Summary of Product Characteristics

1 NAME OF THE MEDICINAL PRODUCT

Ranitidine 300mg Film-coated tablets

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each tablet contains 300 mg ranitidine (as ranitidine hydrochloride)
For a full list of excipients, see section 6.1.

3 PHARMACEUTICAL FORM

Film-coated Tablet

Product imported from Spain:
White to beige, convex, film-coated, capsule shaped tablets with ‘G’ on one side and ‘0031’ on the reverse.

4 CLINICAL PARTICULARS

4.1 Therapeutic Indications

Duodenal and gastric ulcer. Prophylaxis of duodenal ulcer, reflux oesophagitis and for the treatment of Zollinger-Ellison's syndrome.

4.2 Posology and method of administration

Treatment of duodenal and gastric ulcer: 150mg twice a day or 300mg after dinner or at bedtime. For duodenal ulcer the dosage may be increased to 300mg twice a day for up to four weeks.
Prophylactic treatment of duodenal ulcer: 150mg after dinner or at bedtime.
Reflux oesophagitis: 300mg a day or 150mg twice daily for four to eight weeks or, if necessary, up to twelve weeks.
Zollinger-Ellison's syndrome: 150mg three or four times a day. The dosage may be increased to 300mg four times a day. Higher doses may be given. Treatment with doses up to 6g per day have been tolerated.
Dosage should be reduced in patients with reduced kidney function:
According to the creatinine clearance (ml/min) or the serum creatinine values the following dosage is recommended:

Creatinine Clearance (ml/min)	Serum Creatinine (approx.)* (mg/100ml)	Ranitidine dosage/day (oral)
Up to 30	Over 2.6	150 mg Ranitidine
Over 30	Under 2.6	300 mg Ranitidine

* The serum creatinine values are guidelines, which do not represent the same level of impairment for all patients with reduced kidney function. This is especially the case in elderly patients in whom there is an overestimation of kidney function through the serum creatinine concentration.
The following formula can be used to estimate the creatinine clearance from the measured serum creatinine (mg/100ml), age (in years) and body weight (in kg). For women the result needs to be multiplied by the factor 0.85.
(140 - Age)x Bodyweight ÷ Creatinine clearance(ml/min) = 72 x serum creatinine
Dialysis patients should receive the lower ranitidine dosage after the end of their dialysis because ranitidine is not removed by this process.

4.3 Contraindications

Ranitidine Tablets are contra-indicated in patients with known hypersensitivity to this medical product. It is also contra-indicated in children (below 15 years of age) due to insufficient clinical data in this population.
Rare clinical reports suggest a link between acute porphyria and Ranitidine treatment. Patients with a history of acute porphyria should not be treated with Ranitidine.

4.4 Special warnings and precautions for use

Because ranitidine is excreted through the kidney, in patients with significantly reduced kidney function the dosage should be reduced. Care should be taken with elderly patients in whom kidney function may be reduced.
Before initiation of Ranitidine treatment for any gastric ulceration, malignancy should be excluded by biopsy if possible. Treatment may mask the symptoms of malignancy, delaying diagnosis.
Ranitidine causes a clear increase of infectious complications associated with prophylactic histamine receptor antagonist in comparison with sulcralfate to critically ill patients. This was demonstrated in a randomised trial of 98 patients. The increase in infectious complications would appear to be most likely associated with inhibition of acid secretion and not the particular drug.

4.5 Interaction with other medicinal products and other forms of interaction

Antacids may lessen the gastro-intestinal absorption of histamine H_2 receptor antagonists. Antacids should not be taken simultaneously with this product but with an interval of 2 hours, if possible.
Treatment with ranitidine increases the serum level of fluorouracil.

4.6 Fertility, pregnancy and lactation

Treatment with ranitidine is not associated with growth retardation, preterm delivery or malformations. However, as with all drugs, ranitidine should only be used during pregnancy and nursing if considered essential.
As ranitidine is excreted in breast milk, it should not be used whilst breast-feeding.

4.7 Effects on ability to drive and use machines

Ranitidine has no or negligible influence on the ability to drive and use machines.

4.8 Undesirable effects

The MedDRA terminology for frequency classification is used in this section, where; very common (>1/10), common (>1/100, <1/10), uncommon (>1/1000, <1/100), rare (>1/10,000, <1/1000), very rare (<1/10,000). The undesirable effects have been grouped according to MedDRA's system organ class

Infections and Infestations
Very Common:
Ranitidine used in severely injured patients is associated with a statistically significant increase in overall infectious complications when compared with sucralfate.

