Rabispa- DSR Capsules

Rabeprazole 20 mg , Domperidone 10 mg (IR) and Domperidone 20 mg (SR)

Composition

Each Hard Gelatin Transparent Capsule Contains

Rabeprazole Sodium IP …20mg

(Approved Colour used red oxide in tablet in the inside the capsule shell)

Domperidone IP……10mg (IR)

Domperidone IP……20mg (SR)

(Approved Colour used white and yellow in tablet in the inside the capsule shell)

Dosage and strength

Enteric coated Rabeprazole Sodium 20mg and Domperidone Sustained Release 30mg Oral Capsule

Therapeutic indication

For the treatment of Gastro-Esophageal Reflux Disease (GERD) not responding to Rabeprazole alone

Posology and Method of administration

One capsule once daily orally

Pharmacology

Rabeprazole

Benzimidazole derivative, Proton Pump Inhibitor, Antiulcer.

Mechanism of Action of Rabeprazole

Rabeprazole sodium is a proton pump inhibitor. It is a prodrug. After administration it diffuses in to the parietal cell of the stomach and accumulates in the secretory canaliculi. In the acidic medium Rabeprazole is converted to sulfenamide. This sulfenamide covalently interacts with sulfhydryl (SH) group in the proton pump (H+ K+ATPase) and inhibits the exchange of extracellular K+ for intracellular H+ ion. Rabeprazole sodium irreversibly inhibits proton pumps activity and decreases gastric acid secretion. Rabeprazole produces fastest acid suppression and helps in mucin synthesis.

Pharmacokinets of Rabeprazole

Absorption: Rabeprazole sodium is well absorbed after oral administration and its bioavailability is about 50% since it undergoes first pass metabolism.

Distribution: It is widely distributed in the body in protein bound form.

Metabolism: Rabeprazole sodium is extensively metabolised in the liver.

Excretion: It is excreted mainly in the urine and small amount in faeces.

Onset of Action for Rabeprazole

Action stars 1.3 minutes and peak response comes 1hour

Duration of Action for Rabeprazole

1 day

Half Life of Rabeprazole

1 - 2 hours

Domperidone

Antidopaminergic, Motility stimulant,Piperidine derivative, Antiemetic, anti-vertigo.

Mechanism of Action of Domperidone

Domperidone is a potent dopamine receptor antagonist. It acts centrally and blocks the Dopamine receptor in the Chemoreceptor trigger zone and produces Antiemetic effect. Domperidone acts peripherally in the gastrointestinal system and increases oesophageal peristalsis, oesophageal sphincter pressure and gastric motility. These all facilitates gastric emptying. Domperidone is used in migraine to relieve nausea and vomiting.
Anaesthetic adjuncts: It is used preoperatively in order to reduce the post operative vomiting.

Pharmacokinets of Domperidone

Absorption: Domperidone is rapidly absorbed after oral administration. Since it undergoes first pass metabolism oral bioavailability is only 15 %.

Distribution: It is widely distributed in the body in protein bound form.

Metabolism: Domperidone undergoes metabolism in the liver.

Excretion: It is excreted mainly in the faeces and also in the urine.

Onset of Action for Domperidone

30 - 60 minutes

Duration of Action for Domperidone

6 - 8 hours

Half Life of Domperidone

7.5 hours

Contraindications

Rabeprazole

- Hypersensitivity to the active substance or to any of the excipients listed in section
- Pregnancy
- Breast feeding

Domperidone

Domperidone is contraindicated in the following situations:

• In patients with moderate or severe hepatic impairment

• In patients who have known existing prolongation of cardiac conduction intervals, particularly QTc, patients with significant electrolyte disturbances or underlying cardiac diseases such as congestive heart failure.

• Co-administration with QT-prolonging drugs, at the exception of apomorphine

• Co-administration with potent CY3A4 inhibitors (regardless of their QT prolonging effects)

• Known hypersensitivity to domperidone or any of the excipients.

• Prolactin-releasing pituitary tumour (prolactinoma)

• Renal impairment

Domperidone should not be used when stimulation of gastric motility could be harmful: gastro-intestinal haemorrhage, mechanical obstruction or perforation.

