly patients. However, greater sensitivity of some older individuals cannot be ruled out. Renal insufficiency / dialysis - No dosage adjustment is necessary in patients with renal insufficiency. Hepatic impairment - Consider dose reduction, particularly for maintenance of healing of erosive esophagitis.
Further information available upon request.
Date: 30th January, 2020

OMEZ DSR

Reference :
#DCGI approved indication: For GERD not responding to Omeprazole.
1. Kubo, Ai et al. "Dietary guideline adherence for gastroesophageal reflux disease." BMC gastroenterology vol. 14 144. 14 Aug. 2014, doi:10.1186/1471-230X-14-144
2. A Comparison of Omeprazole, Lansoprazole and Pantoprazole in the Maintenance Treatment of Severe Reflux Oesophagitis; D Jaspersen, K L Diehl, H Schoeppner, P Geyer, E Martens, Aliment Pharmacol Ther, 12 (1), 49-52 Jan 1998
3. Data on File

ABPI

NAME OF MEDICINAL PRODUCT: OMEZ-DSR (Omeprazole and Domeperidone capsule). DOSAGE FORM AND STRENGTH: Each capsule contains omeprazole IP 20 mg as enteric coated pellets and domeperidone BP 30 mg as sustained release pellets and Excipient qs. THERAPEUTIC INDICATIONS: Omeprazole and Domeperidone are indicated for the treatment duodenal ulcers and gastric ulcers, reflux or ulcerative oesophagitis, Zollinger-Ellison syndrome, NSAID-induced ulcers and for the treatment of Gastroesophageal Reflux Disease (GERD) not responding to omeprazole alone. DOSAGE AND ADMINISTRATION: The usually recommended dose is a one capsule once daily. CONTRAINDICATIONS: Hypersensitivity to any component of the formulation. Contraindicated in pregnancy and in neonates. ADVERSE EFFECTS: The most commonly reported adverse reactions are headache, diarrhea, abdominal pain, nausea, flatulence, asthma, back pain, fever, fatigue, malaise and increased risk of enteric infections due to reduced acid secretion. WARNINGS AND PRECAUTIONS: In patients with severe liver impairment, the liver enzymes should be monitored regularly during treatment with omeprazole, particularly on long term use. If a rise in liver enzymes is observed, the formulation should be discontinued. DRUG INTERACTIONS: Omeprazole can prolong the elimination of diazepam; warfarin and phenytoin, drugs that are metabolized by oxidation in the in the liver and may interfere with absorption of ketoconazole, ampicillin esters and iron salts. Further information available upon request. Date: January 30, 2020

OMEZ DSR PLUS

ABPI

COMPOSITION: Enteric Coated Esomeprazole 40mg and Domperidone Sustained Release 30mg Capsules. INDICATION: Omez DSR is indicated for the treatment of adult patients with gastro esophageal reflux disease (GERD) not responding to esomeprazole alone. CONTRAINDICATIONS: Omez DSR is contraindicated in patients with known hypersensitivity to Esomeprazole or other substituted benzimidazoles or to Domperidone or other dopamine antagonists or to any excipients used in the formulation. Omez DSR should not be used whenever stimulation of gastrointestinal motility might be dangerous such as in the presence of gastrointestinal hemorrhage, mechanical obstruction, or perforation. Omez DSR is contraindicated in patients with prolactinoma (a prolactin releasing pituitary tumour). SPECIAL WARNINGS AND PRECAUTIONS FOR USE: Carcinogenesis, Mutagenesis, Impairment of Fertility. Esomeprazole- Symptomatic response to Esomeprazole therapy does not exclude the presence of gastric malignancy. Atrophic gastritis has been noted occasionally in gastric corpus biopsies from patients treated long term with omeprazole, of which Esomeprazole is an enantiomer. Domperidone was administered to mice for 18 months and rats for 24 months in carcinogenicity studies. No dose-related effects were observed except for an increased incidence of malignant mammary tumours at 25 times the maximum human dose in female mice and rats and an increased incidence of pituitary tumours at 25 times the maximum human dose in male rats. No evidence for mutagenic potential was seen in dominant lethal studies in male and

female mice, micronucleus tests in female mice and female rats. a study of chromosomal aberrations in human lymphocytes, a sex-linked recessive lethal test on Drosophila melanogaster, and in the Ames metabolic activation test with Salmonella typhimurium. UNDESIRABLE EFFECTS: Proton Pump Inhibitors associated Acute Kidney Injury: Acute kidney injury has been reported with the use of Proton pump inhibitors (PPIs) including Pantoprazole, Omeprazole, Lansoprazole, Esomeprazole, Rabeprazole etc. Esomeprazole-Common adverse events reported with Esomeprazole in clinical trials include headache, nausea, vomiting, diarrhoea, abdominal pain, flatulence, constipation and dry mouth. Other less commonly reported adverse effects include dizziness, insomnia, allergic reactions, asthenia, bowel irregularity, urticaria, etc. The incidence of treatment-related adverse events during 6-month maintenance treatment with Esomeprazole was similar to placebo. There were no differences in types of related adverse events seen during maintenance treatment up to 12 months compared to short-term treatment. Domperidone-The most frequent reactions to Domperidone are those related to elevated prolactin levels including breast tenderness, galactorrhoea, gynaecomastia and amenorrhoea. These effects are dose-related and gradually resolve after lowering the dose or discontinuing treatment. Other rarely reported adverse reactions include headache, diarrhoea, dizziness, mild and transient abdominal cramps, dry mouth and drowsiness. Rare allergic reactions, such as rash and urticaria, have also been reported. Extrapyramidal reactions occur very rarely in adults and usually resolve completely and spontaneously after cessation of treatment. DOSAGE AND ADMINISTRATION: In patients with normal hepatic or renal function: Depending on the severity, 1 capsule of Esomeprazole 40mg + SR Domperidone 30mg orally once daily for upto 4 weeks. In patients with mild-to-moderate hepatic and renal impairment: 1 capsule of Esomeprazole Domperidone 30mg orally once daily for upto 4 weeks. Patients receiving Omez DSR should be evaluated on a weekly basis. Following clinical resolution, patients should be shifted to either a proton pump inhibitor or a prokinetic agent alone for maintenance therapy.

ATARAX

References:
1. Global IMS as accessed on 01-02-2021
2. Khashayar F. et al. Antihistamine. StatPearls (Internet). Treasure Island (FL): StatPearls Publishing: 2021-Jan
3. Atarax API, Version number: NCDS02(SI), Version date: 17 June, 2013.
4. SMRC data: MAT Oct 2020
5. API. Data on file.
6. As adapted from www.drugs.com as on 26-05-2021.

ABPI

NAME OF THE MEDICINAL PRODUCT: 1) Atarax 10 mg film-coated tablet. 2) Atarax 25 mg filmcoated tablet. 3) Atarax 2 mg/ml syrup. 4) Atarax 6 mg/ml oral drops. QUALITATIVE AND QUANTITATIVE COMPOSITION: 1) Each film-coated tablet of Atarax 10 mg contains 10 mg of hydroxyzine dihydrochloride. 2) Each film-

