

1. NAME OF THE MEDICINAL PRODUCT

GASMAG CHEWABLET

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each tablet contains:

Dried Aluminium Hydroxide Gel 120mg

Magnesium Trisilicate 250mg

Simeticone 25mg

Excipients with known effect:

For a full list of excipients, see section 6.1

3. PHARMACEUTICAL FORM

Chewable tablets.

Light yellow, round, flat tablets with beveled edges, with "Gs" engraved on one side; with diameter 16mm and thickness 4mm.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

GASMAG TABLET is indicated in the symptomatic relief of: Dyspepsia, Heartburn, Flatulence, Hyperacidity, Indigestion.

4.2 Posology and Method of administration

Posology

Adults and Children over 12 years

1–

2 tablets to be sucked or chewed after meal, at bedtime or when discomfort is felt. Frequency of dosage may be increased depending on the severity of symptoms.

Children 6 to 12 years:

One tablet to be sucked or chewed after meals, at bedtime or whenever discomfort is felt.

Children under 6 years: Not recommended.

Elderly: Same as adult dose unless otherwise recommended by Physician.

Method of administration

To be chewed before swallowing.

4.3 Contraindications

GAS MAG is contraindicated in patients who are hypersensitive to any of the active substances or excipients, are severely debilitated or suffering from kidney failure.

GAS MAG is also contraindicated in patients with hypophosphatemia, rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrase-isomaltase insufficiency.

4.4 Special warnings and precautions for use

Aluminium hydroxide may cause constipation and magnesium salt overdose may cause reduced motility of the bowel. Large doses of Gasmag may trigger or aggravate intestinal obstruction and ileus in patients who are at high risk such as those with renal impairment, or the elderly.

Aluminium hydroxide is not well absorbed from the gastrointestinal tract, and systemic effects are therefore rare in patients with normal renal function. However, excessive doses or long-term use, or even normal doses in patients with low-phosphorus diets, may lead to phosphate depletion (due to aluminium-phosphate binding) accompanied by increased bone resorption and hypercalciuria with the risk of osteomalacia. Medical advice is recommended in case of long-term use or in patients at risk of phosphate depletion.

In patients with renal impairment, plasma levels of both aluminium and magnesium increase. In these patients, along-term exposure to high doses of aluminium and magnesium salts may lead to encephalopathy, dementia, microcytic anemia or worsen dialysis-induced osteomalacia.

Aluminium hydroxide may be unsafe in patients with porphyria undergoing hemodialysis. The prolonged use of antacids in patients with renal failure should be avoided.

There is little evidence that aluminium-containing antacids are a risk factor for Alzheimer's disease.

Hypermagnesaemia may occur, usually in patients with bowel obstruction or renal impairment.

GAS MAG TABLETS contain Sucralose; care should be taken in patients with rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrose-isomaltase insufficiency.

Care should be taken in the treatment of diabetic patients.

Concurrent use of antacid may antagonize the effect of pentagastrin and histamine in the evaluation of gastric acid secretory function, hence, administration of antacid is not recommended on the morning of the test day.

KEEP ALL MEDICINES OUT OF THE REACH OF CHILDREN

4.5 Interaction with other medicinal products and other forms of interaction

GAS MAG should not be taken simultaneously with other medicines as they may interfere with their absorption if taken within 1 hour.

Aluminium-

containing antacids such as GAS MAG may prevent the proper absorption of drugs such as tetracyclines, vitamins, ciprofloxacin, ketoconazole, hydroxychloroquine, chloroquine, chlorpromazine, rifampicin, cefdinir, cefpodoxime, levothyroxine, rosuvastatin, H₂ antagonists, atenolol, cyclines, diflunisal, digoxin, bisphosphonates, ethambutol, fluoroquinolones, sodium fluoride, glucocorticoids, indomethacin, isoniazid, lincosamides, metoprolol, phenothiazine neuroleptics, penicillamine, propranolol and iron salts.

Levothyroxine may also bind to Simeticon which may delay or reduce the absorption of levothyroxine.

Polystyrene sulphonate

Caution is advised when used concomitantly with polystyrene sulphonate due to the potential risks of reduced effectiveness of the resin in binding potassium, of metabolic alkalosis in patients with renal failure (reported with aluminium hydroxide and magnesium hydroxide) and of intestinal obstruction (reported with aluminium hydroxide).

Quinidine:

Concomitant use of aluminium products with quinidines may increase the serum levels of quinidine and lead to quinidine overdose.

Tetracycline:

Due to the aluminium content, GAS MAG should not be concomitantly administered with tetracycline-containing antibiotics or any tetracycline salts.

Citrates:

Aluminium hydroxide and citrates may result in increased aluminium levels, especially in patients with renal impairment.

Urinary alkalisation secondary to administration of magnesium hydroxide may modify excretion of some drugs; thus, increased excretion of salicylates has been seen.

Urinary excretion of amphetamines and quinidine may be inhibited when used concurrently with antacids in doses that cause the urine to become alkaline. Dosage adjustment may be needed when therapy with antacids is initiated, discontinued or if dosage is changed.

Prior administration of aluminium-containing antacids may decrease stomach and bladder uptake of sodium pertechnetate Tc^{99m}.

4.6 Pregnancy and Lactation

The safety of GASMAGSUSPENSION in pregnancy has not been evaluated. There are no adequate human data from the use of aluminium hydroxide and magnesium hydroxide in pregnant women. No conclusions can be drawn regarding whether or not GASMAG TABLET is safe for use during pregnancy. GASMAG Tablets should be used during pregnancy only if the potential benefits to the mother outweigh the potential risks, including those to the fetus.