Warning and Precautions

Rabeprazole

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

Co-administration of atazanavir with rabeprazole is not recommended.

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.

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 PPI treatment and periodically during treatment.

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 this medicine should not be chewed or crushed but should be swallowed whole.

Rabeprazole is not recommended for use in children due to a lack of data on safety and efficacy.

There have been post marketing reports of blood dyscrasias (thrombocytopenia and neutropenia). In the majority of cases where an alternative etiology 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 etiology cannot be identified, the events were uncomplicated and resolved on discontinuation of rabeprazole.

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. However, because there are no clinical data on the use of rabeprazole in the treatment of patients with severe hepatic dysfunction the prescriber is advised to exercise caution when treatment with Rabeprazole 20mg is first initiated in such patients.

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.

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.

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.

Increased Chromogranin A (CgA) level may interfere with investigations for neuroendocrine tumors. 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 proton pump inhibitor treatment.

Steady state interactions of rabeprazole and warfarin have not been adequately evaluated in patients. There have been reports of increased INR and prothrombin time in patients receiving a proton pump inhibitor and warfarin concomitantly. Increases in INR and prothrombin time may lead to abnormal bleeding and even death. Patients treated with rabeprazole and warfarin concomitantly may need to be monitored for increases in INR and prothrombin time.

Acute interstitial nephritis has been observed in patients taking PPIs including rabeprazole sodium. Acute interstitial nephritis may occur at any point during PPI therapy and is generally attributed to an idiopathic hypersensitivity reaction. Discontinue rabeprazole sodium if acute interstitial nephritis develops

Literature suggests that concomitant use of PPIs with methotrexate (primarily at high dose; see methotrexate prescribing information) may elevate and prolong serum concentrations 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.
PPI use is associated with an increased risk of fundic gland polyps that increases with long-term use, especially beyond one year. Most PPI users who developed fundic gland polyps were asymptomatic and fundic gland polyps were identified incidentally on endoscopy. Use the shortest duration of PPI therapy appropriate to the condition being treated.

Domperidone

The elimination half-life of domperidone is prolonged in severe renal impairment. For repeated administration, the dosing frequency of domperidone should be reduced to once or twice daily depending on the severity of the impairment. The dose may also need to be reduced.

Domperidone has been associated with prolongation of the QT interval on the electrocardiogram. During post-marketing surveillance, there have been very rare cases of QT prolongation and torsades de pointes in patients taking domperidone. These reports included patients with confounding risk factors, electrolyte abnormalities and concomitant treatment which may have been contributing factors.

Patients with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption should not take this medicine.

Neurological side effects are rare (see "Undesirable effects" section). Since metabolic functions and the blood-brain barrier are not fully developed in the first months of life the risk of neurological side effects is higher in young children.

Overdosing may cause extrapyramidal symptoms in children, but other causes should be taken into consideration.

Epidemiological studies showed that domperidone was associated with an increased risk of serious ventricular arrhythmias or sudden cardiac death. A higher risk was observed in patients older than 60 years, patients taking daily doses greater than 30 mg, and patients concurrently taking QT-prolonging drugs or CYP3A4 inhibitors.

Domperidone should be used at the lowest effective dose in adults and children.

Domperidone is contraindicated in patients with known existing prolongation of cardiac conduction intervals, particularly QTc, in patients with significant electrolyte disturbances (hypokalaemia, hyperkalaemia, hypomagnesaemia), or bradycardia, or in patient with underlying cardiac diseases such as congestive heart failure due to increased risk of ventricular arrhythmia.

Electrolyte disturbances (hypokalaemia, hyperkalaemia, hypomagnesaemia) or bradycardia are known to be conditions increasing the proarrythmic risk.

Domperidone is contra-indicated with QT prolonging drugs including apomorphine, unless the benefit of the co-administration with apomorphine outweighs the risks, and only if the recommended precautions for co-administration mentioned in the apomorphine.

Treatment with domperidone should be stopped if signs or symptoms occur that may be associated with cardiac arrhythmia, and the patient should consult their physician.

Patient should be advised to promptly report any cardiac symptoms.

