INSTRUCTION
for medical use of the medicinal product
LEKTAC®
RANITIDINE

Composition:
active substance: ranitidine;
1 tablet contains ranitidine hydrochloride, equivalent to ranitidine 150 mg;
excipients: lactose monohydrate, povidone, microcrystalline cellulose, magnesium stearate, silica colloidal anhydrous, sodium croscarmellose, hypromellose, polysorbate 80, titanium dioxide (E 171), talc, polyethylene glycol, sunset yellow FCF (E 110).

Pharmaceutical form. Coated tablets.
Basic physical and chemical properties: light orange to orange round, biconvex, coated tablets. A core surrounded by one continuous layer seen on a score under a magnifying glass.

Pharmacotherapeutic group. Drugs for peptic ulcer and gastro-oesophageal reflux disease. H_2 receptor antagonists. Ranitidine.
ATC code A02B A02.

Pharmacological properties.
Pharmacodynamics.
LEKTAC® is an antiulcer agent, H2-histamine receptor antagonists.
The mechanism of action is due to the competitive inhibition of H2-histamine receptors in the membranes of the parietal cells of the gastric mucosa.
It reduces the basal and stimulating secretion of hydrochloric acid by reducing the amount of gastric juice caused by irritation of baroreceptors (gastric distension), food load, action of hormones and biogenic stimulants (gastrin, histamine, pentagastrin, caffeine). Ranitidine reduces the amount of hydrochloric acid in the gastric juice, without affecting the concentration of gastrin in the blood plasma, as well as the production of mucus. Ranitidine is characterized by prolonged action.
Ranitidine does not affect the liver cytochrome P450 enzyme system.
Pharmacokinetics.
Ranitidine is rapidly absorbed in the gastrointestinal tract after oral administration.
Bioavailability is about 50 %. C_{max} in the blood is 478 ng/ml and is achieved in 2-3 hours.
It is metabolised partially in the liver to N-oxide (main metabolite, 4 % of the dose), S-oxide, and it is demethylated.
T½ (after oral administration) is 2-3 hours with normal creatinine clearance, and 8-9 hours with a reduced creatinine clearance (20-30 ml/min). It is excreted by the kidneys during 24 hours; about 30% of the orally administrated dose is excreted unchanged.
It penetrates the histohematogenous barriers, including placental, but the penetration through the hematoencephalic barrier is poor. Sufficiently significant concentrations are determined in breast milk. The rate and degree of elimination depends little on the state of the liver and is mainly related to renal function.

Clinical particulars.
Indications.
- Gastric and duodenal peptic ulcer, not associated with *Helicobacter pylori* (in the acute phase), including an ulcer associated with the administration of non-steroidal anti-inflammatory drugs (NSAIDs);
- functional dyspepsia;

– chronic gastritis with increased acid-forming function of the stomach in the acute stage;
– gastro-oesophageal reflux disease (to relieve symptoms) or reflux oesophagitis.

Contraindications.
Individual hypersensitivity to ranitidine and other components of the drug; presence of malignant diseases of the stomach, cirrhosis of the liver with a history of portosystemic encephalopathy; severe renal failure (creatinine clearance <30 ml/min).

Interaction with other medicinal products and other forms of interaction.
Ranitidine can affect the absorption, metabolism and renal excretion of other drugs.
In therapeutic doses, ranitidine does not change the activity of the enzyme system of cytochrome P450 and does not potentiate the action of drugs metabolised by this system (diazepam, lidocaine, phenytoin, propranolol, theophylline).
Ranitidine can affect the bioavailability of certain drugs by changing the acidity of the stomach. This leads either to an increase in their absorption (triazolam, midazolam, glipizide), or to a decrease in their absorption (ketoconazole, itraconazole, atazanavir, gefitinib).
Antacids and sucralfate slow down the absorption of ranitidine, as a result of which the interval between these drugs and ranitidine administration should be at least 1-2 hours.
Co-administration with Metoprolol may lead to an increase in the concentration of metoprolol in the blood serum.
Ranitidine can change the prothrombin time while using coumarin anticoagulants (warfarin) (monitoring of the prothrombin time is recommended).
Large doses of ranitidinecan slow the excretion of procainamide and N-acetylprocainamide, which leads to an increase in their plasma levels.
Data on the interaction between ranitidine and amoxicillin or metronidazole are absent.
Smoking reduces the effectiveness of ranitidine.

