APPROVED
The Order of Ministry of
Health of Ukraine
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Registration certificate
№UA/7658/01/01

INSTRUCTION
for medical use
RINIT®

Composition:
active substance: ranitidine;
1 tablet contains ranitidine hydrochloride, which is equivalent to 150 mg of ranitidine;
excipients: microcrystalline cellulose, croscarmellose sodium, magnesium stearate, Opadry II 85G53691 Orange coating: polyvinyl alcohol, talc, polyethylene glycol, titanium dioxide (E 171), Sunset Yellow FCF (E 110), lecithin, Ponceau 4R (E 124), Indigo Carmine (E 132).

Pharmaceutical form. Film coated tablets.
Basic physicochemical properties: orange, circular, biconvex, coated tablets.

Pharmacotherapeutic group.
Medicines for peptic ulcer and gastroesophageal reflux disease treatment. H2-histamine receptor antagonists. ATC Code A02B A02.

Pharmacological properties.
Pharmacodynamics.
Ranitidine is an antagonist of H_2-histamine receptors. Its mechanism of action is determined by competitive reversible binding to H_2-histamine receptors of parietal cells of mucous coat of stomach, it inhibits basal and stimulated secretion of hydrochloric acid, and eliminates activity of pepsin, promotes pH content of stomach. It decreases the volume of gastric juice caused by baroreceptors irritation (stomach stretch), overeating, action of hormones and biogenic stimulators (gastrin, histamine, pentagastrin, caffeine). Medicine's action after a single dose lasts approximately 12 hours.
Pharmacokinetics.
After internal use ranitidine is absorbed quickly. Its absorption does not depend on food intake. Plasma peak concentration is within the limits of 300–500 mcg/ml and is reached in 1–3 hours after oral use of 150 mg of the preparation. Ranitidine bioavailability is 50%. Ranitidine concentration in plasma is proportional to the administered dose. Binding to plasma proteins is 15%. It is partly metabolized in liver.
The preparation is excreted mainly via kidneys (60–70% of per oral dose) and 26% – with faeces. Half-life period is 2–3 hours. Approximately 30% of oral dose is excreted as unchanged one.

Clinical characteristics.
Indications.
- Peptic gastric and duodenal ulcers not associated with *Helicobacter pylori* (in acute phase), including ulcers not related to the use of non-steroid anti-inflammatory drugs (NSAIDs).
- Functional dyspepsia.
- Chronic acute gastritis with increased acute acid-forming function.
- Gastroesophageal reflux disease (for symptoms relief) or reflux-esophagitis.

Contraindications.
- Individual hypersensitivity to ranitidine or other preparation's ingredients.
- Presence of malignant diseases of stomach.

- Liver cirrhosis with portal systemic encephalopathy in anamnesis.
- Severe renal insufficiency (creatinine clearance <30 ml/min).
- Liver insufficiency.

Interactions with other medicinal products and other forms of interaction.
Ranitidine can influence on absorption, metabolism and renal excretion of other medicines.
Altered pharmacokinetics may require dose adjustment of the exposed drug or discontinuation of treatment.
Interaction occurs through several mechanisms:
Inhibition of mixed function of cytochrome P450 oxygenation system
Ranitidine at usual therapeutic doses does not change the activity of cytochrome P450 enzyme system and does not potentiate the action of agents, which are inactivated by this system (diazepam, lidocaine, phenytoin, propranolol, theophylline).
Changes in prothrombin time have been reported during the administration with coumarin anticoagulants (e.g., warfarin). Due to the narrow therapeutic range, careful monitoring of prothrombin time during concomitant treatment with ranitidine is recommended.
Competing for renal tubular secretion
Because ranitidine is partially excreted by the cationic system, this may affect the clearance of other drugs excreted in this way. High doses of ranitidine (for example, as in the treatment of Zollinger-Ellison syndrome) may slow the excretion of procainamide and N-acetylprocainamide, leading to increased plasma levels.
Changing the pH of gastric juice
The bioavailability of some drugs may vary. This may lead either to an increase in their absorption (triazolam, midazolam, glipizide), or to a decrease in their absorption (ketoconazole, atazanavir, delavirdine, gefitinib).
Co-administration of 300 mg of ranitidine and erlotinib reduced erlotinib [AUC] and maximum [Cmax] concentrations by 33% and 54%, respectively. However, when erlotinib was administered in stages 2 hours before or 10 hours after ranitidine 150 mg twice daily, erlotinib [AUC] and maximum [Cmax] concentrations decreased by only 15% and 17%, respectively.
There are no data on the interaction between ranitidine and amoxicillin or metronidazole.
If high doses (2 g) of sucralfate are taken concomitantly with ranitidine, the absorption of the latter may be reduced. This effect is not observed if sucralfate is taken at intervals of 2 hours.

Special warnings.
The preparation is used with caution in acute porphyria (including it in anamnesis), immunodeficiency, phenylketonuria.
Malignant neoplasms
Malignancies should be excluded in patients with gastric ulcer or middle-aged (or older) who develop new or recent dyspeptic symptoms before initiating therapy, as ranitidine treatment may mask the symptoms of gastric cancer.
Kidney disease
Ranitidine is excreted by the kidneys, so in patients with severe renal insufficiency, its level in blood plasma increases. The dose of ranitidine should be adjusted as described in the section "Administration and dosage".
Porphyria
Rare clinical reports suggest that ranitidine may cause acute attacks of porphyria. Therefore, ranitidine should be avoided in patients with a history of acute porphyria.
Since ranitidine is metabolized in the liver, it should be used with caution in patients with severe hepatic dysfunction.
Elderly patients, persons with chronic lung disease, diabetes mellitus, as well as persons with compromised immunity had an increased susceptibility to the development of community-acquired pneumonia. There is evidence of an increased risk of community-acquired pneumonia in patients taking ranitidine compared with those who discontinued this therapy. Post-registration follow-up data indicate mental confusion, depression, and hallucinations, which are most common in critically ill and elderly patients (see Adverse Reactions).

