Revoreba

(Rebamipide)

100mg Tablets

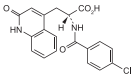
ریوورِبا

(ریبامیپائڈ)

۱۰۰ ملی گرام گولیاں

Composition:
Each film coated tablet contains
Rebamipide 100mg
(Product complies JP Specifications).

DESCRIPTION
Nonproprietary name: Rebamipide (JAN)
Chemical name: (2RS)-2-(4-Chlorobenzoylamino)-3-(2-oxo-1,2-dihydroquinolin-4-yl) propanoic acid
Molecular formula: $C_{19}H_{15}ClN_2O_4$
Molecular weight: 370.79
Structural formula:



Rebamipide occurs as a white crystalline powder. It has a bitter taste. It is soluble in N,N-dimethylformamide, very slightly soluble in methanol and ethanol (99.5), and practically insoluble in water. Its N,N-dimethylformamide solution (1→20) shows no optical rotation.
Melting point: About 291°C (decomposition).

INDICATIONS
• Gastric ulcers
• Treatment of gastric mucosal lesions (erosion, bleeding, redness, and edema) in the following conditions; acute gastritis and acute exacerbation of chronic gastritis.

DOSAGE AND ADMINISTRATION
• Gastric ulcers: The usual adult dosage of rebamipide is 100 mg (1 Revoreba Tablet) taken by the oral route three times daily, in the morning, in the evening, and before at bedtime.
• Treatment of gastric mucosal lesions (erosion, bleeding, redness, and edema) in the following conditions; acute gastritis and acute exacerbation of chronic gastritis: The usual adult dosage of rebamipide is 100 mg (1 Revoreba Tablet) three times daily taken by the oral route.

PRECAUTIONS
Clinically significant adverse reactions
1) Shock, anaphylactoid reactions (incidence unknown*): Shock or anaphylactoid reactions may occur. Patients should therefore be closely monitored. If abnormal findings are observed, the drug should be discontinued and appropriate measures taken.
2) Leukopenia (incidence <0.1%) and thrombocytopenia (incidence unknown*): Leukopenia and thrombocytopenia may occur. Patient should therefore be closely monitored. If abnormal findings are observed, the drug should be discontinued and appropriate measures taken.
3) Hepatic dysfunction (incidence <0.1%) and jaundice (incidence unknown•):Hepatic dysfunction and jaundice, as indicated by increases in AST (GOT), ALT (GPT), γ-GTP, and alkaline phosphatase levels, have been reported in patients receiving Revoreba Tablets. Patient should therefore be closely monitored. If abnormal laboratory findings are observed, the drug should be discontinued and appropriate measures taken.

Other adverse reactions

	<0.1%	*Incidence Unknown
Hyper- sensitivity (note 1)	Rash, pruritus, drugeruption-like eczema, other symptoms of hypersensitivity.	Urticaria
Neuro- psychiatric		Numbness, dizziness, sleepiness.
Gastro- intestinal	Constipation, feeling of abdomen enlarged, diarrhea, nausea, vomiting, heartburn, abdominal pain, belching, taste abnormality, etc.	Thirst
Hepatic (note 2)	Increased AST (GOT), ALT (GPT), γ-GTP, alkaline phosphatase levels.	

Hematologic	Leukopenia, granulocytopenia, etc.	Thrombocytopenia
Other	Menstrual disorders, increased BUN levels, edema, feeling of a foreign body in the pharynx.	Breast swelling and pain, gynecomastia induction of lactation, palpitations, fever, facial flushing, numbness of tongue, cough, respiratory distress, alopecia.

Note 1) If such symptoms of hypersensitivity occur, the drug should be discontinued
Note 2) If transaminase levels are markedly increased or fever and rash develop, the drug should be discontinued and appropriate measures should be taken.
* The incidence rates of voluntarily reported adverse reactions are not known.

Use in the Elderly
Special care is required in elderly patients to minimize the risk of gastrointestinal disorders, because these patients may be physiologically more sensitive to this drug than younger patients.

Use during Pregnancy, Delivery, or Lactation
This drug should be administered to pregnant or possibly pregnant women only if the anticipated therapeutic benefit is thought to outweigh any potential risk. (The safety of this drug in pregnant women has not been established.)
Nursing should be interupted when this drug is administrated.

Pediatric Use
The safety of this drug in low birth weight infants, newborns, suckling infants, infants and children has not been established (Clinical experience is insufficient).

