

## **SUMMARY OF PRODUCTS CHARACTERISTICS**

**1.NAME OF THE FINISHED PHARMACEUTICAL PRODUCT :**

1.1 Brand Name : **Antagit-SS Gel**  
1.2 Generic Name : **Alumina, Magnesia and Simethicone Oral Suspension**  
1.3 Strength : **Dried Aluminium Hydroxide 225mg + Magnesium Hydroxide 200mg + Simethicone 50mg/5ml.**  
1.4 Pharmaceutical Form : **Oral Suspension**

**2. QUALITATIVE & QUANTITATIVE COMPOSITION :**

Dried Aluminium Hydroxide	BP	225 mg
(Added as paste)		
Magnesium Hydroxide	BP	200 mg
(Added as paste)		
Simethicone	USP	50 mg
Flavoured Base		q.s.
Colour : Erythrosin		

### **3. PHARMACEUTICAL FORM**

Oral Suspension

Pink coloured, flavoured palatable suspension.

### **4. CLINICAL PARTICULARS**

#### **4.1 Therapeutic indications**

Flatulence, Hyperacidity, Peptic ulcer, Duodenal ulcer, Dyspepsia, Heart burn, Gastritis, Hiatal hernia and Gaseous distension.

#### **4.2 Posology and method of administration**

Child 12–17 years: 5–10 ml 2 to 3 times a day, to be taken after meals and at bedtime, or when required.

Adult: 5–10 ml 2 to 3 times a day, to be taken after meals and at bedtime, or when required or as prescribed by the Physician.

#### **4.3 Contraindications**

It should not be used in patients who are hypersensitive to any of the active substances, patients with chronic renal disease and dialysis because Magnesium retention may occur in such patients & also may cause hypophosphataemia.

#### **4.4 Special warnings and special precautions for use**

Aluminium Hydroxide may cause constipation and Magnesium Hydroxide overdose may cause hypomotility of the bowel; large doses of this product may trigger or aggravate intestinal obstruction and ileus in patients at higher risk such as those with renal impairment or the elderly. In patients with renal impairment, plasma levels of both Aluminium and Magnesium increase. In these patients, a long-term exposure to high doses of Aluminium and Magnesium salts may lead to dementia, microcytic anemia. Aluminium Hydroxide may be unsafe in patients with porphyria undergoing hemodialysis. In young children the use of Magnesium Hydroxide can produce a hypermagnesemia, especially if they present renal impairment or dehydration.

#### **4.5 Interaction with other FPPs and Other forms of Interaction**

It should not be taken simultaneously with other medicines as they may interfere with their absorption if taken within 1 hour. Aluminium containing antacids may prevent the proper absorption of drugs such as Tetracyclines, vitamins, Ciprofloxacin, Ketoconazole, Hydroxychloroquine, Chloroquine, Chlorpromazine, Rifampicin, Cefdinir, Cefpodoxime, Levothyroxine, Rosuvastatin. Levothyroxine may also bind to simethicone which may delay or reduce the absorption of levothyroxine.

Urine alkalinisation secondary to administration of Magnesium Hydroxide may modify excretion of some drugs; thus, increased excretion of salicylates has been seen.

#### **4.6 Pregnancy and lactation**

Antagit-SS Gel because of the limited maternal absorption, when used as recommended, minimal amounts, if any, of Aluminium Hydroxide and Magnesium Hydroxide combinations are expected to be excreted into breast milk. Simethicone is not absorbed from the gastrointestinal tract. No effect on the breastfed newborn/infant are anticipated since the systemic exposure of the breast-feeding woman to Aluminium Hydroxide, Magnesium Hydroxide and Simethicone is negligible.

#### **4.7 Effects on ability to drive and use machines**

Not Known

#### **4.8 Undesirable effects**

Immune system disorders : Frequency not known : Hypersensitivity reactions, such as pruritus, urticaria, angioedema and anaphylactic reactions. Gastrointestinal disorders: Gastrointestinal side-effects are uncommon: Uncommon : diarrhoea or constipation. Frequency not known: Abdominal pain. Metabolism and nutrition disorders : Very rare : Hypermagnesemia, including observations after prolonged administration of Magnesium Hydroxide to patients with renal impairment. Frequency not known: Hyperaluminemia. Hypophosphatemia : In prolonged use or at high doses or even normal doses of the product in patients with low-phosphorus diets which may result in increased bone resorption hypercalciuria, osteomalacia

#### **4.9 Overdose**

Serious symptoms are unlikely following overdosage. Reported symptoms of acute overdose with Aluminium Hydroxide and Magnesium Hydroxide combination include diarrhoea, abdominal pain, vomiting. Large doses of this product may trigger or aggravate intestinal obstruction and ileus in patients at risk. Aluminium and Magnesium are eliminated through urinary route; treatment of acute overdose consists of administration of IV Calcium Gluconate, rehydration and forced diuresis. In case of renal function deficiency, haemodialysis or peritoneal dialysis is necessary.