Very Rare:
Aseptic meningitis.

Blood & Lymphatic System Disorders
Very Rare:
Changes in blood count (leucopenia, thrombocytopenia) although these changes were usually reversible.
Agranulocytosis or pancytopenia, sometimes with bone marrow hypoplasia or aplasia.

Immune System Disorders
Rare:
Acute hypersensitivity reactions (e.g. eosinophilia, urticaria, fever, hypotension, angioneurotic oedema, laryngeal spasm, bronchospasm, chest pain).

Very Rare:
Anaphylactic shock

Psychiatric Disorders
Very Rare:
Depression, hallucinations and reversible mental confusion.
These were mostly seen in older or severely ill patients and resolved on discontinuing treatment with ranitidine.

Nervous System Disorders
Rare:
Reversible involuntary movement disorders.

Very Rare:
Severe headache, dizziness.

Eye Disorders
Very Rare:
Blurred vision (possibly due to impaired accommodation, reversible).

Cardiac Disorders
Very Rare:
Arrhythmias, e.g. tachycardia, bradycardia and AV-block.

Vascular Disorders
Very Rare:
Vasculitis.

Gastrointestinal Disorders
Uncommon:
Nausea, vomiting, abdominal cramps and pain.

Rare:
Acute pancreatitis.

Very Rare:
Diarrhoea.

Hepatobiliary Disorders
Rare:
Transient and reversible changes in liver function tests (increases in hepatic enzymes).

Very Rare:
Hepatitis with or without jaundice, these changes were usually reversible on discontinuation of treatment with ranitidine.

Skin and Subcutaneous Tissue Disorders
Rare:
Skin rash.

Very Rare:
Erythema multiforme, Steven Johnson Syndrome, alopecia, toxic epidermal necrolysis.

Musculoskeletal and Connective Tissue Disorders
Very Rare:
Arthralgia and myalgia.

Renal and Urinary Disorders
Very Rare:
Acute interstitial nephritis.

Reproductive System and Breast Disorders
Very Rare:
Reversible impotence, loss of libido, impaired potency. Gynaecomastia.

Allergic Reactions
Very Rare:
Photosensitivity.

4.9 Overdose

No case of overdose has been reported.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic Group: H_2-receptor antagonist.

ATC Code: A02B A02
Selective, fast working histamine H_2-receptor antagonist, which blocks the histamine receptors on the parietal cells in the mucous membrane of the ventricle. This blockage leads to a reduction in the secretion of gastric acid both concerning volume and content of acid and pepsin. The period of effect is relatively long as 150mg gives an effective reduction of the gastric acid for 12 hours.

5.2 Pharmacokinetic properties

The bioavailability after peroral administration is about 50%. The peak concentration in plasma is normally in the range 300-550ng/ml two to three hours after administration of 150mg. Only little metabolism. Primarily excreted via tubular secretion. Half-life is two to three hours. Sixty to seventy percent is excreted in the urine and 25% in faeces.

5.3 Preclinical safety data

Preclinical data reveal no special hazard for humans based on conventional studies of safety pharmacology, repeated dose toxicity, genotoxicitiy, carcinogenic potential and toxicity to reproduction.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Microcrystalline Cellulose
Magnesium Stearate
Hypromellose (E464)
Titanium Dioxide (E171)
Croscarmellose Sodium

Polydextrose
Triethyl Citrate
Macrogol 8000
Purified Water

6.2 Incompatibilities

Not applicable

6.3 Shelf Life

The shelf-life expiry date of this product shall be the date shown on the container and outer package of the product on the market in the country of origin.

6.4 Special precautions for storage

Do not store above 25°C
Store in the original package.

6.5 Nature and contents of container

Blister strips in a cardboard carton. Pack sizes of 28 tablets.

6.6 Special precautions for disposal of a used medicinal product or waste materials derived from such medicinal product and other handling of the product

No special requirements.

7 PARALLEL PRODUCT AUTHORISATION HOLDER

WPR Healthcare Ltd.
Unit 10, Ashbourne Business Park
Rath
Ashbourne
Co. Meath

8 PARALLEL PRODUCT AUTHORISATION NUMBER

PPA 565/6/2

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of First Authorisation: 23rd February 2007

10 DATE OF REVISION OF THE TEXT

December 2010