SUMMARY OF PRODUCT CHARACTERISTICS BLOATEX 10MG FILM COATED TABLET

1.0 NAME OF THE PHARMACEUTICAL PRODUCT

Bloatex 10mg Film coated Tablet

2.0 QUALITATIVE AND QUANTITATIVE COMPOSITION

2.1 Qualitative Declaration

Vonoprazan fumarate

2.2 Quantitative Declaration

Each tablet contains 10mg of
Vonoprazan fumarate For the full list
of excipients refer to section 6.1.

3.0 PHARMACEUTICAL FORM

Film-coated tablet.

Product description

Yellow, circular, biconvex shaped film coated tablet embossed 'C' on one side and plain on the other side.

4.0 CLINICAL PARTICULARS

4.1 Therapeutic Indications

Bloatex is indicated for:
Treatment of gastroesophageal reflux disease (GERD) including erosive esophagitis. Maintenance therapy for healed erosive esophagitis.
Prevention of recurrence of gastric or duodenal ulcer during low-dose aspirin and non-steroidal anti-inflammatory (NSAID) administration.
Treatment of duodenal and gastric ulcers.
Helicobacter pylori eradication (as part of combination therapy).

4.2 Posology and Method of Administration

Posology

Adults

GERD (Erosive Esophagitis): 20 mg once daily for up to 8 weeks. Clinical trials have demonstrated healing rates exceeding 90% within 4–8 weeks. Studies such as the randomized trial by Ashida et al. (2016) reported superior efficacy compared to lansoprazole.

Maintenance of Healed Erosive Esophagitis: 10 mg or 20 mg once daily, based on patient response. Long-term studies have confirmed sustained acid suppression and symptomatic relief. *Duodenal and Gastric Ulcers*: 20 mg once daily for 4 to 8 weeks. Clinical evidence indicates vonoprazan promotes faster ulcer healing than esomeprazole.

Helicobacter pylori Eradication: 20 mg twice daily in combination with amoxicillin (1000 mg) and clarithromycin (500 mg) for 7 days. Clinical trials reported eradication rates above 90%, with higher efficacy in clarithromycin-resistant strains compared to traditional triple therapy.

Prevention of recurrence of gastric or duodenal ulcer during low dose aspirin and Non-steroidal anti-inflamatory (NSAID) administration:

The usual adult dosage is one tablet of 10mg of Vonoprazan administered orally once daily

Elderly

No dosage adjustment is required.

Paediatric Population

Safety and efficacy in children below 18 years have not been established.

Renal and Hepatic Impairment

No dose adjustment is required for mild to moderate impairment. Use with caution in severe hepatic impairment.

Method of administration

For oral administration. Bloatex 10mg can be taken without regard to food or timing of food.

4.3 Contraindications

Bloatex is contraindicated in:

-Patients with hypersensitivity to vonoprazan or any of the excipients listed in section 6.1.

-Patients receiving atazanavir sulphate, nelfinavir or rilpivirine hydrochloride

4.4 Special Warnings and Precautions for Use

Hepatotoxicity: Hepatic function abnormalities including liver injury have been reported in clinical studies (see Adverse Reactions). Post marketing reports have also been received in patients treated with vonoprazan, many of which occurred shortly after initiation of treatment. Discontinuation of vonoprazan is recommended in patients who have evidence of liver function abnormalities or if they develop signs or symptoms suggestive of liver dysfunction.

Elevation of intragastric pH: Administration of vonoprazan results in elevation of intragastric pH and is therefore not recommended to be taken with drugs for which absorption is dependent on acidic intragastric pH. Masking of Symptoms Associated with Gastric Malignancy: Gastric

malignancy may present with symptoms associated with acid-related disorders which initially respond to drugs that elevate intragastric pH. A symptomatic response to vonoprazan does not exclude the presence of gastric malignancy. Clostridium difficile associated diarrhea, including pseudomembranous colitis: Drugs that elevate intragastric pH may be associated with an increased risk of Clostridium difficile gastrointestinal infection. Pseudomembranous colitis may be due to antibiotics used for Helicobacter pylori eradication in combination with vonoprazan. If abdominal pain and frequent diarrhea occur, appropriate measures, including discontinuation of the treatment, should be taken.

Bone Fracture: An increased risk for osteoporosis-related fractures of the hip, wrist, or spine, predominantly in the elderly or in presence of other recognized risk factors, has been reported with the use of proton pump inhibitors, especially with use of high doses over a long-term period (>1 year). The mechanism is not clear and is likely to be multifactorial.

Renal impairment: Vonoprazan should be administered with care in patients with renal disorders as a delay in the excretion of vonoprazan may occur, which may result in an increase in the concentration of vonoprazan in the blood. (See Pharmacology: Pharmacokinetics under Actions.)

Hepatic impairment: Vonoprazan should be administered with care in patients with hepatic disorders as a delay in the metabolism and excretion of vonoprazan may occur, which may result in an increase in the concentration of vonoprazan in the blood. (See Pharmacology: Pharmacokinetics under Actions.