Drug Interaction

Rabeprazole

Clinically Relevant Interactions Affecting Drugs Co-Administered with Rabeprazole Sodium and Interactions with Diagnostics:

Antiretrovirals	
Clinical Impact:	The effect of PPI on antiretroviral drugs is variable. The clinical importance and the mechanisms behind these interactions are not always known. • Decreased exposure of some antiretroviral drugs (e.g., rilpivirine, atazanavir, and nelfinavir) when used concomitantly with rabeprazole may reduce antiviral effect and promote the development of drug resistance. • Increased exposure of other antiretroviral drugs (e.g., saquinavir) when used concomitantly with rabeprazole may increase toxicity. • There are other antiretroviral drugs which do not result in clinically relevant interactions with rabeprazole.
Intervention:	Rilpivirine-containing products: Concomitant use with rabeprazole sodium is contraindicated Atazanavir: See prescribing information for atazanavir for dosing information. Nelfinavir: Avoid concomitant use with rabeprazole sodium. See prescribing information for nelfinavir. Saquinavir: See the prescribing information for saquinavir and monitor for

	potential saquinavir toxicities. Other antiretrovirals: See prescribing information.
Warfarin	
Clinical Impact:	Increased INR and prothrombin time in patients receiving PPIs, including rabeprazole, and warfarin concomitantly. Increases in INR and prothrombin time may lead to abnormal bleeding and even death
Intervention:	Monitor INR and prothrombin time. Dose adjustment of warfarin may be needed to maintain target INR range. See prescribing information for warfarin.
Methotrexate	
Clinical Impact:	Concomitant use of rabeprazole with methotrexate (primarily at high dose) may elevate and prolong serum levels of methotrexate and/or its metabolite hydroxymethotrexate, possibly leading to methotrexate toxicities. No formal drug interaction studies of methotrexate with PPIs have been conducted
Intervention:	A temporary withdrawal of rabeprazole sodium may be considered in some patients receiving high dose methotrexate administration.
Digoxin	
Clinical Impact:	Potential for increased exposure of digoxin.
Intervention:	Monitor digoxin concentrations. Dose adjustment of digoxin may be needed to maintain therapeutic drug concentrations. See prescribing information for digoxin.
Drugs Dependent on Gastric pH for Absorption (e.g., iron salts, erlotinib, dasatinib, nilotinib, mycophenolate mofetil, ketoconazole, itraconazole)	

Clinical Impact:	Rabeprazole can reduce the absorption of other drugs due to its effect on reducing intragastric acidity.
Intervention:	Mycophenolate mofetil (MMF): Co-administration of PPIs in healthy subjects and in transplant patients receiving MMF has been reported to reduce the exposure to the active metabolite, mycophenolic acid (MPA), possibly due to a decrease in MMF solubility at an increased gastric pH. The clinical relevance of reduced MPA exposure on organ rejection has not been established in transplant patients receiving rabeprazole sodium and MMF. Use rabeprazole sodium with caution in transplant patients receiving MMF. See the prescribing information for other drugs dependent on gastric pH for absorption.
Combination Therapy with Clarithromycin and Amoxicillin	
Clinical Impact:	Concomitant administration of clarithromycin with other drugs can lead to serious adverse reactions, including potentially fatal arrhythmias, and are contraindicated.
Intervention:	See Contraindications and Warnings and Precautions in prescribing information for clarithromycin.
Tacrolimus	
Clinical Impact:	Potentially increased exposure of tacrolimus, especially in transplant patients who are intermediate or poor metabolizers of CYP2C19.
Intervention:	Monitor tacrolimus whole blood trough concentrations. Dose adjustment of tacrolimus may be needed to maintain therapeutic drug concentrations. See prescribing information for tacrolimus.