PHARMACOLOGY
Preventive or healing effects in gastric ulcer models
Rebamipide inhibited gastric mucosal injury in various experimental rat models of ulcers, including ulcers induced by water-immersion restraint stress, aspirin, indomethacin, histamine, serotonin, and pyloric ligation. The drug also protected the mucosa from injury caused by other ulcerogenic conditions that presumably yield reactive oxygen species, including mucosal ischemiareperfusion, administration of platelet activating factor (PAF) or diethyldithiocarbamate (DOC), and administration of indomethacin under stressed conditions.
In a rat acetic acid-induced ulcer model, the drug promoted healing of gastric ulcers and was seen to suppress the recurrence and relapse of ulcers 120- 140 days after ulcer induction.

Preventive or healing effects in gastritis models
Rebamipide inhibited the development of taurocholic acid (one of the main ingredients of bile acid) induced gastritis and promoted healing of the mucosal inflammation associated with gastritis in rat experiments.

Prostaglandin-increasing effect
Rebamipide increased the generation of prostaglandin E2 (PGE2) in the gastric mucosa in rats. The drug also increased the contents of PGE2, 15-keto-13,14-dihydro-PGE2 (a metabolite of PGE2) and PGI2 in the gastric juice. In healthy male subjects, the drug again revealed the increasing effect on the PGE2 content in the gastric mucosa and protected the gastric mucosa from injury caused by ethanol loading.

Cytoprotective effect
Rebamipide exhibited a gastric cytoprotective effect to inhibit the mucosal injury induced by ethanol, strong acid, or strong base in rats. In in vitro studies, the drug also protected cultured gastric epithelial cells obtained from rabbit fetuses against aspirin- or taurocholic acid (one of the main ingredients of bile acid)-induced injury. In healthy male subjects, the drug inhibited gastric mucosal injury induced by aspirin, ethanol, or HCl-ethanol loading.

Mucus-increasing effect
Rebamipide promoted gastric enzyme activity to synthesize high molecular weight glycoproteins, thickened the superficial mucous layer of gastric mucosa, and increased the amount of gastric soluble mucus in rats. Endogenous PGs were not involved in the increase in soluble mucus.

Mucosal blood flow-increasing effect
Rebamipide increased gastric mucosal blood flow and improved impaired hemodynamics after blood loss in rats.

Effect on mucosal barrier
Rebamipide did not ordinarily affect the gastric transmucosal potential difference in rats, but did inhibit lowering of the potential difference by ethanol.

Effect on gastric alkaline secretion
Rebamipide promoted gastric alkaline secretion in rats.

Effect on mucosal cell turnover
Rebamipide activated gastric mucosal cell proliferation and increased the number of covering epithelial cells in rats.

Effect on gastric mucosal repair
Rebamipide restored the bile acid- or hydrogen peroxide-induced retardation of artificial wound-repair in cultured rabbit gastric epithelial cells.

Effect on gastric secretion
Rebamipide did not alter either basal secretion of gastric juice or secretagogue-stimulated acid secretion.

Effects on reactive oxygen species
Rebamipide scavenged hydroxyl radicals directly and suppressed superoxide production by polymorphonuclear leukocytes. The drug inhibited the gastric mucosal cell injury caused by reactive oxygen species released from neutrophils stimulated by Helicobacter pylori in vitro. The drug reduced the content of lipid peroxide in the gastric mucosa of rats treated with indomethacin under stressedconditions and inhibited the mucosal injury.

Effect on inflammatory cell infiltration in the gastric mucosa
Rebamipide prevented inflammatory cell infiltration in rat models of taurocholic acid (one of the main ingredients of bile acid)-induced gastritis and NSAID-induced or ischemiareperfusion-induced gastric mucosal damage.

Effect on inflammatory cytokine release (interleukin-8) in the gastric mucosa
Rebamipide, taken by the oral route, suppressed the increased production of interleukin-8 in the mucosa of patients with Helicobacter pylori. The drug also inhibited the activation of NF-κB, the expression of interleukin-8 mRNA, and the production of interleukin-8 in epithelial cells cocultured with Helicobacter pylori.

STORAGE CONDITIONS AND INSTRUCTIONS
- Store below 30°C in a dry place, protect from light.
- To be dispensed on the prescription of a registered medical practitioner only.
- Keep out of the reach of children.

PRESENTATION
Revoreba 100mg tablet is available in blister pack of 1's.
Revoreba 100mg tablet is available in blister pack of 20's.
Revoreba 100mg tablet is available in blister pack of 100's.

ہدایات:
- خوراک ڈاکٹر کی ہدایت کے مطابق استعمال کریں۔
- دوا کو ۳۰ ڈگری سینٹی گریڈ سے کم درجہ حرارت پر روشنی سے بچا کر خشک جگہ پر رکھیں۔
- صرف رجسٹرڈ ڈاکٹر کے نسخے پر ہی فروخت کریں۔
- بچوں کی پہنچ سے دور رکھیں۔

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