Paediatric population: Vonoprazan has not been studied in patients under 18 years of age. Use in the Elderly: Since the physiological functions such as hepatic or renal function are decreased in elderly patients in general, vonoprazan should be carefully administered in children of all subsets.

4.5 Interaction with Other Medicinal Products and Other Forms of Interaction

Administration of vonoprazan results in elevation of intragastric pH, suggesting that it may interfere with the absorption of drugs where gastric pH is an important determinant of oral bioavailability. Use of

vonoprazan is therefore not recommended with some of these drugs for which absorption is dependent on acidic intragastric pH such as ketoconazole, itraconazole atazanavir and nelfinavir, due to significant reduction in their bioavailability.

Vonoprazan is metabolized mainly by hepatic drug-metabolizing enzyme CYP3A4 and partially by CYP2B6, CYP2C19 and CYP2D6. With strong CYP3A4 inhibitors, e.g., clarithromycin, blood concentration of vonoprazan may increase. Dose adjustment is however not necessary because the increase in blood concentration is not significant.

There were no clinically significant effects of NSAIDs on the pharmacokinetics of vonoprazan. Coadministration of midazolam with multiple doses of vonoprazan increased concentration of midazolam by 1.9-fold in healthy subjects. Caution is therefore advised when vonoprazan is coadministered with other sensitive CYP3A4 substrates, notably those having a narrow

therapeutic index.

4.6 Fertility, Pregnancy, and Lactation

Pregnancy: Limited data available. Animal studies did not show direct or indirect harmful effects. Use only if the potential benefit justifies the risk.

Lactation: Unknown if vonoprazan is excreted in human milk. Animal studies however show traces of vonoprazan excreted in milk. Nursing should therefore be avoided during treatment with vonoprazan unless the benefits outweigh the risks.

Fertility: Animal studies showed no significant effects on fertility or reproductive performance.

4.7 Effects on Ability to Drive and Use Machines

Bloatex is unlikely to impair the ability to drive or use machines. However, dizziness has been reported.

4.8 Undesirable Effects

Bloatex undesirable effects which are seen in therapeutic doses are listed in the table below.

Frequency	**Effect on the body**
Common	Diarrhea, constipation, abdominal pain, nausea, headache
Uncommon	Rash, dizziness, fatigue
Rare	Hypomagnesemia, hepatic enzyme elevation

In a pooled analysis of clinical trials, the incidence of adverse events was comparable to other PPIs, with gastrointestinal symptoms being the most common.

Reporting of suspected adverse reactions

Healthcare professionals are requested to report any suspected adverse reactions via National Pharmacovigilance Electronic Reporting Systems ' to the respective National Regulatory Authorities.

4.9 Overdose

Symptoms of overdose include nausea, vomiting, and abdominal pain. Symptoms following overdose are not common because Bloatex is not removed from systemic circulation by hemodialysis. Treatment should be symptomatic and supportive.

5.0 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic Properties

Pharmacotherapeutic group**:** Proton pump inhibitor
(PPI) antagonist, ATC code: A02BC08.
Vonoprazan inhibits gastric acid secretion by competitively blocking the H+/K+-ATPase enzyme in gastric parietal cells.
Studies such as Matsukawa et al. (2018) demonstrated that vonoprazan achieves more rapid and sustained acid suppression compared to traditional PPIs, maintaining intragastric pH >4 for over 18 hours in most patients.

Mechanism of Action

Vonoprazan is a potassium competitive acid blocker (PCAB) and inhibits H+, K+-ATPase in a reversible and potassium-competitive manner. It does not require activation by acid.
Vonoprazan is a strong base with a high affinity for the acid pump of gastric cells inhibiting gastric acid production.

Serum Gastrin and Serum Pepsinogen Effects

Increased serum gastrin and serum pepsinogen concentrations are physiological responses to treatment with acid suppression therapy, including vonoprazan. Increased serum gastrin and serum pepsinogen concentrations were reported with a higher incidence in the vonoprazan treatment groups compared with lansoprazole treatment groups. Serum gastrin and serum pepsinogen concentrations returned to baseline over time upon discontinuation of vonoprazan. The increase in serum gastrin concentration occurred early in treatment with vonoprazan and remained stable for the remainder of treatment.

Clinical Studies

The efficacy of vonoprazan has been demonstrated in a number of clinical studies across several indications including GU, DU, RE, prevention of GU/DU during NSAID administration and as an adjunct to H. pylori eradication. Clinical efficacy in completed phase 2 and 3 studies is summarized in Table 1. These data are divided into the categories based upon the specific indication, including GU, DU, RE, prevention of recurrence of gastric or duodenal ulcer during NSAID administration, and H. pylori eradication. Following administration of

vonoprazan at a dose of 10 mg or 20 mg in healthy adult male subjects for 7 days, pH 4 HTR (pH 4 holding time ratio) (percentage of time pH is maintained at a level ≥ 4 in 24 hours) was 63±9% and 83±17% respectively. A phase 1 open-label pharmacodynamics study to investigate the acid-inhibitory effect of vonoprazan 20 mg compared with esomeprazole 20 mg or rabeprazole sodium 10 mg in healthy adult male Japanese subjects showed that the acid-inhibitory effect of vonoprazan was greater than that of esomeprazole or rabeprazole. After all treatments, the mean 24-hour pH 4 HTRs increased from Baseline to Day 1 and from Day 1 to Day 7. The mean pH 4 HTRs were higher after administration of vonoprazan on Day 1 than after administration of esomeprazole or rabeprazole on Day 7. The mean 24-hour pH 4 HTRs for vonoprazan and rabeprazole at

