

Lantid®

Lansoprazole

Description

Lansoprazole (Lantid®) is a substituted benzimidazole which inhibits gastric acid secretion. Lansoprazole is indicated for the treatment of gastro-esophageal reflux disease, peptic ulcer disease and drug of choice for pathologic hypersecretory syndrome such as Zollinger-Ellison Syndrome. Lansoprazole is highly active in peptic ulcer produced by *Helicobacter pylori*.

Mode of action

Lansoprazole (Lantid®) is a gastric proton-pump inhibitor, blocks the final step of acid production. Lansoprazole suppresses gastric acid secretion by specific inhibition of the H⁺/K⁺-ATPase enzyme system, the so-called proton-pump, at the secretory surface of the gastric parietal cell.

Pharmacokinetics

It is rapidly and extensively absorbed (85%) from the gastrointestinal tract when administered as enteric coated granules. Lansoprazole is rapidly distributed throughout the body. Elimination from plasma is rapid, with a terminal half-life of 1.1 to 2.2 h following the administration of single dose to healthy volunteers. Lansoprazole is eliminated primarily by hepatic metabolism, the metabolites being excreted both via the bile and in urine.

Composition

Lantid® 15 mg Capsule: Each capsule contains Lansoprazole INN 15 mg.

Lantid® 30 mg Capsule: Each capsule contains Lansoprazole INN 30 mg.

Indications

Benign gastric and duodenal ulcers, NSAID-associated duodenal or gastric ulcers, Peptic ulcer associated with *Helicobacter pylori*, Zollinger-Ellison Syndrome, Gastro-Esophageal Reflux Disease (GERD), Acid related dyspepsia.

Dosage & administration

Benign gastric ulcer: Lansoprazole 30 mg daily in the morning for 8 weeks. Duodenal ulcer: Lansoprazole 30 mg daily in the morning for 4 weeks; maintenance 15 mg daily. NSAID-associated duodenal or gastric ulcer: Lansoprazole 15-30 mg once daily for 4 weeks, followed by a further 4 weeks if not fully healed; prophylaxis, 15-30 mg once daily. Duodenal ulcer associated with *Helicobacter pylori*: Lansoprazole 30 mg twice daily with Moxin (Amoxycillin) 1 gm

and Metryl (Metronidazole) 400 mg, both 2 times daily for 7 days. Zollinger-Ellison Syndrome (and other hypersecretory conditions): Initially Lansoprazole 60 mg once daily, adjusted according to response; daily doses of 120 mg or more given in two divided doses. Gastro-esophageal reflux disease: Lansoprazole 30 mg daily in the morning for 4 weeks, followed by a further 4 weeks if not fully healed; maintenance 15-30 mg daily. Acid related dyspepsia: Lansoprazole 15-30 mg daily in the morning for 2-4 weeks. Child is not recommended.

Contraindications

Patients with known hypersensitivity to lansoprazole.

Side effects

Diarrhoea, nausea, vomiting, constipation, flatulence, abdominal pain, headache, dizziness, dry mouth may occur rarely.

Use in pregnancy & lactation

There are no relevant human data. Although the results of animal teratogenicity studies were negative, lansoprazole should be avoided in pregnancy unless there are compelling reasons. Lansoprazole crosses into human milk.

Precautions

Lansoprazole should be used with caution in patients with liver disease, in pregnancy and breast-feeding. Symptomatic response to therapy with lansoprazole does not preclude the presence of gastric malignancy.

Drug interactions

Oral combined contraceptive pill.

Storage

Keep out of reach of children. Store in a dry place, below 25°C temperature and protected from light.

Packaging

Lantid® 15 mg Capsule: Each carton contains 10X2 capsules in alu-alu blister pack.

Lantid® 30 mg Capsule: Each carton contains 6X3 capsules in alu-alu blister pack.

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