coated tablet of Atarax 25 mg contains 25 mg of hydroxyzine dihydrochloride. 3) Each ml of Atarax syrup contains 2 mg of hydroxyzine dihydrochloride. 4) Each ml of Atarax oral drops contains 6mg of hydroxyzine dihydrochloride. Atarax 25 mg/ ml solution for injection. QUALITATIVE AND QUANTITATIVE COMPOSITION: Each ml of Atarax solution for injection contains 25 mg of hydroxyzine dihydrochloride, and an ampoule containing 2 ml of solution for injection contains 50 mg of hydroxyzine dihydrochloride. Pharmaceutical Form: Solution for injection: Clear, colourless solution. Pharmaceutical Form: 10 mg film-coated tablet: White, round, film-coated tablet. 25 mg filmcoated tablet: White, oblong, film- coated tablet, with a bisect line. Syrup: Clear, colourless solution. Oral drops: Clear, colourless solution. THERAPEUTIC INDICATIONS: Atarax is indicated in the symptomatic treatment of pruritus, the symptomatic treatment of anxiety in adults and the premedication before surgery. POSOLOGY AND METHOD OF ADMINISTRATION: Adults: For symptomatic treatment of pruritus: Starting dose of 25 mg before resting, to be followed if necessary with doses up to 25 mg 3 to 4 times daily. For symptomatic treatment of anxiety: 50 mg/day in 3 separate administrations of 12.5-12.5- 25 mg; in more severe cases doses of upto 300 mg/day can be used. For premedication before surgery: 50 to 200 mg/day in 1or 2 administrations: single administration 1 hour before surgery, which may be preceded by 1 administration the night before anaesthesia. Children (from 12 months) For symptomatic treatment of pruritus: From 12 months to 6 years old: 1 mg/kg/day up to 2.5 mg/kg/day in divided doses, Over 6 years old 1 mg/kg/day up to 2 mg/kg/day in divided doses. For premedication before surgery: Single administration of 1 mg/kg 1 hour before surgery, which may be preceded by 1 mg/kg the night before anaesthesia. CONTRAINDICATIONS: 1) History of hypersensitivity to any of the constituents of Atarax, to cetirizine, to other piperazine derivatives, to aminophylline, or to ethylenediamine. 2) Patients suffering from porphyria. 3) Patients with pre-existing prolonged QT interval 4) Pregnancy and breast-feeding. SPECIAL WARNING AND PRECAUTIONS FOR USE: Atarax should be administered cautiously in patients with increased potential for convulsions. The content of sucrose in Atarax 6mg/ml oral solution and Atarax 2 mg/ml syrup should be taken into consideration in patients with diabetes mellitus. The tablets include lactose. Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency orglucose-galactose mal-absorption should not take this medicine. The syrup contains 0.75 g of sucrose per ml. Patients with rare hereditary problems of fructose intolerance, glucosegalactose mal- absorption or sucrose-isomaltase insufficiency should not take this medicine. UNDESIRABLE EFFECTS: General disorders and administration site conditions: fatigue, Nervous system disorders: sedation, Psychiatric disorders: agitation, confusion, Gastro-intestinal disorders: nausea. OVERDOSE: Symptoms observed after an important overdose are mainly associated with excessive anticholinergic load, CNS depression or CNS paradoxical stimulation. They include nausea, vomiting, tachycardia, pyrexia, somnolence, impaired pupillary reflex, tremor, confusion, or hallucination. This may be followed by depressed level of consciousness, respiratory depression, convulsions, hypotension, or cardiac arrhythmia. Deepening coma and cardiorespiratory collapse may ensue.
Keep out of reach of children. Please refer to the full prescribing information before usage.Available on request from Dr. REDDY'S LABORATORIES LTD.,

For further information, please write to medical information cell,Branded Formulations,
Dr. REDDY'S LABORATORIES LTD.,
7-1-27, Ameerpet, Hyderabad - 500 016. Telangana Toll-Free No.: 1800 425 0014.

KETOROL SP

References:

1. Data on File
2. Santhosh K. The Emerging Role of Serratiopeptidase in Oral Surgery: Literature Update. Asian Journal of Pharmaceutical and Clinical Research, 11(3), 19–23
3. Krishna, B. Pramod; et al. Role of Serratiopeptidase and Dexamethasone in the Control of Postoperative Swelling. Annals of Maxillofacial Surgery 10(1):p 108-113, Jan–Jun 2020

ABPI

Ketorol SP (Aceclofenac, Paracetamol & Serratiopeptidase Tablet)

COMPOSITION: Each film coated tablet contains: Aceclofenac 100 mg, Paracetamol 325 mg, Serratiopeptidase 15 mg (As enteric coated tablet eq. to 30000 enzyme activity units of Serratiopeptidase). INDICATIONS: Resolution of inflammation and pain due to bone and soft tissue injury & Resolution of post-operative inflammation, oedema and pain. DOSAGE & ADMINISTRATION: 1 tablet twice daily to be taken orally, not to be chewed or crushed and swallowed as whole along with sufficient amount of liquid. CONTRAINDICATIONS: It is contraindicated when there is known sensitivity to aceclofenac, paracetamol, serratiopeptidase or to any of the excipients; history of or active, recurrent peptic ulcer/haemorrhage; previous episodes of hypersensitivity reactions (e.g. asthma, rhinitis, angio-oedema or urticaria) in response to NSAIDs; history of anaphylactic reactions; severe heart failure, hypertension, and hepatic or renal impairment; pregnancy (last trimester), unless there are compelling reasons for using it. The lowest effective dosage should be used. SPECIAL WARNINGS AND PRECAUTIONS FOR USE: It should not be combined with other analgesic medications that contain paracetamol and should be given with care to patients with impaired kidney or liver function. Patients at the greatest risk of this reaction are those with impaired renal function, cardiac impairment, liver dysfunction, those taking diuretics and the elderly. Renal function should be monitored in these patients. USE IN SPECIFIC POPULATIONS: In Pregnancy and lactation- use in the last trimester of pregnancy is contraindicated and is not recommended in breastfeeding women. In Geriatric patients- caution is advised in elderly patients who are more likely to have concomitant renal, hepatic or cardiovascular impairment or receiving concurrent medication. ADVERSE REACTIONS: Commonly-observed are:- GI Effects: Peptic ulcers, perforation or GI bleeding, nausea, vomiting, diarrhoea, flatulence, constipation, dyspepsia, abdominal pain, melaena, haematemesis, ulcerative stomatitis, exacerbation of colitis and Crohn's disease have been reported following administration. Hypersensitivity reactions have been reported following treatment with NSAIDs. Cardiovascular: Oedema, hypertension and cardiac failure have been reported in association with NSAID treatment. OVER DOSAGE: Liver damage is possible in adults who have taken 10 g or more of paracetamol. Ingestion of 5 g or more of paracetamol may lead to liver damage if the patient has risk factors.

Dated: 13th July, 2021

Further information is available on request.

STAMLO

Indication Reference: *Drug naïve patients with normal liver & renal functions were included in the study

1. Mangesh Tiwasker et at Amlodipine in the Era of New Generation Calcium Channel Blockers: Journal of The Association of Physicians of India, Vol. 66, March 2018 2. Satoshi HOSHIDE, Kazuomi

KARIO, Joji ISHIKAWA, Kazuo EGUCHI, and Kazuyuki SHIMADA; Comparison of the Effects of Cilnidipine and Amlodipine on Ambulatory Blood Pressure: Hypertens Res 2005; 28: 1003-1008, 3. Hassan Fares et al; Amlodipine in hypertension: a first-line agent with efficacy for improving blood pressure and patient outcomes; Open Heart. 2016; 3(2): e000473.

2. IQVIA Jan 22 4. As per IQVIA MAT Feb 22

ABPI

Amlodipine Besilate Tablets

COMPOSITION: Stamlo™ 2.5, 5, 10: Each uncoated tablet contains Amlodipine Besilate BP equivalent to Amlodipine 2.5 mg, 5 mg, 10 mg. **THERAPEUTIC INDICATION:** Amlodipine is indicated in the treatment of hypertension and myocardial ischemia associated with angina pectoris. StamloTM 5 and StamloTM 10 are also indicated -To reduce fatal coronary heart disease and non-fatal myocardial infarction, and to reduce the risk of stroke. To reduce the risk of coronary revascularization procedures and the need for hospitalization due to angina in patients with coronary artery disease. **DOSAGE AND ADMINISTRATION:** For both hypertension and angina the usual initial dose is 5 mg stamlo once daily which may be increased to a maximum dose of 10 mg depending on the individual patient's response. In hypertensive patients, It has been used in combination with a thiazide diuretic, alpha blocker, beta blocker, or an angiotensin converting enzyme inhibitor. For angina, Istin may be used as monotherapy or in combination with other antianginal medicinal products in patients with angina that is refractory to nitrates and/or to adequate doses of beta blockers.No dose adjustment of stamlo is required upon concomitant administration of thiazide diuretics, beta blockers, and angiotensin-converting enzyme inhibitors. **SPECIAL POPULATIONS**- Elderly: Stamlo used at similar doses in elderly or younger patients is equally well tolerated. Normal dosage regimens are recommended in the elderly, but increase of the dosage should take place with care. with severe hepatic impairment. Renal impairment: Changes in amlodipine plasma concentrations are not correlated with degree of renal impairment, therefore the normal dosage is recommended. Amlodipine is not dialysable. Paediatric population: Children and adolescents with hypertension from 6 years to 17 years of age. The recommended antihypertensive oral dose in paediatric patients ages 6-17 years is 2.5 mg once daily as a starting dose, up-titrated to 5 mg once daily if blood pressure goal is not achieved after 4 weeks. Doses in excess of 5 mg daily have not been studied in paediatric patients. Children under 6 years old: The effect of amlodipine on blood pressure in patients less than 6 years of age is not known. **CONTRAINDICATIONS**: Patients with known sensitivity to amlodipine, dihydropyridine derivatives or any of the excipients. Severe hypotension, Shock (including cardiogenic shock), Obstruction of the outflow tract of the left ventricle (e.g., high grade aortic stenosis), Haemodynamically unstable heart failure after acute myocardial infarction (during the first 28 days). **WARNINGS & PRECAUTION:** General*:* Since the vasodilation induced by amlodipine is gradual in onset, acute hypotension has rarely been reported after oral administration of amlodipine. Nonetheless, caution should be exercised when administering amlodipine as with any other peripheral vasodilator particularly in patients with severe aortic stenosis. The safety and efficacy of amlodipine in hypertensive crisis has not been established. *Increased Angina and/or Myocardial Infarction:* Rarely, patients, particularly those with severe obstructive coronary artery disease, have reported increased frequency, duration and/or severity of angina or acute myocardial infarction on starting calcium channel blocker therapy or at the time of dosage increase. *Use in Patients with Congestive Heart Failure:* In general, calcium channel blockers should be used with caution in patients with heart failure. However, no evidence of adverse effect on survival or cardiac morbidity was reported when amlodipine was administered to patients with heart failure who were maintained on stable doses of ACE inhibitor, digoxin, and diuretics. In a long-term, placebo controlled study in patients with severe heart failure (NYHA class III and IV) the reported incidence of pulmonary oedema was higher in the amlodipine treated group than in the placebo group. Calcium channel blockers, including