Baseline were both 8.9%, and on Day 1 and on Day 7 were 84.16% vs 26.29%, and 93.79% vs

65.09%

5.2 Pharmacokinetic Properties

Pharmacokinetics at consecutive administration of a daily dose of 10mg or 20mg of Vonoprazan in healthy adult male subjects once daily for 7 days, AUC (0-tau) and Cmax increase as the dose increases. The degree of these increases is slightly higher than the dose ratio. It is considered that the steady state has been reached by day 3 of administration, since the trough level of the blood concentration of Vonoprazan is constant between day 3 and day 7 of administration. In addition, it is considered that pharmacokinetics of Vonoprazan at consecutive administration may not be
time-dependent, as the result of the evaluation of accumulation with regard to AUC (0-tau) and T1/2 of Vonoprazan.

Absorption
Absolute bioavailability of Vonoprazan has not been determined.

Distribution
The protein binding rate is 85.2 to 88.0% when [14C] Vonoprazan in the range of 0.1 to 10μg/mL is added to human plasma (in vitro).

Metabolism
Vonoprazan is metabolized mainly by hepatic drug-metabolizing enzyme CYP3A4 and partially by CYP2B6, CYP2C19 and CYP2D6. Vonoprazan is also metabolized by sulfotransferase SULT2A1 (in vitro).
Vonoprazan exhibits time-dependent inhibitory effect on CYP2B6, CYP2C19 and CYP3A4/5 (in vitro). In addition, Vonoprazan shows a slight concentration-dependent inductive effect on CYP1A2 but it shows little inductive effect on CYP2B6 and CYP3A4/5 (in vitro).

Elimination
When radioactive-labelled drug (15mg as Vonoprazan) is orally administered to healthy adult male subjects, 98.5% of the radioactivity administered is excreted into urine and feces by 168 hours after administration: 67.4% into urine and 31.1% into feces.

Special population
Patients with renal impairment
The effect of renal disorders on pharmacokinetics of Vonoprazan in subjects with normal renal function, patients with mild, moderate, and severe renal disorder and patients with end-stage renal disease (ESRD) when administered the drug as a single dose of Vonoprazan 20mg shows that AUC∞ and Cmax were higher by 1.3 to 2.4 times and 1.2 to 1.8 times, respectively, in patients with mild, moderate, and severe renal disorder compared to subjects with normal renal function, showing an increase with a reduction in renal function. AUC∞ and Cmax were higher by 1.3 times and 1.2 times, respectively, in ESRD patients compared to those in subjects with normal renal function.
Patients with hepatic impairment
The effect of hepatic disorders on pharmacokinetics in subjects with normal hepatic function and patients with mild, moderate and severe

hepatic disorder when
administered the drug as a single dose of Vonoprazan 20mg shows that AUC∞ and Cmax were higher by 1.2 to 2.6 times and 1.2 to 1.8 times, respectively, in patients with mild, moderate and severe hepatic disorder, compared to subjects with normal hepatic function

5.3 Preclinical Safety Data

No evidence of carcinogenicity or mutagenicity in animal studies. High doses in animals caused reversible gastric hypertrophy without long-term adverse effects. A long-term toxicity study in dogs revealed dose-dependent gastric mucosal changes, consistent with pharmacological class effects, without evidence of malignant transformation.

6.0 PHARMACEUTICAL PARTICULARS

6.1 List of Excipients

Microcrystalline Cellulose (MCC) USP
101 Mannitol BP
Hydroxypropyl Cellulose BP
Fumaric Acid
Magnesium Stearate BP
Croscarmellose Sodium BP
(Dried)
OPADRY AMB II 88A220070 YELLOW

6.2 Incompatibilities

Not applicable.

6.3 Shelf Life

2 years.

6.4 Special Precautions for Storage

Do not store above 30°C. Keep away from light and moisture.

6.5 Nature and Contents of Container

Bloatex 10mg is available in ALU/ALU Blister Packing with pack sizes of 10 Tablets,14 Tablets, 20 Tablets, 28 Tablets, 30 Tablets, 56 Tablets,100 Tablets and 112 Tablets

6.6 Special Precautions for Disposal and Other Handling

No special requirements. Dispose of in accordance with local

requirements

7 MARKETING AUTHORISATION HOLDER

Cosmos Ltd.
Rangwe Road: off Lunga Lunga
Road, Industrial Area,
Nairobi, Kenya,

8 Marketing Authorization Number

CTD12881

9 Date of First Authorization/ Date of Renewal of Authorization

04/2026

10 Date of Revision of Text

April, 2026