SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

Aprazol (Lansoprazole) 30mg Capsule

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each capsule contains;

30 mg Lansoprazole as enteric coated micropellets, Titanium dioxide (E171), Quinoline yellow (E 104) and Indigocarmine (E 132) as dying agents.

3. PHARMACEUTICAL FORM

Hard Gelatine Capsule

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

- Gastric Ulcer
- Short-term treatment of reflux esophagitis
- In the long term therapy of pathological hypersecretory conditions including Zollinger-Ellison syndrome
- In the treatment of the duodenal ulcer seen with H.pylori infection.

4.2 Posology and method of administration

Duodenal Ulcer: The recommended dose is 30 mg (1 capsule) once daily for 4 weeks. Aprazol should be administered before meals.

Gastric Ulcer: The recommended dose is 30 mg once daily for 4 weeks. The therapy should be continued to 2-4 weeks.

Reflux Esophagitis: When the erosive esophagitis is demonstrated endoscopically, the recommended dose is 30 mg once daily for 4-8 weeks. For patients who remains untreated, it may be helpful to give an additional 8 weeks of treatment. If the recurrence occurs in erosive esophagitis the additional 8 weekly Aprazol treatment may be considered. Lansoprazole is not indicated for maintenance treatment of peptic ulcer and Reflux esophagitis.

Pathological Hypersecretory Conditions including Zollinger-Ellison syndrome:

The usual initial dosage is 60 mg once daily. If necessary, Lansoprazole dosage may be increased to 120-180 mg daily. The recommended daily dosage exceeding 90 mg be administered in 2 equally divided doses in the morning and evening.

H.pylori eradication therapy with duodenal ulcer

Triple Treatment regimen: 30 mg Lansoprazole twice daily before meals, 500 mg Clarithromycin twice daily before or after meals, 1000 mg amoxicillin twice daily before or after meals for 14 days. (Lansoprazole treatment may be 4 weeks in order to provide complete ulcer healing)

Dual Therapy regimen: 30 mg Lansoprazole twice daily before meals, 500 mg Clarithromycin 3 times a day with an 8 hours interval before or after meals for 14 days. (Lansoprazole treatment may be 4 weeks in order to provide complete ulcer healing)

Dosage adjustment is not required in the elderly.

4.3 Contraindications

Aprazol is contraindicated in patients with known hypersensitivity to any component of the formulation.

4.4 Special warnings and precautions for use

Aprazol capsule should be administered before meals.

In patients with hepatic insufficiency, or cirrhosis, the elimination is decreased after a single oral dose, and the plasma concentration is increased as well as the AUC. Recommended dosing should be no higher than 30 mg/day in these patients.

There is no clinical safety evidence for use during pregnancy, lactation and age under 18. Lansoprazole should be used only if clearly needed.

4.5 Interaction with other medicinal products and other forms of interaction

Aprazol is metabolised through the cytocrome P450 system. Lansoprazole does not have clinically significant interactions with other drugs metabolised by the cytocrome P450 system such as warfarin, antipyrine, indomethacin. These compounds are metabolised through various cytocrome P450 isoenzymes.

When Lansoprazole was administered with theophylline concomitantly, a minor increase (10%) in the clearance of theophylline was seen. Nonetheless, individual patients may require additional titration of then theophylline dosage when Aprazol is started or stopped to ensure clinically effective blood levels.

The bioavailability of Lansoprazole was reduced 30% when administered concomitantly with sucralfate. Therefore Lansoprazole should be taken at least 30 minutes prior to sucralfate.

Administered with antacids concomitantly has no effect on efficacy of Aprazol.

Lansoprazole causes a profound and long-lasting inhibition of gastric acid secretion; therefore it is theoretically possible that Lansoprazole may interfere with the absorption of drugs where gastric pH is an important determinant of bioavailability (e.g. Ketoconazole, ampicillin esters, iron salts, digoxin).

4.6 Fertility, pregnancy and lactation

Pregnancy category of lansoprazole is B. There is no clinical safety evidence for use during pregnancy lactation and age under 18. Lansoprazole should be used during pregnancy only if clearly needed.

4.7 Effects on ability to drive and use machines

There is no data available related to the effects on ability to drive and use machines.

4.8 Undesirable effects

Aprazol is generally well tolerated. The rarely reported adverse effects are nausea, diarrhoea, skin rashes, constipation, flatulence, and headache. These adverse events are generally mild and transient. The relation of these symptoms with the drug is not clear.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via EFDA yellow Card Scheme, online at https://primaryreporting.who-umc.org/ET or toll free call 8482 to Ethiopian food and drug authority (EFDA).