amlodipine, should be used with caution in patients with congestive heart failure, as they may increase the risk of future cardiovascular events and mortality. *Beta-Blocker Withdrawal:* Amlodipine is not a beta-blocker and therefore gives no protection against the dangers of abrupt beta-blocker withdrawal; any such withdrawal should be by gradual reduction of the dose of beta-blocker. Use in patients with impaired hepatic function: The half-life of amlodipine is prolonged and AUC values are higher in patients with impaired liver function; dosage recommendations have not been established. Amlodipine should therefore be initiated at the lower end of the dosing range and caution should be used, both on initial treatment and when increasing the dose. Slow dose titration and careful monitoring may be required in patients with severe hepatic impairment. Use in elderly patients: In the elderly increase of the dosage should take place with care. Use in renal failure*:* Amlodipine may be used in such patients at normal doses. Changes in amlodipine plasma concentrations are not correlated with degree of renal impairment. Amlodipine is not dialysable. USE IN PREGNANCY AND LACTATING WOMEN: Pregnancy: The safety of amlodipine in human pregnancy has not been established.In animal studies, reproductive toxicity was observed at high doses. Use in pregnancy is only recommended when there is no safer alternative and when the disease itself carries greater risk for the mother and foetus. Breast-feeding: It is not known whether amlodipine is excreted in breast milk. A decision on whether to continue/discontinue breast-feeding or to continue/discontinue therapy with amlodipine should be made taking into account the benefit of breast-feeding to the child and the benefit of amlodipine therapy to the mother. Fertility: Reversible biochemical changes in the head of spermatozoa have been reported in some patients treated by calcium channel blockers. Clinical data are insufficient regarding the potential effect of amlodipine on fertility. In one rat study, adverse effects were found on male fertility. ADVERSE REACTIONS: Summary of the safety profile: The most commonly reported adverse reactions during treatment are somnolence, dizziness, headache, palpitations, flushing, abdominal pain, nausea, ankle swelling, oedema and fatigue. Tabulated list of adverse reactions: The following adverse reactions have been observed and reported during treatment with amlodipine with the following frequencies: Very common (≥1/10); common (≥1/100 to <1/10); uncommon (≥1/1,000 to ≤1/100); rare (≥1/10,000 to ≤1/1,000); very rare (≤1/10,000). Within each frequency grouping, adverse reactions are presented in order of decreasing seriousness. STORAGE: Store in a cool place. Do not storeabove 30o C. Store in original package.
Further information available on request from Dr. Reddy's Laboratories Ltd. 7-1-27, Ameerpet, Hyderabad-500016 Telangana, India
www.drreddys.com

STAMLO BETA

Indication Reference: 1. An experience of the use of a fixed atenolol amlodipine combination in real clinical practice: results #Data on File ## As per IQVIA Jan 22

For the use only of a Registered Medical Practitioner or Hospital or a Laboratory

ABPI

Amlodipine Besilate + Atenolol IP Tablets
COMPOSITION: Stamlo Beta™: Each uncoated tablet contains Amlodipine Besilate BP equivalent to Amlodipine 5 mg + Atenolol IP 50 mg. THERAPEUTIC INDICATION: Amlodipine and atenolol combination is indicated for the treatment of hypertension and chronic stable angina. DOSAGE AND ADMINISTRATION: The recommended dosage is one tablet of Stamlo Beta or Stamlo Beta-M daily. If

need be, the dosage may be increased to two tablets daily. However the dosage should be individualised. CONTRAINDICATIONS: The formulation is contraindicated in patients with known hypersensitivity to either component, sinus bradycardia; second and higher degrees of heart block, cardiogenic shock, severe hypotension, and congestive heart failure, sick sinus syndrome, untreated phaeochromocytoma, metabolic acidosis, poor left ventricular function, pregnancy and lactation, Obstruction of the outflow tract of the left ventricle (e.g., high grade aortic stenosis), Haemodynamically unstable heart failure after acute myocardial infarction and severe peripheral arterial circulatory disturbances, severe asthma and severe chronic obstructive pulmonary disorders, such as airway obstructions and The intravenous application of calcium channel blockers (verapamil / diltiazem type) is contraindicated in patients who use atenolol (except in intensive care unit). WARNINGS & PRECAUTION: Rarely in patients with obstructive coronary artery disease, increased frequency,duration and/or severity of angina or acute myocardial infarction on starting calcium channel blocker therapy have been reported. • Patients should be warned against stopping the drug suddenly due to presence of undiagnosed coronary heart disease. Discontinuation should be gradual and under medical supervision. • The formulation should be used with caution in patients with airway obstruction. • Excessive fall of blood pressure may occur in some patients, specially the elderly. Use in Elderly Patients. This FDC should be used with caution in elderly patients. Excessive fall of blood pressure may occur in elderly patients. Use in Patients with Impaired Liver Function: In patients with severe impairment of liver function caution may be necessary because of prolongation of the elimination half-life of amlodipine and reduction of dosage should be considered. Use in Patients with Impaired Kidney Function: Caution should be observed in patients with creatinine clearance less than 30m1/min due to a possible reduction excretion of unchanged atenolol and reduction of dosage should be considered and change in Amlodipine plasma concentrations are not correlated with degree of renal impairment. Amlodipine is not dialyzable. Amlodipine: The safety and efficacy of amlodipine in hypertensive crisis has not been established. Patients with cardiac failure: Patients with heart failure should be treated with caution. In a long-term, placebo controlled study in patients with severe heart failure (NYHA class III and IV) the reported incidence of pulmonary oedema was higher in the amlodipine treated group than in the placebo group. Calcium channel blockers, including amlodipine, should be used with caution in patients with congestive heart failure, as they may increase the risk of future cardiovascular events and mortality. Atenolol: as with other beta blockers: • Should not be withdrawn abruptly. The dosage should be withdrawn gradually over a period of 7–14 days, to facilitate a reduction in betablocker dosage. Patients should be followed during withdrawal, especially those with ischaemic heart disease. • When a patient is scheduled for surgery and a decision is made to discontinue beta-blocker therapy, this should be done at least 24 hours prior to the procedure. The risk-benefit assessment of stopping beta-blockade should be made for each patient. If treatment is continued, an anaesthetic with little negative inotropic activity should be selected to minimise the risk of myocardial depression. The patient may be protected against vagal reactions by intravenous administration of atropine.

