

# Package Insert

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### Duotric Film Coated Tablet 200mg Duotric Film Coated Tablet 400mg

#### 1. Name(s) And Strength Of Active Ingredient(s):

**Duotric Film Coated Tablet 200mg** : Each tablet contains Cimetidine 200mg

**Duotric Film Coated Tablet 400mg** : Each tablet contains Cimetidine 400mg

#### 2. Dosage Form:

Film coated tablet.

#### 3. Description:

##### **Duotric Film Coated Tablet 200mg**

Light-green, circular, biconvex, film-coated tablet with a central division line on one side.

##### **Duotric Film Coated Tablet 400mg**

Light green, oblong, biconvex, film-coated tablets with "ASP-400" imprinted on one side.

#### 4. Pharmacodynamics:

'Duotric' is a reversible competitive antagonist of the action of histamine that are extended on H<sub>2</sub> receptors. It markedly reduces the volume and concentration of gastric acid secreted in the fasting state and after stimulation by food, histamine, pentagastrin, insulin, 2 deoxyglucose, bethanecol and caffeine. By suppressing the secretion of gastric acid it creates a local environment that favours the spontaneous healing of the ulcer. It also make life more comfortable for the duodenal ulcer patient by relieving him/her of the nocturnal and sleep-disturbing pains that otherwise occur when hydrochloric acid secreted in response to a lack of food in the stomach, passes into the ulcerated duodenum. It is certainly a more effective curative agent than carbonoxolone and would become a most useful drug for the treatment of peptic ulcer.

Controlled and uncontrolled studies in hospitalised and outpatients reveal that when cimetidine was given in a dosage of 0.82g daily for six weeks, 70-90% of patients with duodenal ulcer and 70-100% of patients with gastric ulcer experienced healing: in comparison, beneficial effects were observed in 30-70% of the ambulatory control patients and in almost 80% of the hospitalised control patients with duodenal and gastric ulcer. In most instances, these results were confirmed by direct endoscopic visualisation.

#### 5. Pharmacokinetics:

'Duotric' is absorbed mostly from the small intestine. The half-life in blood is approximately 2 hours and most of the drug (70%) is excreted unchanged in the urine. Although a higher blood level is obtained when cimetidine is administered before a meal in order to prolong its inhibitory effect. The duration of action of a single 200 mg dose of cimetidine taken orally with a meal is about 7 hours, the drug begins to lose its effects between 5 and 7 hours after a meal.

#### 6. Indications:

For the prophylaxis and treatment of duodenal ulcer and in the prevention of duodenal ulcer recurrence.

For the treatment of gastroesophageal reflux disease.

For treatment of gastric hypersecretory conditions such as Zollinger-Ellison Syndrome, systemic mastocytosis and multiple endocrine adenomas.

#### 7. Recommended Dosage:

##### **For treatment of duodenal and gastric ulcer:**

800 mg daily at bedtime for at least 4 weeks (6 weeks for gastric ulcer)

##### **Prevention of recurrent ulcers;**

In patients with recurrent duodenal ulcer and benign gastric ulceration, a maintenance dose of 400 mg may be given once at bedtime or both in the morning and at bedtime.

##### **Gastro-oesophageal reflux disease including conditions ranging from heartburn to peptic oesophagitis:**

400mg four times a day with meals and at bedtime, 4 to 8 weeks.

##### **Zollinger-Ellison Syndrome and other cases of high acid secretions:**

Doses should be adjusted to individual patient needs. Suggested dosage:

400mg four times a day, occasionally increased to a total of 2.4 g daily.

Children over 1 year 25-30 mg/kg daily in divided doses.

##### **Dosage adjustment in renal and hepatic failure patients**

In patients with impaired renal function, dosage should be reduced according to creatinine clearance. The following dosage are suggested:

Creatinine Clearance	Dosage
0-15 ml/min	200mg twice a day
15-30 ml/min	200mg 3 times a day
30-50 ml/min	200mg 4 times a day
Over 50 ml/min	Normal dosage

In patients with hepatic failure, usual dosage may be used.

#### 8. Mode of Administration:

For oral administration only.

**9. Contraindications:**

Cimetidine is contraindicated in patients with known hypersensitivity to cimetidine.

**10. Warning and Precautions:**

Use with extreme care in children as clinical experiences with children up to 16 years of age is limited. Risk and benefits of use in pregnant and lactating mothers must be considered. Use with care in patients with renal and hepatic dysfunction, organic brain syndrome and gastric malignancy and geriatric patients. Care should be taken in patients with a history of peptic ulcers, particularly in the elderly. The safety of prolonged use, is not, however fully established and care should be taken to observe periodically patients given prolonged treatment.

**11. Drug Interaction:**

Cimetidine effect on certain microsomal enzyme system, has been reported to reduce the hepatic metabolism of warfarin type anticoagulants, phenytoin, propranolol, nifedipine, chlorthalidopoxide, diazepam, certain tricyclic antidepressants, lidocaine, theophylline and metronidazole, thereby delaying elimination and increasing blood levels of these drugs. Clinically significant effects have been reported with the warfarin anticoagulants; therefore close monitoring of prothrombin time is recommended and adjustment of the anticoagulant dose may be necessary when Cimetidine is administered concomitantly. Interaction with phenytoin, lidocaine and theophylline has also been reported to produce adverse clinical effects.

**12. Pregnancy and Lactation:**

Adequate and well-controlled studies in pregnant women have not been done. Animal studies have shown that cimetidine crosses the placenta. However, teratology studies have not indicated any hazard from its administration during pregnancy. Cimetidine should not be used in pregnant patients unless in the judgement of the physician, the anticipated benefits outweigh the possible risks. Cimetidine is secreted in human milk. Nursing should not be undertaken while the patient is on this drug. Dosage should be reduced in patients with impaired renal function according to the creatinine clearance. Symptomatic response to cimetidine therapy does not preclude the presence of gastric malignancy. In patients on drug treatment or with illnesses that could cause falls in blood cell count, the possibility that H<sub>2</sub>-receptor antagonism could potentiate this effect should be borne in mind.

**13. Side-Effects:**

Diarrhoea, muscle pain, dizziness and skin rashes may occur occasionally. Tiredness, gynaecomastia has been reported and is always reversible on discontinuing treatment. Reversible liver damage and confusional states in elderly or those with renal failure have occurred. Interstitial nephritis, acute pancreatitis, thrombocytopenia, agranulocytosis, myalgia, arthralgia, sinus bradycardia and heart block, all reversible on withdrawal of treatment and aplastic anaemia. Reversible impotence has also been rarely reported.

**14. Symptoms And Treatment Of Overdose:****Overdosage: Signs and symptoms**

Transient side-effects.

**Treatment and antidote**

The usual measures to remove unabsorbed material from the gastro-intestinal tract, clinical monitoring and supportive therapy should be employed. Respiratory failure and tachycardia may be controlled by assisted respiration and the administration of a beta-blocker.

**15. Storage Condition:**

Store below 30°C. Protect from light. Keep out of reach of children. Jauhi daripada kanak-kanak.

**16. Packing:**

**Duotric Film Coated Tablet 200mg** : Box of 100 x 10's in blister pack.

**Duotric Film Coated Tablet 400mg** : Box of 100 x 10's in blister pack.

**17. Registration Number:**

**Duotric Film Coated Tablet 200mg** : MAL19940541AZ

**Duotric Film Coated Tablet 400mg** : MAL19950090AZ

**18. Revision Date:**

3 February 2021

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Product Registration Holder:

**MILRIN** Pharmaceutical  
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