Special warnings and precautions for use.
Allergic reactions to ranitidine are possible in case of allergy to other drugs of H_2-histamine receptor blocker group, so the drug should be administrated with caution in the presence of hypersensitivity to other drugs of this group.
The drug should be administrated with caution in case of acute porphyria (including in history), immunodeficiency.
Ranitidine is excreted by the kidneys, therefore, its plasma level is elevated in patients with severe renal impairment (see dosing for such patients in the section “Dosage and administration”).
Violation (confusion) of consciousness is possible in elderly patients with impaired liver or kidney function, which necessitates a dose reduction.
Drug treatment can mask the symptoms of stomach carcinoma, so the presence of malignant tumours in the stomach should be excluded before starting treatment.
It is necessary to monitor regularly patients (especially the elderly and with indications of gastric and/or duodenal peptic ulcers in history) who take ranitidine along with non-steroidal anti-inflammatory drugs.
An increased tendency to progress community-acquired pneumonia was observed in elderly patients, those with chronic lung diseases, diabetes mellitus, or in patients with a blunt immunity.
Drug treatment is withdrawn gradually through the risk of developing ricochet syndrome with abrupt withdrawal.
The product contains lactose monohydrate, therefore, patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this drug.

Use during pregnancy and in nursing women.
The drug is contraindicated during pregnancy. Breast-feeding should be discontinued if the drug administration is necessary.

Effects on ability to drive and use machines.
Given that adverse reactions (dizziness, hallucinations, accommodation disorder) can occur in drug-sensitive patients, it is necessary to refrain from driving or using other mechanisms after drug administration.

Dosage and administration.
It is administered in adults and children aged over 14 years. For oral administration, do not chew a tablet, take with a small amount of water, regardless of the food intake.
Gastric and duodenal peptic ulcer, not associated with Helicobacter pylori (in the acute phase). The usual dose is 150 mg (1 tablet) twice daily, taken in the morning and evening, or 300 mg (2 tablets), once before bed for 4 weeks. Therapy should be continued for further 4 weeks if ulcer is not heal.
Prevention of gastric or duodenal ulcers associated with non-steroidal anti-inflammatory drugs. The usual dose is 150 mg (1 tablet) twice daily, taken in the morning and evening during NSAID therapy.
Functional dyspepsia. The usual dose is 150 mg (1 tablet) twice daily, taken in the morning and evening for 2-3 weeks.
Chronic gastritis with increased acid-forming function of the stomach in the acute stage. The usual dose is 150 mg (1 tablet) twice daily, taken in the morning and evening for 2-4 weeks.
Gastro-oesophageal reflux disease. The usual dose is 150 mg (1 tablet) twice daily, taken in the morning and evening for 2 weeks to relieve symptoms, treatment can be continued if necessary. The usual dose is 150 mg (1 tablet) twice daily or 300 mg (2 tablets) once before bed for 8 weeks during recrudescence of gastro-oesophageal reflux disease and for long-term treatment; the treatment can be continued for up to 12 weeks if necessary.
Patients with severe renal impairment (creatinine clearance is less than 50 ml/min). The daily dose for this patient population is 1 tablet (150 mg ranitidine).

Children.
The drug is indicated for children aged over 14 years to reduce the duration of treatment of gastric or duodenal peptic ulcers, to treat and alleviate the symptoms of gastro-oesophageal reflux disease.

Overdose.
Possible increased adverse reactions.
Treatment: adequate symptomatic and supportive therapy as necessary.
Ranitidine can be removed from blood serum by haemodialysis.

Undesirable effects.
Blood system disorders: leukopenia, reversible thrombocytopenia, agranulocytosis or pancytopenia, sometimes with hypoplasia or aplasia of the bone marrow, neutropenia, immune haemolytic and aplastic anaemia (usually reversible).
Immune system disorders: hypersensitivity reactions, including urticaria, angioedema, fever, bronchospasm, exudative erythema multiforme, exfoliative dermatitis, Stevens-Johnson syndrome, Lyell's syndrome, hyperthermia.
Mental disorders: tiredness, reversible confusion, somnolence, agitation, insomnia, emotional lability, disquietude, anxiety, depression, nervousness, hallucinations, tinnitus, irritability, disorientation, state of confusion. These manifestations are observed mainly in seriously ill or elderly patients.

Nervous system disorders: headache, dizziness, reversible consensual movement disorders.
Eye disorders: blurred vision, accommodation disorders.
Cardiovascular disorders: blood pressure lowering, bradycardia, tachycardia, asystole, atrioventricular block, vasculitis, chest pain, arrhythmias, extrasystoles.
Gastrointestinal disorders: dry mouth, nausea, vomiting, constipation, diarrhea, abdominal pain, flatulence, acute pancreatitis, lack of appetite.
Hepatobiliary system disorders: rapid and reversible changes in liver function indices; hepatocellular, cholestatic or mixed hepatitis with or without jaundice (usually reversible).
Skin and subcutaneous tissue disorders: hyperemia, itching, skin rashes, erythema multiforme, alopecia, dry skin.
Musculoskeletal disorders: arthralgia, myalgia.
Urinary system disorders: renal failure, acute interstitial nephritis.
Reproductive system: hyperprolactinemia, galactorrhoea, gynaecomastia, amenorrhea, decreased impotence (reversible) and/or libido.

Shelf life. 3 years.

Storage.
Store in the original packaging below 30 °C. Keep away from children.

Package.
10 tablets in a blister. 1, or 2, or 3 blisters in a cardboard pack.

Prescription status.
By prescription.

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