Interactions with Investigations of Neuroendocrine Tumors	
Clinical Impact:	Serum chromogranin A (CgA) levels increase secondary to PPI-induced decreases in gastric acidity. The increased CgA level may cause false positive results in diagnostic investigations for neuroendocrine tumors.
Intervention:	Temporarily stop rabeprazole sodium treatment at least 14 days before assessing CgA levels and consider repeating the test if initial CgA levels are high. If serial tests are performed (e.g. for monitoring), the same commercial laboratory should be used for testing, as reference ranges between tests may vary.
Interaction with Secretin Stimulation Test	
Clinical Impact:	Hyper-response in gastrin secretion in response to secretin stimulation test, falsely suggesting gastrinoma.
Intervention:	Temporarily stop treatment with rabeprazole sodium at least 14 days before assessing to allow gastrin levels to return to baseline.
False Positive Urine Tests for THC	
Clinical Impact:	There have been reports of false positive urine screening tests for tetrahydrocannabinol (THC) in patients receiving PPIs.
Intervention:	An alternative confirmatory method should be considered to verify positive results.
Antifungal	
Ketoconazole	Coadministration of rabeprazole sodium results in a 33% decrease in ketoconazole levels.

Domperidone

The main metabolic pathway of domperidone is through CYP3A4. In vitro data suggest that the concomitant use of drugs that significantly inhibit this enzyme may result in increased plasma levels of domperidone.
Increased risk of occurrence of QT-interval prolongation, due to pharmacodynamic and/or pharmacokinetic interactions.

Concomitant use of the following substances is contraindicated
QTc-prolonging medicinal products

• anti-arrhythmics class IA (e.g., disopyramide, hydroquinidine, quinidine)

• anti-arrhythmics class III (e.g., amiodarone, dofetilide, dronedarone, ibutilide, sotalol)

• certain antipsychotics (e.g., haloperidol, pimozide, sertindole)

• certain antidepressants (e.g., citalopram, escitalopram)

• certain antibiotics (e.g. erythromycin, levofloxacin, moxifloxacin, spiramycin)

• certain antifungal agents (e.g., pentamidine)

• certain antimalarial agents (in particular halofantrine, lumefantrine)

• certain gastro-intestinal medicines (e.g., cisapride, dolasetron, prucalopride)

• certain antihistaminics (e.g., mequitazine, mizolastine)

• certain medicines used in cancer (e.g., toremifene, vandetanib, vincamine)

• certain other medicines (e.g., bepridil, diphemanil, methadone) (see section 4.3).

• apomorphine, unless the benefit of the co-administration outweighs the risks, and only if the recommended precautions for co-administration are strictly fulfilled.

Potent CYP3A4 inhibitors (regardless of their QT prolonging effects), i.e:
• protease inhibitors

• systemic azole antifungals

• some macrolides (erythromycin, clarithromycin and telithromycin)

Concomitant use of the following substances is not recommended
Moderate CYP3A4 inhibitors i.e. diltiazem, verapamil and some macrolides.

Concomitant use of the following substances requires caution in use
Caution with bradycardia and hypokalaemia-inducing drugs, as well as with the following macrolides involved in QT-interval prolongation: azithromycin and roxithromycin (clarithromycin is contraindicated as it is a potent CYP3A4 inhibitor).

The above list of substances is representative and not exhaustive.

Separate in vivo pharmacokinetic/pharmacodynamic interaction studies with oral ketoconazole or oral erythromycin in healthy subjects confirmed a marked inhibition of domperidone's CYP3A4 mediated first pass metabolism by these drugs.
With the combination of oral domperidone 10mg four times daily and ketoconazole 200mg twice daily, a mean QTc prolongation of 9.8 msec was seen over the observation period, with changes at individual time points ranging from 1.2 to 17.5 msec. With the combination of domperidone 10mg four times daily and oral erythromycin 500mg three times daily, mean QTc over the observation period was prolonged by 9.9 msec, with changes at individual time points ranging from 1.6 to 14.3 msec. Both the Cmax and AUC of domperidone at steady state were increased approximately three-fold in each of these interaction studies. In these studies domperidone monotherapy at 10mg given orally four times daily resulted in increases in mean QTc of 1.6 msec (ketoconazole study) and 2.5 msec (erythromycin study), while Ketoconazole monotherapy (200mg twice daily) led to increases in QTc of 3.8 and 4.9 msec, respectively, over the observation period.

Use in Special Populations
Pregnancy
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 foetus due to rabeprazole sodium, although low foeto-placental transfer occurs in rats. Rabeprazole is contraindicated during pregnancy.