• Although contraindicated in uncontrolled heart failure, may be used in patients whose signs of heart failure have been controlled. Caution must be exercised in patients whose cardiac reserve is poor. • May increase the number and duration of angina attacks in patients with Prinzmetal's angina due to unopposed alphareceptor mediated coronary artery vasoconstriction. Atenolol is a beta1selective betablocker; consequently, its use may be considered although utmost caution must be exercised. • Although contraindicated in severe peripheral arterial circulatory disturbances, may also aggravate less severe peripheral arterial circulatory disturbances. • Due to its negative effect on conduction time, caution must be exercised if it is given to patients with first degree heart block. • May mask the symptoms of hypoglycaemia, in particular, tachycardia. Insulin sensitivity may be reduced in patients treated with atenolol. • May mask the signs of thyrotoxicosis. • Will reduce heart rate as a result of its pharmacological action. In the rare instances when a treated patient develops symptoms which may be attributable to a slow heart rate and the pulse rate drops to less than 50–55 bpm at rest, the dose should be reduced. • May cause a more severe reaction to a variety of allergens when given to patients with a history of anaphylactic reaction to such allergens. Such patients may be unresponsive to the

usual doses of adrenaline (epinephrine) used to treat the allergic reactions. • May cause a hypersensitivity reaction including angioedema and urticaria. Since Atenolol is excreted via the kidneys, dosage should be reduced in patients with a creatinine clearance of below 35 ml/min/1.73 m^2. Although cardioselective (beta1) beta-blockers may have less effect on lung function than nonselective beta-blockers, as with all beta-blockers, these should be avoided in patients with reversible obstructive airways disease, unless there are compelling clinical reasons for their use. Where such reasons exist, atenolol may be used with caution. Occasionally, some increase in airways resistance may occur in asthmatic patients however, and this may usually be reversed by commonly used dosage of bronchodilators such as salbutamol or isoprenaline. The label and patient information leaflet for this product state the following warning: "If you have ever had asthma or wheezing, you should not take this medicine unless you have discussed these symptoms with the prescribing doctor". As with other beta-blockers, in patients with a phaeochromocytoma, an alpha-blocker should be given concomitantly. USE IN PREGNANCY AND LACTATING WOMEN: Safety and efficacy of this combination has not been established in pregnant and lactating women. Stamlo beta is therefore not recommended for use in pregnancy and lactation. ADVERSE REACTIONS Summary of the safety profile: The most commonly reported adverse reactions during treatment are somnolence, dizziness, headache, palpitations, flushing, abdominal pain, nausea, ankle swelling, oedema and fatigue. Tabulated list of adverse reactions The following adverse reactions have been observed and reported during treatment with amlodipine with the following frequencies: Very common (≥1/10); common (≥1/100 to <1/10); uncommon (≥1/1,000 to <1/100); rare (≥1/10,000 to <1/1,000); very rare (<1/10,000). Within each frequency grouping, adverse reactions are presented in the order of decreasing seriousness. Storage: Store below 25°C. Protect from light and moisture.

Further information available on request from Dr. Reddy's Laboratories Ltd. 7-1-27, Ameerpet, Hyderabad-500016 Telangana, India
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GLIMY M

Indication Reference: American Journal of Therapeutics 20, 41-47 (2013)

For the use only of a Registered Medical Practitioner or Hospital or a Laboratory

ABPI

Metformin Hydrochloride (ER), & Glimepiride Tablets
Glimy™ M

COMPOSITION Glimy™ M1/M2 : Each uncoated bilayered tablet contains Metformin hydrochloride IP 500mg (in extended release form) + Glimepiride IP 1mg/2mg. THERAPEUTIC INDICATION: Indicated for management of Type II diabetes mellitus in adult patients when diet, exercise and single agent(Glimepiride & metformin alone) do not result in adequate glycemic control. DOSAGE AND ADMINISTRATION: During treatment with Glimy M, glucose levels in blood and urine must be measured regularly. Glimy M is to be administered once per day during breakfast or the first main meal. Glimy M must be swallowed whole and not crushed or chewed. The highest recommended dose per day should be 8mg of glimepiride and 2000mg of metformin. The starting dose of Glimy M should not exceed the daily doses of glimepiride or metformin already being taken. When switching from combination therapy of glimepiride plus metformin as separate tablets, Glimy M should be administered on the basis of dosage currently being taken. For higher doses, it may be necessary to divide the administration into 2 doses. Children : Data insufficient to recommend pediatric use of Glimy

M. Renal impairment: A GFR should be assessed before initiation of treatment with metformin containing products and at least annually thereafter. The maximum daily dose of metformin should preferably be divided into 2-3 daily doses. Factors that may increase the risk of lactic acidosis (see Section Warnings) should be reviewed before considering initiation of metformin in patients with GFR<60 mL/min. **CONTRAINDICATIONS:** In patients hypersensitive to glimepiride, other sulfonylureas & metformin or any of the excipients, pregnant women, breast-feeding women, in severe liver function impairment and in severe renal dysfunction. Any type of acute and chronic acidosis (including lactic acidosis, diabetic ketoacidosis, diabetic pre-coma), acute conditions with the potential to alter renal function (dehydration, severe infection, shock, intravascular administration of iodinated contrast agents); acute or chronic disease which may cause tissue hypoxia (cardiac failure or respiratory failure, recent myocardial infarction, shock); severe hepatic insufficiency. **WARNINGS:** *For Glimepride*: In exceptional stress situations (e.g. trauma, surgery, febrile infections) blood glucose regulation may deteriorate, switch to insulin may be required. *For Metformin*: Metformin accumulation occurs at acute worsening of renal function and increases the risk of lactic acidosis. In case of dehydration (severe diarrhoea or vomiting, fever or reduced fluid intake), metformin should be temporarily discontinued and contact with a health care professional is recommended. GFR should be assessed before treatment initiation and regularly thereafter. Metformin is contraindicated in patients with GFR<30 ml/min and should be temporarily discontinued. Intravascular administration of iodinated contrast agents may lead to contrast induces, nephropathy, resulting in metformin accumulation and an increased risk of lactic acidosis. **PRECAUTIONS:** For Glimepride: Risk of hypoglycaemia. Treatment of patients with G6PD-deficiency with sulfonylurea agents can lead to hemolytic anaemia. For Metformin: Regular monitoring of thyroid- stimulating hormone (TSH) levels is recommended in patients with hypothyroidism. Long-term treatment with metformin has been associated with a decrease in vitamin B12 serum levels which may cause peripheral neuropathy. Monitoring of the vitamin B12 level is recommended. **PREGNANCY & LACTATION:** Not be taken during pregnancy / lactation. Must change over to insulin. **ADVERSE REACTIONS**: Some frequent adverse reactions include : Hypoglycaemia, eye disorders, gastrointestinal disorders such as nausea, vomiting, diarrhoea, abdominal pain, heartburn and loss of appetite, blood & lymphatic disorders, metallic taste, abdominal distention, increased flatus and intestinal obstruction like symptoms.
Further information available on request from Dr. Reddy's Laboratories Ltd. 7-1-27, Ameerpet, Hyderabad-500016 Telangana, India
www.drreddys.com

GLIMY MV

Indication Reference: 1Int. J. Pharmacol., 12 (4): 422-428, 2016. In patients not having family history of diabetes 2. Compared to 5 leading brands of Glimepiride + Metformin + Voglibose combination as per IMS Nov 2021 and 1mg.com Control means Glycemic Control

For the use only of a Registered Medical Practitioner or Hospital or a Laboratory

ABPI

Metformin Hydrochloride (SR), Glimepiride, & Voglibose
Tablets Glimy™ MV 1
Glimy™ MV 2