This medicinal product contains Sunset Yellow FCF (E 110) and Ponceau 4R (E 124), which may cause allergic reactions.

Use during pregnancy or breastfeeding.
The preparation is contraindicated during pregnancy. If the preparation use is necessary during the treatment, then lactation should be stopped.

Effects on the ability to drive and use machines.
Given that sensitive patients may experience adverse reactions during therapy (dizziness, hallucinations, accommodation disorders), you should refrain from driving or controlling other mechanisms, while taking the drug.

Administration and dosage.
It is administered to adults and children over12 years old. It is used per orally, without chewing and with enough water, regardless of meal.
Peptic and duodenal ulcers not associated with Helicobacter pylori (in acute phase): 150 mg (1 tablet) 2 times per day in the morning and in the evening or 300 mg (2 tablets) one time per day before going to bed are administered for 4 weeks. In ulcers, which are not cicatrized, the treatment is continued for the next 4 weeks.
Prophylaxis of peptic gastric and duodenal ulcers associated with the use of non-steroid anti-inflammatory drugs: For a period of NSAIDs therapy 150 mg (1 tablet) 2 times per day in the morning and in the evening are administered.
Functional dyspepsia: 150 mg (1 tablet) 2 times per day in the morning and in the evening are administered for 2–3 weeks.
Chronic acute gastritis with high acid-forming gastric function: 150 mg (1 tablet) 2 times per day in the morning and in the evening are administered for 2–4 weeks.
Gastroesophageal reflux disease: For symptoms relief 150 mg (1 tablet) 2 times per day in the morning and in the evening are administered for 2 weeks; if necessary, the treatment is continued.
For long-term treatment and in case of acute gastroesophageal reflux disease 150 mg (1 tablet) 2 times per day in the morning and in the evening or 300 mg (2 tablets) once a day before going to bed are administered for 8 weeks; if necessary, the treatment is continued up to 12 weeks.
Patients with severe kidney insufficiency (creatinine clearance is < 50 ml/min): daily dose of the preparation for this age group of patients is 1 tablet (150 mg).

Children.
For children above 12 years old the preparation is used to reduce the duration of the treatment of peptic gastric and duodenal ulcers, for the treatment of gastroesophageal reflux disease, including reflux-esophagitis, and for relief of symptoms of gastroesophageal reflux disease.

Overdose.
Symptoms: enhancement of adverse reactions.
Treatment: if necessary, carry out adequate symptomatic and supportive therapy. Ranitidine can be removed from the serum by hemodialysis.

Adverse reactions.
Blood disorders: reversible leukopenia, reversible thrombocytopenia, agranulocytosis or pancytopenia, sometimes with hypoplasia or aplasia of the bone marrow, neutropenia, immune hemolytic and aplastic anemia (usually reversible).
Immune system disorders: hypersensitivity reactions, including urticaria, angioedema, fever, anaphylactic shock, bronchospasm, exudative erythema multiforme, exfoliative dermatitis, Stevens-Johnson syndrome, Lyell's syndrome, hyperthermia, hypotension, chest pain, dyspnoea.
Psychiatric disorders: increased fatigue, reversible confusion, drowsiness, agitation, insomnia, emotional lability, anxiety, uneasiness, depression, nervousness, hallucinations, tinnitus, irritability, disorientation, a state of confusion. These manifestations are observed mainly in seriously ill patients, patients with nephrological profile or elderly patients.
Nervous system disorders: headache, dizziness, and reverse involuntary movement disorders.

Eye disorders: visual impairment, reversible blurred vision, impaired accommodation.
Cardiac disorders: blood pressure lowering, bradycardia, tachycardia, asystole, AV blockade, vasculitis, chest pain, arrhythmia, extrasystole.
Gastrointestinal disorders: dry mouth, nausea, vomiting, constipation, diarrhoea, abdominal pain, flatulence, acute pancreatitis, loss of appetite, lack of appetite.
Hepatobiliary disorders: transient and reversible changes in liver function parameters (transaminases, gamma-glutamyl transferase, alkaline phosphatase, bilirubin); hepatocellular, cholestatic or mixed hepatitis with or without jaundice (usually reversible).
Skin and subcutaneous tissue disorders: hyperaemia, itching, skin rashes, erythema multiforme, alopecia, dry skin.
Musculoskeletal and connective tissue disorders: arthralgia, myalgia.
Urinary system disorders: impaired renal function, acute interstitial nephritis.
Increase in plasma creatinine (usually slight, which normalizes with continued treatment).
Reproductive system disorders: hyperprolactinemia, galactorrhoea, gynecomastia, amenorrhea, decreased potency (reversible) and/or libido.

Shelf-life. 3 years.

Storage conditions.
Store at the temperature below 25ºC in an original package.
Keep out of reach of children.

Package.
10 tablets in a strip, 1 strip in a carton package.
10 tablets in a strip, 10 strips in a carton package.

Conditions of supply.
By prescription.

Manufacturer.
KUSUM HEALTHCARE PVT LTD.

Location of manufacturer and its address of its business activity.
SP-289 (A), RIICO Industrial area, Chopanki, Bhiwadi, Dist. Alwar (Rajasthan), India.

Date of last revision.