

  
**ESAC®**

Esomeprazole Sodium

*Lyophilized powder for solution for injection/ infusion***INDICATIONS**

ESAC for injection and infusion is indicated for gastric antisecretory treatment when the oral route is not possible, such as:

- gastroesophageal reflux disease in patients with esophagitis and/or severe symptoms of reflux.

- healing of gastric ulcers associated with NSAID therapy.

- prevention of gastric and duodenal ulcers associated with NSAID therapy, in patients at risk.

**DOSE AND ADMINISTRATION**

Patients who cannot take oral medication may be treated parenterally with 20-40 mg once daily.

Patients with reflux esophagitis should be treated with 40 mg once daily. Patients treated symptomatically for reflux disease should be treated with 20 mg once daily.

For healing of gastric ulcers associated with NSAID therapy the usual dose is 20 mg once daily. For prevention of gastric and duodenal ulcers associated with NSAID therapy, patients at risk should be treated with 20 mg once daily.

Usually the IV treatment duration is short and transfer to oral treatment should be made as soon as possible.

**Method of administration****Injection:**

40 mg dose

The reconstituted solution should be given as an intravenous injection over a period of at least 3 minutes.

20 mg dose

Half of the reconstituted solution should be given as an intravenous injection over a period of approximately 3 minutes.

Any unused solution should be discarded.

**Infusion:**

40 mg dose

The reconstituted solution should be given as an intravenous infusion over a period of 10 to 30 minutes.

20 mg dose

Half of the reconstituted solution should be given as an intravenous infusion over a period of 10 to 30 minutes.

Any unused solution should be discarded.

**Children and adolescents**

ESAC should not be used in children since no data is available.

**Impaired renal function**

Dose adjustment is not required in patients with impaired renal function.

Due to limited experience in patients with severe renal insufficiency, such patients should be treated with caution.

**Impaired hepatic function**

Dose adjustment is not required in patients with mild to moderate liver impairment. For patients with severe liver impairment, a maximum daily dose of 20 mg ESAC should not be exceeded.

**Elderly**

Dose adjustment is not required in the elderly.

**CONTRAINDICATIONS**

Hypersensitivity to the active substance esomeprazole or to other substituted benzimidazoles or to any of the excipients of this medicinal product.

Esomeprazole like other PPIs should not be administered with atazanavir.

**WARNINGS AND PRECAUTIONS**

In the presence of any alarm symptom (e.g. significant unintentional weight loss, recurrent vomiting, dysphagia, haematemesis or melaena) and when gastric ulcer is suspected or present, malignancy should be excluded, as treatment with Esomeprazole may alleviate symptoms and delay diagnosis.

**Pregnancy and lactation**

For esomeprazole limited data on exposed pregnancies are available.

Animal studies with esomeprazole do not indicate direct or indirect harmful effects with respect to embryonal/fetal development.

Caution should be exercised when prescribing Esomeprazole to pregnant women.

It is not known whether esomeprazole is excreted in human breast milk. No studies in lactating women have been performed. Therefore Esomeprazole should not be used during breast-feeding.

**Effects on ability to drive and use machines**

Esomeprazole is not likely to affect the ability to drive or use machines.

**Drug Interactions**

*Effects of esomeprazole on the pharmacokinetics of other drugs*

*Medicinal products with pH dependent absorption*

The decreased intragastric acidity during treatment with esomeprazole might increase or decrease the absorption of drugs if the mechanism of absorption is influenced by gastric acidity.

In common with the use of other inhibitors of acid secretion or antacids, the absorption of ketoconazole and itraconazole can decrease during treatment with esomeprazole.

Co-administration of omeprazole (40 mg once daily) with atazanavir 300 mg/ritonavir 100 mg to healthy volunteers resulted in a substantial reduction in atazanavir exposure (approximately 75% decrease in AUC, C<sub>max</sub> and C<sub>min</sub>).

Increasing the atazanavir dose to 400 mg did not compensate for the impact of omeprazole on atazanavir exposure. PPIs including esomeprazole should not be co-administered with atazanavir.

*Drugs metabolised by CYP2C19*

Esomeprazole inhibits CYP2C19, the major esomeprazole metabolising enzyme. Thus, when esomeprazole is combined with drugs metabolised by CYP2C19, such as diazepam, citalopram, imipramine, clomipramine, phenytoin etc., the plasma concentrations of these drugs may be increased and a dose reduction could be needed. Concomitant oral administration of 30 mg esomeprazole resulted in a 45% decrease in clearance of the CYP2C19 substrate diazepam.

Concomitant oral administration of 40 mg esomeprazole and phenytoin resulted in a 13% increase in trough plasma levels of phenytoin in epileptic patients. It is recommended to monitor the plasma concentrations of phenytoin when treatment with esomeprazole is introduced or withdrawn. Omeprazole (40 mg once daily) increased vonlanoprazole (a CYP2C19 substrate) C<sub>max</sub> and AUC, by 15% and 41%, respectively.

**SIDE EFFECTS**

The following adverse drug reactions have been identified or suspected.

The reactions are classified according to frequency (common >1/100, uncommon >1/1000, <1/100; rare >1/10000, <1/1000; very rare <1/10000).