COMPOSITION : Glimy™ MV 1/2 : Each uncoated bilayered tablet contains Metformin hydrochloride IP 500mg(in sustained release form) + Glimepiride IP 1mg/2mg + Voglibose IP 0.2mg. **THERAPEUTIC INDICATION :** As third line treatment of Type II diabetes mellitus in adult patients when diet, exercise and the single agents and second line therapy with two drugs do not result in adequate glycemic control. **DOSAGE AND ADMINISTRATION :** General: Usual recommended dose for adults: 1 tablet of Glimy MV twice a day before meals. Additionally, voglibose tablets may be taken before the remaining meal, as prescribed by the physician. Glimy MV must be swallowed whole and not crushed or chewed. Children : Data insufficient to recommend pediatric use of Glimy MV. Renal impairment: A GFR should be assessed before initiation of treatment with metformin containing products and at least annually thereafter. The maximum daily dose of metformin should preferably be divided into 2-3 daily doses. Factors that may increase the risk of lactic acidosis (see Section Warnings) should be reviewed before considering initiation of metformin in patients with GFR<60 mL/min. If no adequate strength of Glimy MV is available, individual mono-components should be used instead of the fixed dose combination. **CONTRAINDICATIONS** : In patients hypersensitive to glimepiride, other sulfonylureas, other sulfonamides, metformin, voglibose or any of the excipients; pregnant women; breast-feeding women. No experience in sever liver function impairment and in dialysis patient. Any type of acute metabolic acidosis (such as lactic acidosis, diabetic ketoacidosis, diabetic pre-coma), severe renal failure (GFR<30ml/min),acute conditions with the potential to alter renal function (dehydration, severe infection, shock, intravascular administration of iodinated contrast agents); acute or chronic disease which may cause tissue hypoxia (cardiac failure or respiratory failure, recent myocardial infarction, shock); hepatic insufficiency; acute alcohol intoxication; alcoholism; severe infections or trauma, gastrointestinal obstruction or predisposed to it. **WARNINGS:** *For Glimepride*: In exceptional stress situations (e.g. trauma, surgery, febrile infections) blood glucose regulation may deteriorate, switch to insulin may be required. *For Metformin*: Metformin accumulation occurs at acute worsening of renal function and increases the risk of lactic acidosis. In case ofdehydration (severe diarrhoea or vomiting, fever or reduced fluid intake), metformin should be temporarily discontinued and contact with a health care professional is recommended. GFR should be assessed before treatment initiation and regularly thereafter. Metformin is contraindicated in patients with GFR<30 ml/min and should be temporarily discontinued. Intravascular administration of iodinated contrast agents may lead to contrast induces, nephropathy, resulting in metformin accumulation and an increased risk of lactic acidosis. Glimy MV to be discontinued at the time of imaging procedure and not restarted until at least 48 hours after provided that renal function is stable. Glimy MV must be discontinued at the time of surgery with general, spinal or epidural anaesthesia. **PRECAUTIONS:** For Glimepride: Risk of hypoglycaemia. Treatment of patients with G6PD-deficiency with sulfonylurea agents can lead to hemolytic anaemia. For Metformin: Regular monitoring of thyroid- stimulating hormone (TSH) levels is recommended in patients with hypothyroidism. Long-term treatment with metformin has been associated with a decrease in vitamin B12 serum levels which may cause peripheral neuropathy. Monitoring of the vitamin B12 level is recommended. For Voglibose: Voglibose tablets should be administered with caution to the patients with history of laparotomy or ileus; patients with chronic intestinal disease accompanied by disturbance in digestion and absorption; patients with aggravating symptoms due to increased generation of intestinal gas (eg, Roemheld syndrome, severe hernia, and stenosis and ulcer of the large intestine) and patients with serious hepatic or renal disorders. **PREGNANCY & LACTATION**: Not to be taken during pregnancy / lactation. Must change over to insulin. **ADVERSE REACTIONS**: Some frequent adverse reactions include : Hypoglycaemia, eye disorders, gastrointestinal disorders such as nausea, vomiting, diarrhoea, abdominal pain, heartburn and loss of appetite, blood & lymphatic disorders, metallic taste, abdominal distention, increased flatus and intestinal obstruction like symptoms. Can cause weight gain.

Storage : Stay protected from light and moisture at a temperature not exceeding 25°C
Further information available on request from Dr. Reddy's Laboratories Ltd. 7-1-27, Ameerpet, Hyderabad-500016 Telangana, India
www.drreddys.com
Updated : November 2019

TELSARTAN

Indication Reference: 1. Journal of Clinical Pharmacology. Dec 2000, 2. Vascular Health and Risk Management, 3. Mallat Cardiovascular Diabetology,

For the use only of a Registered Medical Practitioner or Hospital or a Laboratory

ABPI

Telmisartan
Telsartan™ 20, 40, 80
COMPOSITION: Telsartan™ 20, 40, 80: Each uncoated tablet contains:Telmisartan 20 mg, 40 mg, 80 mg, Excipients q.s. THERAPEUTIC INDICATION: for the treatment of mild to moderate essential hypertension. DOSAGE AND ADMINISTRATION: The recommended dose of Telmisartan 40mg orally once daily; dose range, 20-80 mg once daily. Renal impairment: When Telmisartan is used in patients with impaired renal function, a periodic monitoring of potassium and creatinine serum levels is recommended. CONTRA INDICATIONS: Telmisartan tablet is contra indicated in Hypersensitivity to any component of this product, Pregnancy and lactation, Biliary obstructive disorders and Severe hepatic impairment. WARNINGS: Telmisartan: Reno vascular hypertension: There is an increased risk of severe hypotension and renal insufficiency when patients with bilateral renal artery stenosis or stenosis of the artery to a single functioning kidney are treated with medicinal products that affect the renin angiotensin-aldosterone system. Intravascular volume depletion: Symptomatic hypotension, especially after the first dose, may occur inpatients who are volume and/or sodium depleted by vigorous diuretic therapy, dietary salt restriction, diarrhoea or vomiting. Such conditions should be corrected before the administration of Telmisartan. Volume and/or sodium depletion should be corrected prior to administration of Telmisartan. Primary aldosteronism: Patients with primary aldosteronism generally will not respond to antihypertensive medicinal products acting through inhibition of the renin-angiotensin system. Therefore, the use of telmisartan is not recommended. Aortic and mitral valve stenosis, obstructive hypertrophic cardiomyopathy: As with other vasodilators, special caution is indicated in patients suffering from aortic or mitral stenosis, or obstructive hypertrophic cardiomyopathy.Electrolyte imbalance: Hyperkalaemia: During treatment with other medicinal products that affect therenin-angiotensin aldosterone system hyperkalaemia may occur, especially in the presence of renal impairment and/or heart failure and diabetes mellitus. Adequate monitoring of serum potassium in patients at risk is recommended. Based on experience with the use of other medicinal products that affect the reninangiotensin system, concomitant use with potassium-sparing diuretics, potassium supplements, salt substitutes containing potassium or other medicinal products that may increase the potassium level (heparin, etc.) may lead to an increase in serum potassium and should therefore be co-administered cautiously with Telmisartan. PRECAUTIONS Hepatic impairment: Telmisartan should not be given to patients with cholestasis, biliary obstructive

disorders or severe hepatic insufficiency since telmisartan is mostly eliminated with
the bile. These patients can be expected to have reduced hepatic clearance for telmisartan. Telmisartan should be used only with caution in patients with mild to moderate hepatic impairment. Pregnancy: Telmisartan tablets should not be used in pregnancy. Nursing Mothers: It is not known whether Telmisartan is excreted in human milk, but Telmisartan was shown to be present in the milk of lactating rats. Because of the potential for adverse effects on the nursing infant, it should not be used in lactating mother Pediatric Use: Safety and effectiveness in pediatric patients have not been established. Geriatric Use: No overall difference in effectiveness and safety of Telmisartan was observed in these patients compared to younger patients. Other reported clinical experience has not identified differences in responses between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out. ADVERSE REACTION: Adverse events occurring at an incidence of 2% or more patients treated with
Telmisartan, irrespective of the causal association were fatigue, dizziness, nausea, diarrhea, sinusitis and URTIs. OVERDOSE: Telmisartan The most likely manifestations of overdosage with Telmisartan would be hypotension, dizziness and tachycardia; bradycardia could occur from parasympathetic (vagal) stimulation. If symptomatic hypotension should occur, supportive treatment should be instituted. Telmisartan is not removed by hemodialysis. Suggested measures include induction of emesis and / or gastric lavage. Activated charcoal may be useful in the treatment of over dosage. Serum electrolytes and creatinine should be monitored frequently. If hypotension occurs, the patient should be placed in a supine position, with salt and volume replacement given quickly. STORAGE: Store below 25OC. Protect from light & moisture.Keep out of reach of children.

