1.5 Product Information

1.5.1 Summary of Product Characteristics (SPC)

SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

GASTRICID® Chewable tablets

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each chewable tablet contains 10 mg of famotidine,165 mg of magnesium hydroxide and 800 mg of calcium carbonate.

Each tablet contains 727.30 mg of lactose monohydrate.
For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Chewable tablet.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

Short-term symptomatic treatment of heartburn or acid regurgitations in adults and adolescents from 16 years old.

4.2 Posology and method of administration

For adults and adolescents (from 16 years old):
Chew a whole tablet at the time of painful symptoms, and swallow preferably with a glass of water.
Do not take more than 2 tablets per day (see section 4.4 “Special warnings and precautions for use”).

Paediatric population
The safety of use and the efficacy of GASTRICID in children under 16 years old have not been established (no available data).

Elderly
No dose adjustment is required.

Kidney failure
This medicine is contraindicated in patients with severe kidney failure (see section 4.3 "Contraindications"). Patient with kidney failure should talk to their doctor before taking GASTRICID (see section 4.4).

Liver failure
No dose adjustment is required in patients with liver failure.

4.3 Contraindications

- Hypersensitivity to one of the active substances or to any of the excipients listed in section 6.1.
- Severe renal failure
- Cross sensitivity to H2 receptors antagonists has been observed. GASTRICID should not be administered to patients with history of hypersensitivity to other H2 receptors antagonists.

4.4 Special warnings and precautions for use

Warnings:
- Patients with kidney or liver failure should ask their doctor before taking GASTRICID. In case of kidney failure, monitoring of serum magnesium and calcium levels should be carried out.
- GASTRICID is contraindicated in patients with severe kidney failure (see section 4.3).
- As some severe underlying diseases can have the symptoms of a simple indigestion, it is recommended to the patients to ask for medical advice in case of: digestion disorders associated with unintentional weight loss, difficulty swallowing, persisting abdominal discomfort, heartburns occurring for the first time or if the symptoms have recently changed.
- Patients with known hyperkalaemia, known hypermagnesaemia, known hypophosphatemia, known hypercalciureamia; or history of kidney stones or of nephrocalcinosis should ask for medical advice before taking GASTRICID.
- Because of the presence of lactose, patients with rare hereditary diseases of galactose intolerance, lactose deficiency (Lapp) or glucose malabsorption syndrome should not take this medicine.
- In case of long term administration, especially in combination with treatments with products containing calcium and/or vitamin D, there is a risk of hypercalcaemia with, as a consequence, alteration of the kidney function.
  Patients should stop the treatment and consult their doctor is new symptoms appear or if they have dysphagia (difficulty swallowing) or odynophagia (pain swallowing), heavy vomiting, melena (black stools) or sensation of suffocation or pain in the chest.

Precautions for use:

If symptoms persist after 15 days of continuous treatment or get worse, an etiologic survey must be done and the conduct of the treatment should be re-evaluated.

4.5 Interaction with other medicinal products and other forms of interaction

Association needing precautions for use:
Antacids interact with a significant number of other medicines administered orally.

A decrease absorption of some medicines administered concomitantly is observed.
As a precaution, it is recommended to take antacids separately from other medicines, notably: antibiotics (clindamycin, cyclins, quinolones and fluoroquinolones, penicillamins, ethambutol, isoniazid), beta-blocking agents, bisphosphonates, integrase inhibitors (dolutegranir, elvitegravir), phenothiazine neuroleptics, thyroid hormones, salicylates, chloroquine, diflunisal, digoxin, estramustine, fexofenadine, fluoride, indomethacin, iron, lepidipasvir, phosphorus, proguanil, rosuvastatin, strontium, zinc, sulfonated or calcium polystyrene resins, sulpride, teriflunomide.
In general, space out the doses more than 2 hours apart.

Interactions related to famotidine
Because of its action as an antagonist of H2 receptors, famotidine may reduce the absorption of the following substances:
- Atazanavir
- Rilpivirine
- Cyanocobalamin
- Most of tyrosine kinase inhibitors (except for vandetinib, imatinib)

Frequent interaction with famotidine and antacids
Famotidine and antacids may reduce the absorption of the following substances:
- Azole antifungals (ketoconazole, itraconazole, posaconazole)
- Ulipristal

4.6 Fertility, pregnancy and lactation

Pregnancy
Famotidine
Most of the data available from pregnant women (more than 1000 from exposed pregnancies) indicated no malformative or foeto/neonatal toxicity.

Calcium carbonate and magnesium hydroxide
In animals, only limited data are available.
In pregnant women, no malformation of foetotoxic effects were observed at the recommended dose, but the available data on pregnancies are too limited to exclude risks.
Should be taken into account is the presence of:

- magnesium salts with risks of diarrhoea
- calcium salts, after long term treatment with high doses, might expose to a risk of hypercalciuria, calcinosis on different organs, especially nephrocalcinosis.

GASTRICID is not recommended during pregnancy.

Lactation
Famotidine has been identified in new-born children/infants breastfed by a treated mother. Available information on the effect of famotidine in new-born children/infants are insufficient. The decision should be taken either to stop breastfeeding, or to stop/refrain from taking the treatment famotidine/antacids combination, taking into account the benefits of breastfeeding the infant and the benefits to the mother of taking the treatment.

4.7 Effects on ability to drive and use machines

This medicine has no or negligible effect on the ability to drive or use machines. Although, if dizziness appears, patients must not drive or use machines.

4.8 Undesirable effects

The frequencies are classified as follows: very common ≥ 10 %, common ≥ 1% - < 10%, uncommon ≥ 0,1% - < 1%, rare ≥ 0,01% - < 0,1%, very rare, isolated cases < 0,01%.