There are limited post-marketing data on the use of domperidone in pregnant women. A study in rats has shown reproductive toxicity at a high, maternally toxic dose. The potential risk for humans is unknown. Therefore, domperidone should only be used during pregnancy when justified by the anticipated therapeutic benefit.

Lactation

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.

Domperidone is excreted in human milk and breast-fed infants receive less than 0.1% of the maternal weight-adjusted dose. Occurrence of adverse effects, in particular cardiac effects cannot be excluded after exposure via breast milk. A decision should be made whether to discontinue breast-feeding or to discontinue/abstain from domperidone therapy taking into account the benefit of breast-feeding for the child and the benefit of therapy for the women. Caution should be exercised in case of QTc prolongation risk factor in breast-fed infants.

Paediatric Use

Rabeprazole is not recommended for use in children due to a lack of data on safety and efficacy.

Effects on Ability to Drive and Use Machines

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.

Domperidone has no or negligible influence on the ability to drive or use machines.

Undesirable effects

Rabeprazole

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 following adverse events have been reported from clinical trial and post-marketed experience.

Frequencies are defined as: 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), not known (cannot be estimated from the available data)

System Organ Class	Common	Uncommon	Rare	Very Rare	Not known
Infections and infestations	Infection				
Blood and lymphatic system disorders			Neutropenia Leucopenia Thrombocytopenia Leucocytosis		
Immune system disorders			Hypersensitivity[1,2]		
Metabolism and nutrition disorders			Anorexia		Hyponatremia Hypomagnesaemia[4]
Psychiatric disorders	Insomnia	Nervousness	Depression		Confusion
Nervous system disorders	Headache	Somnolence			

	Dizziness				
Eye disorders			Visual disturbance		
Vascular disorders					Peripheral oedema
Respiratory, thoracic and mediastinal disorders	Cough Pharyngitis Rhinitis	Bronchitis Sinusitis			
Gastrointestinal disorders	Diarrhoea Vomiting Nausea Abdominal pain Constipation Flatulence Fundic gland polyps (benign)	Dyspepsia Dry mouth Eructation	Gastritis Stomatitis Taste disturbance		Microscopic colitis
Hepatobiliary disorders			Hepatitis Jaundice Hepatic		

			encephalopathy[3]		
Skin and subcutaneous tissue disorders		Rash Erythema[2]	Pruritus Sweating Bullous reactions[2]	Erythema multiforme, toxic epidermal necrolysis (TEN), Stevens-Johnson syndrome (SJS)	Subacute cutaneous lupus erythematosus
Musculoskeletal and connective tissue disorders	Non-specific pain Back pain	Myalgia Leg cramps Arthralgia Fracture of the hip,wrist or spine			
Renal and urinary disorders		Urinary tract infection	Interstitial nephritis		
Reproductive system and breast disorders					Gynecomastia

General disorders and administration site conditions	Asthenia Influenza like illness	Chest pain Chills Pyrexia			
Investigations		Increased hepatic enzymes[3]	Weight increased		

[1] Includes facial swelling, hypotension and dyspnea

[2] Erythema, bullous reactions and hypersensitivity reactions have usually resolved after discontinuation of therapy.

[3] Rare reports of hepatic encephalopathy have been received in patients with underlying cirrhosis. In treatment of patients with severe hepatic dysfunction the prescriber is advised to exercise caution when treatment with Rabeprazole is first initiated in such patients

[4] See Special warnings and precautions for use

Proton pump inhibitor use was found to be associated with increased risks for acute kidney injury and chronic kidney disease.

Domperidone

The safety of domperidone was evaluated in clinical trials and in postmarketing experience. The clinical trials included 1275 patients with dyspepsia, gastro-oesophageal reflux disorder (GORD), Irritable Bowel Syndrome (IBS), nausea and vomiting or other related conditions in 31 double-blind, placebo-controlled studies. All patients were at least 15 years old and received at least one dose of domperidone (domperidone base). The median total daily dose was 30 mg (range 10 to 80 mg), and median duration of exposure was 28 days (range 1 to 28 days). Studies in diabetic gastroparesis or symptoms secondary to chemotherapy or parkinsonism were excluded.

The following frequencies are used for the description of the occurrence of adverse reactions:

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),

Where frequency cannot be estimated from clinical trials data, it is recorded as “Not known”.