Further information available on request from Dr. Reddy's Laboratories Ltd. 7-1-27, Ameerpet,
Hyderabad-500016 Telangana, India
www.drreddys.com

TELSARTAN AM

Indication Reference: Mallat Cardiovascular Diabetology 2012, 11:32

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ABPI

Telmisartan-AM™
Amlodipine Besilate Amlodipine, Telsartan 40, 80

COMPOSITION: Telsartan-AM™ 20, 40, 80: Each uncoated tablet contains: Amlodipine Besilate IP equivalent toAmlodipine 5 mg, Telmisartan 40 mg, Excipients q.s., Colour : Yellow Oxide of Iron.
THERAPEUTIC INDICATION: For the treatment of essential hypertension in adults only. DOSAGE AND ADMINISTRATION: The recommended dose of Telmisartan and Amlodipine fixed dose combination is one tablet daily. It is usually appropriate to begin combination therapy. Renal impairment: When Telmisartan is used in patients with impaired renal function, a periodic monitoring of potassium and creatinine serum levels is recommended. CONTRA INDICATIONS: A Telmisartan and amlodipine tablets is contraindicated in patients who are hypersensitive to any component of this product, Second and third trimesters of pregnancy and lactation, Biliary obstructive disorders, Severe hepatic impairment, Severe renal impairment, Paediatric use. WARNINGS: Foetal/Neonatal/Morbidity and Mortality When pregnancy is detected Telmisartan should be discontinued as soon as possible. Reno-vascular hypertension: There is an increased risk of severe

hypotension and renal insufficiency when patients with bilateral renal artery stenosis or stenosis of the artery to a single functioning kidney are treated with medicinal products that affect the reninangiotensin-aldosterone system. Renal impairment: When Telmisartan is used in patients with impaired renal function, a periodic monitoring of potassium and creatinine serum levels is recommended. Intravascular volume depletion: Symptomatic hypotension, especially after the first dose, may occur in patients who are volume and/or sodium depleted by vigorous diuretic therapy, dietary salt restriction, diarrhoea or vomiting. Such conditions, especially volume and/or sodium depletion, should be corrected before administration of Telmisartan. Hepatic impairment: The majority of telmisartan is eliminated in the bile. Patients with biliary obstructive disorders or severe hepatic insufficiency can be expected to have reduced clearance. Telmisartan tablets should be used only with caution in these patients. Amlodipine: As with all calcium channel blockers, amlodipine half-life is prolonged in patients with impaired liver function and dosage recommendations have not been established. The compound should therefore be administered with caution in these patients.

PRECAUTIONS: Hepatic impairment: As the majority of telmisartan is eliminated by biliary excretion, patients with biliary obstructive disorders or hepatic insufficiency can be expected to have reduced clearance. In patients with hepatic insufficiency, plasma concentrations of telmisartan are increased, and absolute bioavailability approaches 100%. Telmisartan should be used with caution in these patients. In patients with mild to moderate hepatic impairment the dosage should not exceed 40 mg once daily. Pregnancy:Pregnancy Categories C (first trimester) and D (second and third trimesters). Drugs that act directly on the renin-angiotensin system can cause foetal and neonatal morbidity and death when administered to pregnant women. Oligohydramnios has also been reported, presumably resulting from decreased foetal renal function. When pregnancy is detected, telmisartan should be discontinued as soon as possible. Rarely, no alternative to an angiotensin II receptor antagonist will be found. In these rare cases, the mothers should be apprised of the potential hazards to the foetus, and serial ultrasound examinations should be performed to assess the intra-amniotic environment. If oligohydramnios is observed, telmisartan should be discontinued unless they are considered life-saving for the mother. Nursing Mothers: It is not known whether telmisartan is excreted in human milk. Because of the potential for adverse effects on the nursing infant, a decision should be made whether to discontinue nursing or discontinue the drug, taking into account the importance of the drug to the mother. Pediatric Use: Safety and effectiveness in paediatric patients have not been established. ADVERSE REACTION: The side effects have been mild and transient in nature and have only infrequently required discontinuation of therapy. The commonly observed side effects are back pain, diarrhoea, pharyngitis, headache, dizziness, pain, fatigue and nausea. OVERDOSE: Telmisartan The most likely manifestation of overdosage with telmisartan would be hypotension, dizziness and tachycardia; bradycardia could occur from parasympathetic stimulation. If symptomatic hypotension should occur, supportive treatment should be instituted. Telmisartan is not removed by haemodialysis. Amlodipine: gross overdosage could result in excessive peripheral vasodilatation and possibly reflex tachycardia. STORAGE: Store in a cool dry place, Protected from light & moisture.

Further information available on request from Dr. Reddy's Laboratories Ltd. 7-1-27, Ameerpet, Hyderabad-500016 Telangana, India

www.drreddys.com

ROZAT

Indication Reference:

1. Dixit AK, et al. The prevalence of dyslipidemia in patients with diabetes mellitusof ayurveda Hospital. J Diabetes Metab Disord. 2014;13:58.

2.Hsia J, et al. Cardiovascular event reduction and adverse events among subjects attaining low-density lipoprotein cholesterol <50 mg/dl with rosuvastatin. The JUPITER trial (Justification for the Use of Statins in Prevention: an Intervention

Trial Evaluating Rosuvastatin). J Am Coll Cardiol. 2011;57(16):16661675

3. Arshad AR. Comparison of Low-Dose Rosuvastatin with Atorvastatin in Lipid-Lowering Efficacy and Safety in a High-Risk Pakistani Cohort: An Open-Label Randomized Trial. J Lipids. 2014; 2014: 875907.4.,

4. Data on File. Price comparison as per top 3 brands in Rosuvastatin RPM as per IMS Jan. 2020.

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ABPI

Rozat™
Rosuvastatin Calcium 5, 10, 20

COMPOSITION: Rozat™ 5, 10, 20: Each uncoated tablet contains: Rosuvastatin calcium equivalent to Rosuvastatin 5 mg, 10 mg, 20 mg Colour : Titanium Dioxide IP
THERAPEUTIC INDICATION: v Primary hypercholesterolaemia (type IIa including heterozygous familial hypercholesterolaemia) as an adjunct to diet when response to diet and exercise is inadequate. Mixed dyslipidaemia (type IIb) as an adjunct to diet when response to diet and exercise is inadequate. Homozygous familial hypercholesterolaemia, either alone or as an adjunct to diet and other lipid lowering treatments (e.g. LDL apheresis). **DOSAGE AND ADMINISTRATION:** Adult dose: The usual start dose is Rosuvastatin 5-10 mg once daily and the majority of patients are controlled at this dose. A dose adjustment to 20 mg can be made after 4 weeks, if necessary. Rosuvastatin 40 mg should only be used in patients with severe hypercholesterolaemia (including those with familial hypercholesterolaemia) who do not achieve their treatment goal on 20 mg. Rosuvastatin may be given at any time of day, with or without food. The patient should be placed on a standard cholesterol-lowering diet that should continue duringtreatment. Pediatric Use: Pediatric experience is limited to a small number of children (aged 8 years or above) with homozygous familial hypercholesterolaemia. Use in children should be supervised by specialists. Geriatric Use: No dose adjustment required. Dosage in patients with renal insufficiency: No dose adjustment is necessary in patients with mild to moderate renal impairment. For patients with severe renal impairment (Cr. Cl. <30 ml/min) the dose of rosuvastatin should not exceed 10 mg once daily. Dosage in patients with hepatic impairment No dose adjustment is necessary in patients with mild to moderate hepatic impairment. In patients with severe hepatic impairment the dose of rosuvastatin should not exceed 20 mg once daily. **CONTRAINDICATIONS:** Prior hypersensitivity to rosuvastatin. Pregnant and lactating females. **PRECAUTIONS:** General: Rosuvastatin should be used with precaution in: Patients with history of hypersensitivity to other statins. Patients who consume excessive quantities of alcohol, patients with active liver disease including unexplained, persistent elevations of serum transaminases and any serum transaminase elevation exceeding 3 x the upper limit of normal. It is recommended that liver function tests be carried out prior to, and 3 months following, the initiation of treatment with rosuvastatin. Patients with myopathy. Uncomplicated myalgia and myopathy have been reported in rosuvastatin treated patients. Patients should be asked to report inexplicable muscle pain or weakness immediately, particularly if associated with malaise or fever. Creatininine Kinase (CK) levels should be measured in these patients. Rosuvastatin therapy should be discontinued if CK levels are markedly elevated (>10xULN) or, if on clinical grounds, myopathy is diagnosed or suspected. Patients receiving concomitant cyclosporin. Patient with an acute, serious condition suggestive of myopathy or predisposing to the development of renal failure secondary to rhabdomyolysis (e.g. sepsis, hypotension, major surgery, trauma, severe metabolic, endocrine and electrolyte disorders; or uncontrolled seizures). Rosuvastatin is not expected to affect the ability to drive or use machines.
Pregnancy: Teratogenic Effects:

Rosuvastatin should not be used during pregnancy as the safety of rosuvastatin during pregnancy has not been established. Women of childbearing potential should use adequate birth-control measures when rosuvastatin is used. The possibility that a woman of childbearing potential is pregnant at the time of institution of therapy should be considered. A negative result for pregnancy test having sensitivity down to at least 50 mIU/mL for hCG should be obtained prior to rosuvastatin therapy. Since cholesterol and other products of cholesterol biosynthesis are essential for the development of the foetus, the potential risk from inhibition of HMG-CoA reductase outweighs the advantage of treatment during pregnancy. If a patient becomes pregnant during use of this product, treatment should be discontinued immediately. Nursing Mothers: Rosuvastatin should not be used during lactation as the safety of rosuvastatin during lactation has not been established. Rosuvastatin is excreted in the milk of rats. There are no data with respect to excretion in milk in humans. Pediatric Use: Pediatric experience is limited to a small number of children (aged 8 years or above) with homozygous familial hypercholesterolaemia. Use in children should be supervised by specialists. ADVERSE REACTION: The adverse events seen with rosuvastatin are generally mild and transient. Commonly occurring adverse events are pharyngitis, headache, dizziness, constipation, nausea, abdominal pain, asthenia and myalgia. As with other HMG-CoA reductase inhibitors, the incidence of adverse drug reactions tends to increase with increasing dose. and possibly reflex tachycardia. STORAGE: Store below 250C. Protect from light & moisture.
Further information available on request from Dr. Reddy's Laboratories Ltd. 7-1-27, Ameerpet, Hyderabad-500016 Telangana, India
www.drreddys.com

RAZO

Indication Reference: 1. Fock KM, Teo EK, Ang TL, et al. Rabeprazole vs esomeprazole in non-erosive gastro esophageal reflux disease: a randomized, double-blind study in urban Asia. World J Gastroenterol. 2005;11(20):3091-3098. 2. Besancon M, et al. Sites of Reaction of the Gastric H,K-ATPase with Extracytoplasmic Thiol Reagents. J Biol Chem. 1997;272(36):22438-46.

ABPI

Razo™
Rabeprazole 20

RAZO (Rabeprazole sodium Tablets) 10mg, 20mg
Dr. Reddy's
RAZO EASY (Rabeprazole sodium Sachet) 20mg
COMPOSITION: Each enteric coated tablet contains: Rabeprazole Sodium IP 10 mg With Sodium Bicarbonate as buffer, Colours: Titanium Oxide & Iron Oxide Yellow. Each enteric coated tablet contains: Rabeprazole Sodium IP 20 mg With Sodium Bicarbonate as buffer, Colours: Titanium Oxide & Iron Oxide Red. Rabeprazole Sodium powder for oral suspension 20mg, Each single dose Sachet Contains: Rabeprazole Sodium IP 20 mg With Sodium Bicarbonate as buffer Excipients q.s. INDICATIONS: Rabeprazole is indicated for the treatment of Gastric ulcer, Duodenal ulcer, Zollinger-Ellison Syndrome and GERD. DOSAGE & ADMINISTRATION: Healing of Erosive or Ulcerative Gastroesophageal Reflux Disease (GERD) 20 mg to be taken once daily for four-eight weeks. For patients who have not healed after 8 weeks of treatment, an additional 8 weeks course maybe considered. Maintenance of Healing of Erosive or Ulcerative gastroesophageal Reflux Disease (GERD) The recommended adult oral dose is one RAZO-IR 20 mg tablet to be taken once daily. Healing of

Duodeni ulcers and Gastric ulcers The recommended oral dose for both active duodenal ulcer and active benign gastric ulcer is 20 mg to be taken once daily after morning meal. Most patients with active duodenal ulcer heal within four weeks. However, a few patients may require an additional four weeks of therapy to achieve healing. Most patients with an active benign gastric ulcer heal within six weeks. However again a few patients may require an additional six weeks of therapy to achieve healing. Treatment Of Pathological Hypersecretory Conditions, Including Zollinger Ellison Syndrome The recommended adult oral starting dose is 60 mg once daily. The doses should be adjusted to individual patient needs and should continue for as long as clinically indicated. Some patients may require divided doses. CONTRAINDICATIONS: It is contraindicated in patients with known hypersensitivity to rabeprazole, or to any of its component or to substituted benzimidazoles. Rabeprazole is contra-indicated in pregnancy and during breast feeding. SPECIAL WARNINGS AND PRECAUTIONS FOR USE: Symptomatic response to therapy with rabeprazole sodium does not preclude the presence of gastric or oesophageal malignancy, therefore the possibility of malignancy should be excluded prior to commencing treatment with rabeprazole. Patients on long-term treatment (particularly those treated for more than a year) should be kept under regular surveillance. A risk of cross-hypersensitivity reactions with other proton pump inhibitor or substituted benzimidazoles cannot be excluded. Patients should be cautioned that rabeprazole tablets should not be chewed or crushed, but should be swallowed whole. Rabeprazole is not recommended for use in children, as there is no experience of its use in this group. Rabeprazole, like other proton pump inhibitors, has potential to cause gastric carcinoids but the studies have not been conclusive. There have been post marketing reports of blood dyscrasias (thrombocytopenia and neutropenia). In the majority of cases where an alternative aetiology cannot be identified, the events were uncomplicated and resolved on discontinuation of rabeprazole. Hepatic enzyme abnormalities have been seen in clinical trials and have also been reported since market authorization. In the majority of cases where an alternative aetiology cannot be identified, the events were uncomplicated and resolved on discontinuation of rabeprazole. No evidence of significant drug related safety problems was seen in patients with mild to moderare hepatic impairment versus normal age and sex matched controls. However, because there are no clinical data on the use of rabeprazole in the treatment of patients with severe hepatic impairment the prescriber is advised to exercise caution when treatment with rabeprazole is first initiated in such patients. Co-administration of atazanavir with rabeprazole is not recommended. Treatment with proton pump inhibitors, including rabeprazole, may possibly increase the risk of gastrointestinal infections such as Salmonella, Campylobacter and Clostridium difficile. Severe hypomagnesaemia has been reported in patients treated with PPIs like rabeprazole for at least three months, and in most cases for a year. Serious manifestations of hypomagnesaemia such as fatigue, tetany, delirium, convulsions, dizziness and ventricular arrhythmia can occur but they may begin insidiously and be overlooked. In most affected patients, hypomagnesaemia improved after magnesium replacement and discontinuation of the PPI. For patients expected to be on prolonged treatment or who take PPIs with digoxin or drugs that may cause hypomagnesaemia (e.g., diuretics), health care professionals should consider measuring magnesium levels before starting PP treatment and periodically during treatment. Proton pump inhibitors, especially if used in high doses and over long durations (>1 year), may modestly increase the risk of hip, wrist and spine fracture, predominantly in the elderly or in presence of other recognised risk factors. Observational studies suggest that proton pump inhibitors may increase the overall risk of fracture by 10-40%. Some of this increase may be due to other risk factors. Patients at risk of osteoporosis should receive care according to current clinical guidelines and they should have an adequate intake of vitamin D and calcium. Concomitant use of rabeprazole with methotrexate Literature suggests that concomitant use of PPIs with methotrexate (primarily at high dose; see methotrexate prescribing information) may elevate and prolong serum levels of methotrexate and/or its metabolite, possibly leading to methotrexate toxicities. In high-dose methotrexate administration, a temporary withdrawal of the PPI may be considered in some patients. Influence on vitamin B12 absorption Rabeprazole sodium, as all acid-blocking medicines, may reduce the absorption of vitamin B12 (cyanocobalamin) due to hypo- or a-chlorhydria. This should be considered in patients with