Lactation

Because of the limited maternal absorption, when used as recommended, minimal amounts, if any, of aluminium hydroxide and magnesium salt combinations are expected to be excreted into breast milk.

Simeticone is not absorbed from the gastrointestinal tract.

No effects on the breastfed newborn/infant are expected since the systemic exposure of the breast-feeding woman to aluminium hydroxide, magnesium hydroxide and simeticone is negligible.

4.7 Effect on ability to drive and use machines

GASMAG has no influence on the ability to drive and use machines reported.

4.8 Undesirable effects

Immune system disorders such as hypersensitivity reactions, such as pruritus, urticaria, angioedema and anaphylactic reactions. The frequency of occurrence is unknown.

Gastrointestinal side effects are uncommon.

Uncommon: diarrhoea or constipation

Frequency not known: abdominal pain

Metabolism and nutrition disorders

Very rare: Hypermagnesaemia, 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, and osteomalacia.

Large doses of aluminium hydroxide can cause intestinal obstruction.

Renal calculi with magnesium trisilicate

The formation of renal calculi containing silica is unusual, but has been reported in a small number of patients. In most of these reported cases, stone formation was attributed to the prolonged, and sometimes excessive, intake of antacid that contained magnesium trisilicate.

4.9 Overdose

Significant symptoms are unlikely following overdose. No case of overdose has been reported.

Symptoms of overdose include nausea, vomiting, gastrointestinal irritation, abdominal pain and diarrhoea/constipation. Abdominal distension may occur. Large doses of this product may trigger or aggravate intestinal obstruction and ileus in patients at risk. Treatment should be symptomatic and supportive.

Treatment of aluminium and magnesium overdose: aluminium and magnesium are eliminated through urinary route; consider administration of IV calcium gluconate, rehydration and forced diuresis. In case of renal deficiency, haemodialysis or peritoneal dialysis is necessary.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Antacids control acidity by neutralizing the gastric acid. This results in increased pH of stomach contents, thus providing the relief of the symptoms of the hyperacidity. Acid concentration within the lumen of the esophagus is also reduced, resulting in an increased intraoesophageal pH. Antacids also reduce pepsin activity.

Dried aluminium hydroxide and magnesium trisilicate are used as antacids. Aluminium hydroxide has constipating effects whereas magnesium hydroxide and magnesium trisilicate has laxative effects. These are given in combination to counteract these effects and achieve a balance.

Simethicone is used for the relief of the flatulence and abdominal discomfort. It is a gastric defoaming agent that works by altering the elasticity of interfaces of mucus-embedded bubbles in the gastrointestinal tract. The gas bubbles are thus broken down or coalesced and in this form gas is more easily eliminated through eructation or passing flatus.

5.2 Pharmacokinetic properties

The mode of action of the GASMAGSUSPENSION does not depend on absorption into the systemic circulation.

Aluminium hydroxide, given orally slowly reacts with the hydrochloric acid in the stomach to form soluble aluminium chloride, some of which is absorbed. The presence of food or other factors that decrease gastric emptying prolong the availability of aluminium hydroxide to react and may increase the amount of aluminium chloride formed.

Absorbed aluminium is eliminated in the urine and patients with renal failure are therefore at particular risk of accumulation. The aluminium compounds remaining in the gastrointestinal tract, which account for most of the dose form insoluble poorly absorbed salts, which are excreted in the faeces.

Magnesium, given by mouth, reacts relatively rapidly with hydrochloric acid in the stomach to form magnesium chloride and water. Approximately 10% of the magnesium is slowly absorbed from the gastrointestinal tract and excreted in the urine; the rest is excreted via the faeces.

Simethicone is not absorbed from the gastrointestinal tract.

5.3 Preclinical safety data

Aluminium and magnesium salt have not been reported to have any mutagenic potential or carcinogenicity. There are no preclinical data of relevance to the prescriber which are additional to that already included in other sections of the prescribing information.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Corn Starch N.F., Microcrystalline Cellulose, Lactose Monohydrate, Calcium Carbonate, PVPK-30, Quinoline Yellow, Maltodextrine, Sucralose, Sodium Benzoate, Peppermint Flavour, Aerosil 200.

6.3 Shelf life

24 Months

6.4 Special precautions for storage

Store in a cool and dry place.

Store below 30°C.

Protect from direct sunlight.

Keep all medicines away from children.

6.5 Nature and content of container <and special equipment for use, administration or implantation>

a) Carton: Printed carton manufactured from white folding box board.

b) Strips of Surface printed hard temperaluminum foil.

Box of 5x4's.

6.6 Special precautions for disposal <and other handling>

No special requirements.

7. <APPLICANT/MANUFACTURER>

Neimeth International Pharmaceutical Plc.

Plot16,AkanniDohertyLayout(Billingsway),
OregonIndustrialEstate,
Oregon,Lagos.

REFERENCES

- 1.UKSummaryofProductCharacteristicsofMaaloxplustablets,Sanofi,November 2021.
- 2.Druginformationforthehealthcareprofessionals(USPDI).TheUnitedStates PharmacopoeialConventionInc.,Rockville,MD,2005.
- 3.BrayfieldA.Martindale:MagnesiumHydroxide(Pageno.1891-1892),Magnesium Trisilicate(Pageno.1892-1893),AluminiumHydroxide(Pageno.1851-1852), Simethicone(Pageno.1922)TheCompleteDrugReference,40thEdition, PharmaceuticalPress,London,2020.
- 4.UKSummaryofProductCharacteristicsofInfacol,TevaUKLimited,March2019.
- 5.Therapeuticdrugs.SirCollinDollery,ChurchillLivingstone,London1991.