4.9 Overdose

Specific antidote is not available for Lansoprazole

Lansoprazole cannot be removed from circulation by haemodialysis. Treatment should be applied symptomatically and supportive.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Lansoprazole is a substituted benzimidazole gastric antisecretory and antiulcer agent. Lansoprazole binds to hydrogen/potassium adenosine triphosphatase (H+/K+-exchanging ATPase) in gastric parietal cells; inactivates this enzyme system by interrupting the final step of hydrochloric acid secretion. As H+/K+-ATPase is known as proton (acid) pump, lansoprazole is named as gastric acid (proton) pump inhibitor. Lansoprazole inhibits both basal and stimulated acid secretions effectively, independently from the acid secreting stimuli. Lansoprazole inhibits the peak gastric acid secretion by 81 %. After 7 days of treatment, 88 % of acid secretion is inhibited during 24 hours period. Lansoprazole has no effect on histamine and acetylcholine receptor. Serum gastrin levels may be increased during Lansoprazole therapy, but return to pre-treatment values within 1-2 weeks after ceasing the therapy.

Lansoprazole and its active metabolites (AG-1812, AG 2000) are found to be active against Helicobacter pylori in in-vitro clinical studies.

The MIC50 values of Lansoprazole against H.pylori is between 3-16 mcg/mL, of AG 1812 the active metabolite is lower then 2 mcg/mL. Lansoprazole selectively inhibits the urease activity of H.pylori.

Lansoprazole is used in the H. pylori eradication therapy with the combination of the antibiotics (see, Dosage & Administration).

5.2 Pharmacokinetic properties

Aprazol contains lansoprazole as enteric coated micropellets.

Absorption: Absorption of lansoprazole begins after the enteric coated micropellets leave the stomach. It is rapidly absorbed and it reaches to plasma peak levels 1,7 hours following oral administration. Its absolute bioavailability is higher then 80%. In healthy volunteers, plasma half-life of lansoprazole is found to be 1,5 hours. If it is administered 30 minutes after the meal, both maximum concentration and area under the curve (AUC) of lansoprazole decrease with a ratio of 50%. If it is administered before meals, food does not affect the absorption.

Distribution: Lansoprazole is 97% binds to plasma proteins. Its plasma protein binding ratio is constant in 0,05-5,0 mcg/mL concentration range.

Metabolism: Lansoprazole is metabolized in the liver. Two metabolites of lansoprazole is determined in the plasma: 5-hydroxilated sulfinyl and sulfone derivatives. These metabolites have no or little anti-secretary activity. Lansoprazole metabolized into two active metabolites in the cannalicules of parietal cells and these metabolites inhibits the acid secretion. These active metabolites can not be determined in the systemic circulation. Plasma elimination half-life of lansoprazole does not reflect the duration of acid suppression. Although its plasma elimination half-life is less then 2 hours, its acid suppressor effect continues for more then 24 hours.

Elimination: Following single-dose oral administration non-metabolised lansoprazole is not excreted via the kidneys. Lansoprazole is excreted as metabolites via the kidneys and feaces with the ratio of 1/3 and 2/3 respectively.

The pharmacokinetic profile of lansoprazole is not changed in the elderly patients.

5.3 Preclinical safety data

Preclinical data indicate no harmful effects in humans based on conventional studies of safety pharmacology, repeat dose toxicity, reproductive toxicity and genotoxicity.

In two carcinogenicity studies in rats, lansoprazole produced dose-dependent gastric ECL cell hyperplasia and ECL cell carcinoids associated with hypergastrinemia due to inhibition of acid secretion. In addition, intestinal metaplasia with Leydig cell hyperplasia and benign Leydig cell tumors have been observed. After eighteen months of administration, retinal atrophy occurred. This was not observed in monkeys, dogs and mice.

The clinical relevance of these findings is unknown.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Sodium lauryl sulphate

Disodium phosphate

Hydroxypropylcellulose

Lactose crystallized

Methyl hydroxypropylcellulose

Talc

Titanium dioxide

Polyethylene Glycol 6000

Polysorbate 80

Colloidal silicon dioxide

Sucrose

Corn starch

Gelatin

Indigo carmine

Quinoline yellow

6.2 Incompatibilities

There are no incompatibilities between excipient-excipient or excipient – active ingredient or finished product – packaging material.

6.3 Shelf life

36 months

6.4 Special precautions for storage

Store below 30°C, dry places and protect from light.

The lid should be closed well after using.

6.5 Nature and contents of container <and special equipment for use, administration or implantation>

14 hard gelatin capsules in an amber coloured bottle with safety type white cap which has HDPE outer-side, LDPE gasket inner-side with a desiccant capsule in a carton box with a leaflet.

6.6 Special precautions for disposal <and other handling>

The unused products or waste materials should be destroyed in accordance with “The Regulation Regarding the control of Medical Wastes Published” and “The Regulation Regarding the Control of Packages and Package Wastes Published”.

7. MARKETING AUTHORISATION HOLDER

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8. MARKETING AUTHORISATION NUMBER(S)

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Aug 8, 2022

10. DATE OF REVISION OF THE TEXT

September, 2023