reduced body stores or risk factors for reduced vitamin B12 absorption on long-term therapy or if respective clinical symptoms are observed. Subacute cutaneous lupus erythematosus (SCLE) Proton pump inhibitors are associated with very infrequent cases of 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. Rabeprazole. 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, rabeprazole treatment should be stopped for at least 5 days before CgA measurements if CgA and gastrin levels have not returned to reference range after initial measurement, measurements should be repeated 14 days after cessation of PPI treatment USE IN SPECIFIC POPULATIONS: Use in pregnant or lactating women - There is no adequate data to establish the safety of rabeprazole in pregnant women. Reproduction studies performed in rats and rabbits have revealed no evidence of impaired fertility or harm to the foetus due to rabeprazole sodium, although low foeto-placental transfer occurs in rats. Rabeprazole is contraindicated during pregnancy. BREAST-FEEDING - It is not known whether rabeprazole sodium is excreted in human breast milk. No studies in lactating women have been performed. Rabeprazole sodium is however excreted in rat mammary secretions. Therefore Rabeprazole must not be used during breast feeding. Effect on driving or handling machinery Based on the pharmacodynamic properties and the adverse events profile, it is unlikely that Rabeprazole would cause an impairment of driving performance or compromise the ability to use machinery. If however, alertness is impaired due to somnolence, it is recommended that driving and operating complex machinery be avoided. Use in Children Rabeprazole tablets are not recommended for use in children due to a lack of data on safety and efficacy. ADVERSE REACTIONS: The most commonly reported adverse drug reactions, during controlled clinical trials with rabeprazole were headache, diarrhoea, abdominal pain, asthenia, flatulence, rash and dry mouth. The majority of adverse events experienced during clinical studies were mild or moderate in severity, and transient in nature. The most commonly reported adverse reactions were pruritus (63%) and fatigue (22%), Adverse reactions leading to discontinuation were 1% in the OCA titration arm and 11% in the OCA 10 mg arm. The most common adverse reaction leading to discontinuation was pruritus. The majority of pruritus occurred within the first month of treatment and tended to resolve over time with continued dosing. Over dosage: Patients with Zollinger-Ellison syndrome have been treated with up to 120 mg Rabeprazole per day. No specific antidote for Rabeprazole is known. Experience to date with deliberate or accidental overdose is limited. The maximum established exposure has not exceeded 60 mg twice daily, or 160 mg once daily. Effects are generally minimal, representative of the known adverse event profile and reversible without further medical intervention. Rabeprazole is extensively protein bound and is not readily dialyzable. In the event of overdosage, treatment should be symptomatic and supportive. In animal studies with lethal doses of Rabeprazole, the major symptoms of acute toxicity were hypoactivity, labored respiration, lateral or prone position and convulsion in mice and rats and watery diarrhea, tremor, convulsion and coma.

RAZO-D

Indication Reference: 1. Data on File. 2. Niu Q, et al. Combination Use of Clopidogrel and Proton Pump Inhibitors Increases Major Adverse Cardiovascular Events in Patients with Coronary Artery Disease: A Meta-Analysis. J Cardiovasc Pharmacol Ther. 2017;22(2):142-152.

ABPI

Razo-D™

RAZO D (Rabeprazole and Domperidone) SR tablets 20mg and 30mg

COMPOSITION: Each capsule contains Rabeprazole Sodium 20 mg (as enteric coated pellets) Domperidone BP 30 mg (as sustained release pellets), Excipients q.s. Colours: Red Oxide of Iron, Yellow Oxide of Iron, Black Oxide of Iron & Titanium Dioxide IP Approved colours used in capsule shell, INDICATIONS: Gastroesophageal reflux disease (GERD) not responding to Rabeprazole alone. DOSAGE & ADMINISTRATION For Adults and Children over 16 years of age: One Razo-D Capsule is to be taken once daily for 4 to 8 weeks. Razo-D Capsule should be swallowed whole, before breakfast in the morning. CONTRAINDICATIONS: Razo-D is contraindicated in patients with known hypersensitivity to rabeprazole, domperidone or substituted benzimidazoles or to any excipient used in the formulation. Razo-D is contraindicated in patients with hepatic and/or renal impairment, prolactin-releasing pituitary tumour (prolactinoma). Razo-D should not be used when stimulation of the gastric motility could be harmful, Eke gastrointestinal haemorrhage, mechanical obstruction or perforation. Razo-D is contraindicated in pregnancy and during breast feeding. SPECIAL WARNINGS AND PRECAUTIONS for use Patients should be cautioned that Razo-D capsules should not be chewed or crushed, but should be swallowed whole. Co-administration of Razo-D with atazanavir, ketoconazole, erythromycin or other potent CYP3A4 inhibitors are not recommended. Symptomatic response to therapy with rabeprazole sodium does not preclude the presence of gastric or esophageal malignancy, therefore the possibility of malignancy should be excluded prior to commencing treatment with Razo-D. A risk of cross-hypersensitivity reactions with other proton pump inhibitor or substituted benzimidazoles cannot be excluded. There have been reports of blood dyscrasias (thrombocytopenia and neutropenia) and hepatic enzyme abnormalities with use of rabeprazole. In the majority of cases where an alternative etiology cannot be identified, the events were complicated and resolved on discontinuation of rabeprazole. Patients with Severe Hepatic Dysfunction: Although no evidence of significant drug related safety problems was seen in a study of patients with mild to moderate hepatic impairment versus normal age and sex matched controls, the prescriber is advised to exercise caution when treatment with rabeprazole sodium is first initiated in patients with severe hepatic dysfunction. The exposure to rabeprazole sodium (AUC) in patients with significant hepatic dysfunction is approximately two-fold that of healthy patients. PEDIATRICS: Razo-D is not recommended for use in children under 16 years of age, as there is no experience of its use in this group. Geriatrics: No overall differences in safety or effectiveness were observed between elderly subjects and younger subjects in the clinical studies with rabeprazole. Other reported clinical experience has not identified differences in responses between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out. Use in specific populations: PREGNANCY AND LACTATION: Razo-D is contraindicated during pregnancy and should not be used during breast feeding. Rabeprazole: There are no data on the safety of rabeprazole in human pregnancy. Reproduction studies performed in rats and rabbits have revealed no evidence of impaired fertility or harm to the fetus due to rabeprazole sodium, although low foeto-placental transfer occurs in rats. It is not known whether rabeprazole sodium is excreted in human breast milk. No studies in lactating women have been performed. Rabeprazole sodium is however excreted in rat mammary secretions. Domperidone: There are limited post-marketing data on the use of domperidone in pregnant women. Studies have shown that domperidone enters breast milk. It is not known whether this is harmful to the new-born. Therefore, breast feeding is not recommended for mothers who are taking domperidone. Effects on Ability to Drive and Use Machines: Razo-D has no or negligible influence on the ability to drive machines or operate machinery. ADVERSE REACTIONS: In general, both the drugs separately are well tolerated. Following adverse drug reactions may occur with this fixed drug combination-headache, abdominal pain, dizziness, peripheral edema, asthenia, skin rash, diarrhea, flatulence, constipation & dry mouth. Other adverse events reported were hepatic enzyme increase, and rare reports of hepatitis and jaundice. Rare reports of hepatic encephalopathy have been received in patients with underlying cirrhosis. There have also been rare reports of thrombocytopenia, neutropenia, leukopenia, bullous or urticarial skin eruptions, and acute systemic allergic reactions, myalgia, arthralgia and acute kidney injury. There have been very rare reports of interstitial nephritis,

gynecomastia, erythema multiforme, toxic epidermal necrolysis (TEN) and Stevens-Johnson syndrome. There has been no other notable abnormality in laboratory values attributable to treatment with rabeprazole sodium. Domperidone is generally very well tolerated with few undesirable effects when used within recommended dosages and duration. Immune system disorder: Very rare; allergic reactions including anaphylaxis, anaphylactic shock, anaphylactic reaction, urticaria and angioedema. Endocrine disorder; Rare; increased prolactin levels. Nervous system disorders: Very rare; extrapyramidal side effects. Cardiac disorders: QTc prolongation (frequency not known). Very rare; ventricular arrhythmias. Gastrointestinal disorders: Rare; gastrointestinal disorders, including very rare transient intestinal cramps. Very rare: diarrhea. Skin and subcutaneous tissue disorders: Very rare; pruritus, rash. Reproductive system and breast disorders: Rare; galactorrhea, gynecomastia, amenorrhea. Over dosage: There has been no experience with large overdoses with either drug alone or in combination. In clinical trials doses upto 40 mg of Rabeprazole and 20 mg of Domperidone have been used without causing any adverse effect. No specific antidote for Rabeprazole is known. Rabeprazole is extensively protein bound and is not readily dialyzable. Symptoms of overdose may include drowsiness, disorientation and extrapyramidal reactions. Anticholinergic, anti-Parkinson medicines or antihistamines with anticholinergic properties may be helpful in controlling the extrapyramidal reactions. There is no specific antidote to either drug and hence the event of overdose should be symptomatic and supportive, gastric lavage as well as the administration of activated charcoal may be useful.] Dated: 2020 further information is available on request.