

VONOQUENCH

Vonoprazan 10 mg and 20 mg Tablets

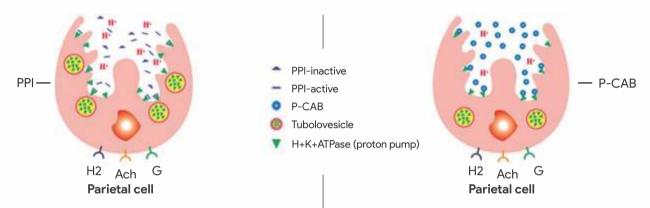
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BACKGROUND:

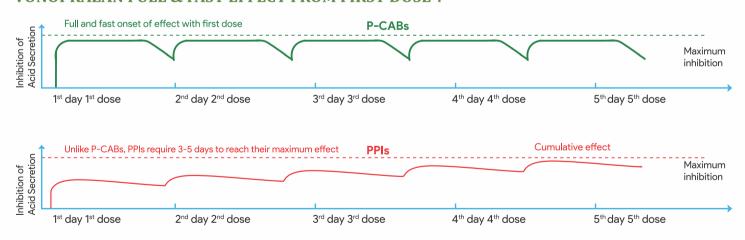
- Over the time, GERD has become common globally. Despite PPI treatment, many patients remain dissatisfied. Notably, H.pylori infection inversely correlates with GERD. Global prevalence of GERD is 20% and H. pylori is 50%.^{12,3}
- Vonoprazan (VPZ), a novel potassium-competitive acid blocker (P-CAB), provides stronger, faster, and longer acid suppression than PPIs, showing superior efficacy against GERD, H. pylori, and ulcers, addressing therapy limitations.¹

MECHANISM OF ACTION OF PPIs AS COMPARED WITH P-CABS4:



- PPIs convert to their active form in acid milieu within the secretory canaliculi and bind covalently to H+ /K+-ATPases in a stimulated parietal cell.
- P-CABs accumulate in high concentrations in secretory canaliculi and bind reversibly to H+/K+-ATPases without requiring an acidic environment for activation.

VONOPRAZAN FULL & FAST EFFECT FROM FIRST DOSE5:







CLINICAL RESEARCH

1 EFFICACY OF VONOPRAZAN FOR PROTON PUMP INHIBITOR-RESISTANT REFLUX ESOPHAGITIS (RE)⁶

Result:

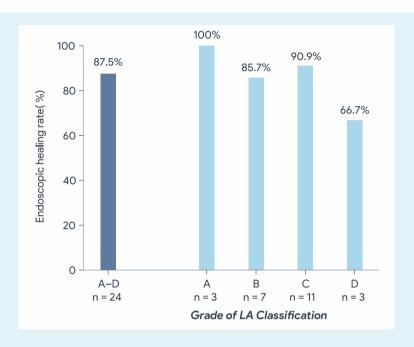


Fig. Endoscopic healing rate of vonoprazan therapy at 20 mg for 4 weeks for proton pump inhibitor-resistant reflux esophagitis. LA: Los Angeles.

Conclusion: Vonoprazan effectively treats most PPI-resistant RE patients. Among these patients, a 4-week, 20 mg VPZ course resulted in a 90% endoscopic healing rate.

2 COMPARATIVE REVIEW OF FIRST-LINE H. PYLORI ERADICATION THERAPIES⁷

VPZ-Based Regimen		PPI-Based Regimen	
Regimen	Eradication Rate	Regimen	Eradication Rate
VPZ: 20 mg bid AMX: 750 mg bid CLR: 200 or 400 mg bid	95.8%	LPZ: 30 mg bid or RPZ: 20 mg bid AMX: 750 mg bid CLR: 200 or 400 mg bid	69.6%
VPZ: 20 mg bid AMX: 750 mg bid CLR: 200 or 400 mg bid	90.9%	RPZ: 10 mg bid or ESO: 20 mg bid AMX: 750 mg bid CLR: 200 or 400 mg bid	72.8%

*AMX: Amoxicillin, CLR: Clarithromycin, ESO: Esomeprazole, LPZ: Lansoprazole, RPZ: Rabeprazole, VPZ: Vonoprazan.



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DESCRIPTION:

Vonoquench-10/20 tablets contain Vonoprazan, a potent inhibitor of gastric acid secretion, available in 10 mg and 20 mg strengths. Vonoprazan (VPZ) offers superior symptomatic relief through its innovative mechanism and sustained therapeutic effectiveness.

INDICATION:

- Treatment of reflux esophagitis (RE), gastric ulcer (GU) & duodenal ulcer (DU).
- Prevention of recurrence of gastric ulcer or duodenal ulcer during low-dose aspirin / NSAIDs administration.
- In Helicobacter pylori treatment in combination with both amoxicillin and clarithromycin or with amoxicillin alone.

MECHANISM OF ACTION:

Vonoprazan is a potassium-competitive acid blocker (P-CAB) that inhibits the H+, K+-ATPase enzyme system in a potassium-competitive manner.

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It suppresses basal and stimulated gastric acid secretion at the secretory surface of gastric parietal cells.

KEY FEATURES:

Faster Onset:	A faster onset of action than PPIs.8
Non-Acid Activation:	Doesn't require stomach acid for effectiveness. ⁸
Meal independent:	Vonoprazan effect is not influenced by meals.4
Stronger Suppression:	Provides potent and sustained inhibition of gastric acid secretion. ¹
Long Lasting Effect:	Stable and persists in the stomach, exerting a long-lasting effect. ⁸
Potassium Competitive:	Competes with potassium for proton pump binding, boosting efficacy. ⁸
Higher Efficacy:	Superior effectiveness in treating conditions like GERD and H. pylori infection compared to PPIs. 1.9
Reduced Resistance:	Suitable alternative for patients with PPI resistance or intolerance. ¹⁰

DOSAGE:

The recommended dose of vonoprazan is 10 mg-20 mg OD or as suggested by the healthcare professional.

PRESENTATION:

Vonoquench-10/20 is available as a strip of 10 tablets.

REFERENCES:

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