*Blood and lymphatic system disorders*

*Rare: Leukopenia, thrombocytopenia*

*Very rare: Agranulocytosis, pancytopenia*

*Immune system disorders*

*Rare: Hypersensitivity reactions e.g. fever, angioedema and anaphylactic reaction/shock*

*Metabolism and nutrition disorders*

*Uncommon: Peripheral oedema*

*Rare: Hyponatraemia*

*Psychiatric disorders*

*Uncommon: Insomnia*

*Rare: Agitation, confusion, depression*

*Very rare: Aggression, hallucinations*

*Nervous system disorders*

*Common: Headache*

*Uncommon: Dizziness, paraesthesia, somnolence*

*Rare: Taste disturbance*

*Eye disorders*

*Uncommon: Blurred vision*

*Ear and labyrinth disorders*

*Uncommon: Vertigo*

*Respiratory, thoracic and mediastinal disorders*

*Rare: Bronchospasm*

*Gastrointestinal disorders*

*Common: Abdominal pain, constipation, diarrhoea, flatulence, nausea/vomiting*

*Uncommon: Dry mouth*

*Rare: Stomatitis, gastrointestinal candidiasis*

*Hepatobiliary disorders*

*Uncommon: Increased liver enzymes*

*Rare: Hepatitis with or without jaundice*

*Very rare: Hepatic failure, encephalopathy in patients with pre-existing liver disease*

*Skin and subcutaneous tissue disorders*

*Uncommon: Dermatitis, pruritus, rash, urticaria*

*Rare: Alopecia, photosensitivity*

*Very rare: Erythema multiforme, Stevens-Johnson syndrome, toxic epidermal necrolysis (TEN)*

*Musculoskeletal, connective tissue and bone disorders*

*Rare: Arthralgia, myalgia*

*Very rare: Muscular weakness*

*Renal and urinary disorders*

*Very rare: Interstitial nephritis*

*Reproductive system and breast disorders*

*Very rare: Gynaecomastia*

*General disorders and administration site conditions*

*Rare: Malaise, increased sweating*

Irreversible visual impairment has been reported in isolated cases of critically ill patients who have received omeprazole (the racemate) intravenous injection especially at high doses, but no causal relationship has been established.

**OVERDOSAGE**

There is very limited experience to date with deliberate overdose. The symptoms described in connection with an oral dose of 280 mg were gastrointestinal symptoms and weakness. Single oral doses of 80 mg esomeprazole and intravenous doses of 100 mg were uneventful. No specific antidote is known. Esomeprazole is extensively plasma protein bound and is therefore not readily dialyzable. As in any case of overdose, treatment should be symptomatic and general supportive measures should be utilised.

**INCOMPATIBILITIES**

This medicinal product should not be used with other medicinal products except those mentioned in instruction for use and handling.

**Instructions for use and handling****Injection**

A solution for injection is prepared by adding 5 mL of 0.9 sodium chloride for intravenous use to the vial with esomeprazole. The reconstituted solution for injection is clear and colourless to very slightly yellow.

The degradation of reconstituted solution is highly pH dependent and the product must therefore only be reconstituted in the specified volume of 0.9 sodium chloride for intravenous use. The reconstituted solution should not be mixed or co-administered in the same infusion set with any other drug.

The reconstituted solution should be inspected visually for particulate matter and discoloration prior to administration.

Only clear solution should be used. The reconstituted solution should be used within 12 hours. From a microbiological point of view, the product should be used immediately. Store below 30°C.

The reconstituted solution should be given as an intravenous injection over a period of at least 3 minutes.

Half of the volume should be given if 20 mg should be administered. Any unused solution should be discarded.

**Infusion**

A solution for infusion is prepared by dissolving the content of one vial with esomeprazole in up to 100 mL 0.9 sodium chloride for intravenous use.

The reconstituted solution for infusion is clear and colourless to very slightly yellow.

The degradation of reconstituted solution is highly pH dependent and the product must therefore only be reconstituted in the specified volume of 0.9 sodium chloride for intravenous use.

The reconstituted solution should not be mixed or co-administered in the same infusion set with any other drug.

The reconstituted solution should be administered separately from other drugs.

The reconstituted solution should be inspected visually for particulate matter and discoloration prior to administration.

Only clear solution should be used.

The reconstituted solution should be used within 12 hours. From a microbiological point of view, the products should be used immediately store below 30°C.

The reconstituted solution should be given as an intravenous infusion over a period of 10 to 30 minutes.

Half of the volume should be given if 20 mg should be administered. Any unused solution should be discarded.

**STORAGE**

Store below 30°C. Protect from light.

**PRESENTATION****Vials**

ESAC 40 mg: Esomeprazole Sodium 42.5 mg/ vial

equivalent to 40 mg esomeprazole

Excipients: Disodium Edetate, Sodium Hydroxide.

**Council of Arab Health Ministers, Union of Arab Pharmacists****THIS IS A MEDICAMENT**

- A medicament is a product which affects your health, and its consumption contrary to instructions is dangerous.
- Follow the doctor's prescription strictly, the method of use and the instructions of the pharmacist who sold the medicament.
- The doctor and the pharmacist are experts in medicine, its benefits and risks.
- Do not by yourself interrupt the period of treatment prescribed for you.
- Do not repeat the same prescription without consulting your doctor.



Hikma Pharmaceuticals, Amman - Jordan

Keep medicament out of the reach of children  
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