System Organ Class	Adverse Drug Reaction Frequency		
	Common	Uncommon	Not known
Immune system disorder			Anaphylactic reaction (including anaphylactic shock)
Psychiatric disorders		Loss of libido Anxiety	Agitation Nervousness
Nervous system disorders		Somnolence Headache	Convulsion Extrapyramidal disorder
Eye disorders			Oculogyric crisis
Cardiac disorders (see section 4.4)			Ventricular arrhythmias Sudden cardia death QTc prolongation Torsade de Pointes
Gastrointestinal disorders	Dry mouth	Diarrhoea	
Skin and subcutaneous tissue disorder		Rash Pruritus	Urticarial angioedema

Renal and urinary disorders			Urinary retention
Reproductive system and breast disorders		Galactorrhoea Breast pain Breast tenderness	Gynaecomastia Amenorrhoea
General disorders and administration site conditions		Asthenia	
Investigations			Liver function test abnormal Blood prolactin increased

In 45 studies where domperidone was used at higher dosages, for longer duration and for additional indications including diabetic gastroparesis, the frequency of adverse events (apart from dry mouth) was considerably higher. This was particularly evident for pharmacologically predictable events related to increased prolactin. In addition to the reactions listed above, akathisia, breast discharge, breast enlargement, breast swelling, depression, hypersensitivity, lactation disorder, and irregular menstruation were also noted.

Overdose

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. No specific antidote is known. Rabeprazole sodium is extensively protein bound and is, therefore, not dialysable. As in any case of overdose, treatment should be symptomatic and general supportive measures should be utilised.

Symptoms

Overdose has been reported primarily in infants and children. Symptoms of overdosage may include agitation, altered consciousness, convulsions, disorientation, somnolence and extrapyramidal reactions.

Treatment

There is no specific antidote to domperidone, but in the event of overdose, standard symptomatic treatment should be given immediately. Gastric lavage as well as the administration of activated charcoal, may be useful. ECG monitoring should be undertaken, because of the possibility of QT interval prolongation. Close medical supervision and supportive therapy is recommended.

Anticholinergic, anti-parkinson drugs may be helpful in controlling the extrapyramidal reactions.

Pharmaceutical Particular

In compatibilities

NA

Shelf Life

As on Pack

Packaging Information

Each strip contains 10 caps.

Storage and Handling Instructions

Store below 25°C.Protect from light and moisture.

What is Rabispa DSR and what they are used for?

Rabispa DSR is a medicine which contains Rabeprazole and Domperidone

Rabeprazole

Rabeprazole belong to a group of medicines called Proton Pump Inhibitors (PPIs). Rabeprazole act by reducing the amount of acid made by the stomach. Rabeprazole are used to treat:

• ulcer in the upper part of the intestine (duodenal ulcer)

• gastro-esophageal reflux disease (GERD) with or without ulcer.

GERD is commonly referred to as inflammation of the gullet caused by acid and associated with heartburn. Heartburn is a burning feeling rising from the stomach or lower chest up towards the

neck. Rabeprazole may be used as a long term treatment of GERD (GORD maintenance). Rabeprazole may also be used for the symptomatic treatment of moderate to very severe gastro-oesophageal reflux disease (symptomatic GERD).

• Zollinger-Ellison Syndrome, which is a condition when the stomach makes extremely high amounts of acid.

Domperidone

Domperidone belongs to a group of medicines called 'dopamine antagonists'. This medicine is used to treat nausea (feeling sick) and vomiting (being sick) in adults and adolescents (12 years of age and older and weighing 35 kg or more).

Do not take if you have an allergy to the drug
Do not take this medicine if you

• are allergic to rabeprazole sodium, domperidone or any of the other ingredients of this medicine

Before you take this drug, tell your healthcare practitioner about other medications you may be taking

The recommended dose is:
Once capsule once daily

If you take more this medicine than you should:
If you have taken more this medicine than prescribed by your doctor, seek medical advice.

If you forget to take this medicine
Do not take a double dose to make up for a forgotten dose. If you forget to take a dose, take it as soon as you remember. If it is almost time to take the next dose, wait until then.