### **5. PHARMACOLOGICAL PROPERTIES**

#### **5.1 Pharmacodynamic properties:**

**Aluminium Hydroxide:**

**Pharmacotherapeutic group:** Antacids

**ATC Code: A02AB01**

Aluminium Hydroxide: Is partly Aluminium Hydroxide and partly Aluminium Oxide hydrated to a variable extent. It reacts with Hydrochloric Acid in stomach forming Aluminium Chloride. Aluminium Hydroxide is insoluble, hence the fraction of excess remains in the stomach shall exert a sustained effect. Gastric pH does not rise above the level which will inhibit conversion of pepsinogen to pepsin. It is also a demulcent.

Wet particles of Aluminium Hydroxide are some what adhesive and this helps in forming the protective coat over the ulcer.

**Magnesium Hydroxide:**

**Pharmacotherapeutic group:** Antacids

**ATC Code:** A02AA04

**Magnesium Hydroxide:** Reacts with gastric Hydrochloric Acid forming Magnesium Chloride. It is also a long acting antacid with high acid neutralizing capacity.

**Simethicone:**

**Pharmacotherapeutic group:** Antiflatulant

**ATC Code:** A03AX13

**Simethicone :** Is an anti-foaming agent. It acts by changing the surface tension of gas bubbles there by causing them to coalesce, thus facilitating the elimination of gas. Accordingly it provides the relief from abdominal distension and dyspepsia.

## 5.2 Pharmacokinetic properties

The absorption of Aluminium and Magnesium from antacids is small. Aluminium Hydroxide is slowly converted to Aluminium Chloride in the stomach. Some absorption of soluble Aluminium salts occurs in the gastro-intestinal tract with urinary excretion. Any absorbed Magnesium is likewise excreted in the urine. Aluminium containing antacids should not be administered to patients with renal impairment where increased plasma concentration may occur. Simethicone is physiologically inert and not systemically absorbed, also not metabolize & is excreted unchanged in the feces.

## 5.3 Preclinical safety data

None Known

## 6. PHARMACEUTICAL PARTICULARS

### 6.1 List of excipients

SN	Ingredients	Spec.
01.	Sod. Methyl Hydroxybenzoate (Sod. Methylparaben)	BP
02.	Sod. Propyl Hydroxybenzoate (Sod. Propylparaben)	BP
03.	Bronopol (Bronidiol)	BP
04.	Carmellose Sodium (C.M.C. Sodium HVP Trans.)	BP
05.	Sodium Saccharin	BP
06.	Sodium Citrate	BP
07.	Citric acid Monohydrate	BP
08.	Liquid Sorbitol (Sorbitol Sol. 70%)	BP
09.	Sorbic Acid	BP
10.	Sodium Hydroxide	BP
11.	Lake Erythrosine	IH

12.	Essence Peppermint C7531	IH
13.	Menthol	BP
14.	Purified Water	BP

## 6.2 Incompatibilities

Not sufficient data available

## 6.3 Shelf life

24 month from the date of manufacturing.

## 6.4 Special precautions for storage

Store at a temperature not exceeding 30° C. Protect from light. Keep out of reach of children. Keep container tightly closed. Avoid freezing.

## 6.5 Nature and contents of container

100 ml. packed in clear PET bottle in an inner carton.

200 ml. packed in clear PET bottle in an inner carton.

## 6.6 Instructions for use and handling

Shake well before use.

## 7. MARKETING AUTHORISATION HOLDER AND MANUFACTURING SITE ADDRESS

### LEBEN LABORATORIES PVT. LTD.,

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Country : INDIA

## 8. MARKETING AUTHORISATION NUMBER

AMD/12/2002 & AMD/6/2002

## 9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

AMD/12/2002 & AMD/6/2002:

a) Date of first authorization: 21/01/1989.

b) Date of latest renewal: 01/01/2018.

## 10. DATE OF REVISION OF THE TEXT

01/01/2023