Rantag

TABLETS, AMPOULES

Histamine H2-receptor Antagonist

Composition :

Tablets: Rantag 150: Each tablet contains: Ranitidine (as hydrochloride) 150 mg
Rantag 300: Each tablet contains: Ranitidine (as hydrochloride) 300 mg
Ampoules: Each ampoule (2 mL) contains: Ranitidine (as hydrochloride) 50 mg.

Properties :

The active component of **Rantag** is a competitive antagonist of histamine-induced gastric acid secretion. **Rantag** inhibits both the volume and concentration of gastric acid secretion induced nocturnally and by food, and reduces pepsin output.
Rantag is rapidly acting H2-blocker with a relatively long duration of action.

Indications :

Rantag is indicated in the :
- treatment of duodenal ulcer
- treatment of benign gastric ulcer
- treatment of gastro-esophageal reflux disease
- relief of persistent dyspepsia with or without peptic ulceration
- treatment of pathological hypersecretory conditions such as Zollinger-Ellison Syndrome.

Rantag ampoules are especially indicated when a quick response is required and/or oral feeding is not possible such as the prophylaxis of gastro-intestinal hemorrhage from stress ulceration in seriously ill patients, the prophylaxis of recurrent hemorrhage in patients with bleeding peptic ulcers and before general anesthesia in patients considered to be at risk of acid aspiration, particularly obstetric patients during labour.

Dosage and Administration :

Tablets : *Adults :* The usual dosage is 150mg tablet twice daily. Alternatively, patients with duodenal or gastric ulceration may be given one single bedtime dose of 300mg tablet. Treatment should be continued for 4 weeks. If healing did not occur by then, another course of 4 weeks will be sufficient.
Maintenance treatment with 150mg tablet at bedtime is recommended for patients who have responded to short-term therapy, particularly those with a history of recurrent ulcer.
Patients with hypersecretory conditions (Zollinger-Ellison syndrome) may be treated with a starting dose of 150mg tablet 3 times daily, and this may be increased as needed. Doses of up 6 gm ranitidine per day have been used and well tolerated.
In the management of gastroesophageal reflux disease, a dose of 150mg tablet twice daily is recommended, for up to 8 weeks.
Ampoules : *Adults :* **Rantag** injection may be given either as a slow (over a period of at least two minutes) intravenous injection of 50mg, after dilution to a volume of 20mL per 50mg dose, which may be repeated every six to eight hours; or as an intermittent intravenous infusion at a rate of 25mg per hour for two hours; the infusion may be repeated at six to eight hour intervals; or as an intramuscular injection of 50mg (2mL) every six to eight hours.
In the prophylaxis of haemorrhage from stress ulceration in seriously ill patients or the prophylaxis of recurrent haemorrhage in patients bleeding from peptic ulceration, parenteral administration may be continued until oral feeding commences. Patients considered to be still at risk may then be treated with **Rantag** tablets (150mg twice or 300mg once daily).
In the prophylaxis of upper gastro-intestinal haemorrhage from stress ulceration in seriously ill patients a priming dose of 50mg as a slow intravenous injection followed by a continuous intravenous infusion of 0.125 - 0.250 mg/kg/hr may be preferred.
In patients considered to be at risk of developing acid aspiration syndrome **Rantag** injection 50mg may be given intramuscularly or by slow intravenous injection of 45 to 60 minutes before induction of general anaesthesia.
Children: The use of **Rantag** injection in children has not been evaluated.

Contra-indications :

Ranitidine is contra-indicated in patients known to be hypersensitive to the drug.

Precautions :

Symptomatic response to ranitidine therapy should not preclude the presence of gastric malignancy.
Since ranitidine is excreted primarily by the kidney, dosage should adjusted in patients with impaired renal function. A regimen of 150 mg at night for 4-8 weeks is recommended.
Caution should be observed in patients with hepatic dysfunction since ranitidine is metabolized by the liver.
Like other drugs, ranitidine should only be used during pregnancy and nursing if considered essential.
Bradycardia in association with rapid administration of ranitidine injection has been reported rarely and only in predisposed patients.
Higher than recommended intravenous doses of H2-blockers have been associated with rises in liver enzymes when treatment has been extended beyond 5 days.

Side effects :

Ranitidine is usually well tolerated.
Minor adverse effects occur infrequently and include; headache, maliase, nausea, constipation, dizziness and skin rashes that usually subside with continued therapy.
Transient increases in serum transaminase and plasma creatinine levels have been reported.
Hypersensitivity reactions have been seen rarely following the parenteral and oral administration of ranitidine.

Drug interactions :

Ranitidine may decrease the absorption of diazepam and reduce its plasma concentration.
The concurrent administration of antacids with high neutralizing capacity may decrease the bioavailability of ranitidine.
Anticholinergic drugs may delay the absorption of ranitidine and increase its bioavailability.

Presentation :

Tablets: Rantag 150 : Packs of 10, 20, and 100 tablets
Rantag 300 : Packs of 10 and 100 tablets
Ampoules : Packs of 5 ampoules of 2 mL.

THIS IS A MEDICAMENT

- Medicament is a product which affects your health, and its consumption contrary to instructions is dangerous for you.
- Follow strictly the doctor's prescription, the method of use and the instructions of the pharmacist who sold the medicament.
- The doctor and the pharmacist are experts in medicine, its benefits and risks.
- Do not by yourself interrupt the period of treatment prescribed for you.
- Do not repeat the same prescription without consulting your doctor.

Keep all medicines out of the reach of children.

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