Organ system	**Incidence**	**Undesirable effect**
Immune system disorders	Unknown	Hypersensitivity, anaphylactic reaction
Nervous system disorders	Common	Headaches
	Uncommon	Nervousness, dizziness
	Unknown	Somnolence
Gastro-intestinal disorders	Uncommon	Abdominal discomfort and pain, abdominal distension, nausea, diarrhoea, flatulence, dyspepsia, eructation, dry mouth, thirst, dysgeusia, oropharyngeal discomfort and pain, vomiting
	Unknown	Upper abdominal pain
Skin and subcutaneous tissue disorders	Unknown	Pruritus, urticaria, skin eruption, angioedema
General disorders and administration site disorders	Unknown	Asthenia, tiredness

Other side effects noted in isolated reports with higher dosages of famotidine in principle cannot be excluded.

There have been reports of:

- Cutaneous: as with other H_2-antagonists, severe skin reactions (toxic epidermal necrolysis).
- Hypersensitivity reactions: anaphylaxis, angioneurotic oedema, bronchospasm.
- Hepatic disorders including hepatic cholestasis and such as raised laboratory values for transaminases, gamma-GT, alkaline phosphatase and bilirubin.
- Neurological disorders such as hallucinations: disorientation, confusion and insomnia, epileptic seizures, drowsiness and agitation and depression related states. These have been reported to be reversible on stopping medication.
- Blood disorders such as thrombocytopenia, leukopenia, agranulocytosis and pancytopenia.
- Musculoskeletal disorders, such as muscle cramps.
- Other such as impotence, reduced libido, breast tension.
- Alopecia.
- Malaise.

The following side effects are generally attributed to antacids containing calcium and magnesium salts: change in stool frequency and consistence, bloating and fullness.

Reporting of suspected adverse reactions
Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system

4.9 Overdose

Patients have tolerated doses up to 800 mg/day of famotidine for more than a year without development of significant adverse effects.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: H_2 antagonist/antacid, ATC code: A02BA53 Famotidine, combination

Famotidine reduces the acid and pepsin production, as well as the volume of basal, nocturnal and stimulated gastric secretion. Magnesium hydroxide and calcium carbonate have antacid properties by neutralisation mechanism.
The neutralising potential has been evaluated to 21 mEq per tablet (USP method).
A gastric and oesophageal pH-metric study has been carried on 23 healthy volunteers and has shown that the administration of famotidine 10 mg/antacids 21 mEq with 60 ml of water an hour after the evening meal, rich in fats, causes an immediate elevation of oesophageal pH.

The elevation of the gastric pH, greater than this observed with the placebo or antacid alone, persists for 12 hours.

5.2 Pharmacokinetic properties

Famotidine:
Famotidine obeys linear kinetics
Famotidine is rapidly absorbed with dose-related peak plasma concentration occurring at 1-3 hours after administration.
The mean bioavailability of an oral dose is 40-45 %. It is not modified when taken during meals. First-pass metabolism is minimal. Repeated doses do not lead to accumulation of the drug.
Protein binding in the plasma is relatively low (15-20 %). The plasma half-life after a single oral dose or multiple repeated dose (for 5 days) is approximately 3 hours.
Metabolism occurs in the liver, with formation of inactive metabolite, the sulfoxide.
Following oral administration, the mean urinary excretion of famotidine is 65-70 of the absorbed dose, 25 to 30 % as unchanged compound. Renal clearance is 250 to 450 ml/min, indicating some tubular excretion. A small amount may be excreted as the sulfoxide.

Calcium carbonate and magnesium hydroxide are converted to soluble chloride salts by gastric acid. Approximately 10 % of the calcium and 15-20 % of the magnesium is absorbed, and the remaining soluble chlorides are reconverted to insoluble salts, and are eliminated in the faeces. In individuals with normal kidney function the small amounts of calcium and magnesium that are absorbed are rapidly excreted by the kidneys.

5.3 Preclinical safety data

Pre-clinical data for famotidine reveal no specific hazard for humans based on conventional studies of safety, pharmacology, repeated dose toxicity, genotoxicity, carcinogenic potential, and toxicity to reproduction.

Only limited toxicology data are available for magnesium hydroxide and calcium carbonate. These data indicate no special hazard for humans under normal conditions of use. Ossification abnormalities have been described in animals treated with calcium carbonate at high doses or long periods.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Lactose monohydrate, cellulose acetate, maize starch, magnesium stearate, sodium benzoate (E211), gum arabic, sucralose, hydroxypropylcellulose, hypromellose, crospovidone, spearmint and peppermint flavours.

6.2 Incompatibilities

No incompatibility known up to date.

6.3 Shelf life

2 years

6.4 Special precautions for storage

Keep out of reach and sight of children.
Store in the original packaging, protect from light, heat and moisture.

6.5 Nature and contents of container

Pouch of four chewable tablets packaged in alu-alu strips.

7. MARKETING AUTHORISATION HOLDER

Exphar s.a.
Zoning Industriel Nivelles Sud, Zone 2
Avenue Thomas Edison 105
1402 Thines - Belgium
Tel: +32 (0)67 68 84 05
Fax: +32 (0)67 68 84 19

8. CATEGORY OF DISTRIBUTION

☒ Over-the counter medicine ☐ Prescription only medicines

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Milan laboratories (India) Pvt. Ltd.
Jawhar Co-Op Industrial Estate Ltd.,
Kamothe, Panvel (Navi Mumbai), Maharashtra - 410209.

INDIA

10. DATE OF REVISION OF THE TEXT

10/2018