# Cimetidine Injection BP 200mg / 2ml

## I.M., Slow I.V., I.V. Infusion

**Composition:**
Each ml contains:

| | | |
|---|---|---|
| Cimetidine Hydrochloride | BP | |
| Equivalent to Cimetidine | | 100mg |
| Water for Injection | BP | q.s. |

CIMETIDINE 200 mg is a histamine H2-receptor antagonist. Chemically it is N″-cyano-N-methyl-N′-[2-[[(5-methyl-1H-imidazol-4-yl)methyl]thio]-ethyl]-guanidine.
CIMETIDINE 200 mg contains an imidazole ring, and is chemically related to histamine.

**Clinical Pharmacology**
CIMETIDINE 200 mg competitively inhibits the action of histamine at the histamine H2 receptors of the parietal cells and thus is a histamine H2-receptor antagonist.
CIMETIDINE 200 mg is not an anticholinergic agent. Studies have shown that cimetidine inhibits both daytime and nocturnal basal gastric acid secretion. CIMETIDINE 200 mg also inhibits gastric acid secretion stimulated by food, histamine, pentagastrin, caffeine and insulin.

**Pharmacokinetics**
The half-life of cimetidine is approximately 2 hours. Both oral and parenteral (I.V. or I.M.) administration provide comparable periods of therapeutically effective blood levels; blood concentrations remain above that required to provide 80% inhibition of basal gastric acid secretion for 4 to 5 hours following a dose of CIMETIDINE 200 mg. The principal route of excretion of CIMETIDINE 200 mg is the urine.

**Indications and Usage for CIMETIDINE 200 mg Injection**
**(1) Short-term treatment of active duodenal ulcer.**
Most patients heal within 4 weeks and there is rarely reason to use cimetidine at full dosage for longer than 6 to 8 weeks. Concomitant antacids should be given as needed for relief of pain. However, simultaneous administration of oral cimetidine and antacids is not recommended, since antacids have been reported to interfere with the absorption of oral cimetidine.
**(2) Maintenance therapy for duodenal ulcer patients at reduced dosage after healing of active ulcer.**
Patients have been maintained on continued treatment with CIMETIDINE 200 mg h.s. for periods of up to five years.
**(3) Short-term treatment of active benign gastric ulcer.**
There is no information concerning usefulness of treatment periods of longer than 8 weeks.
**(4) Prevention of upper gastrointestinal bleeding in critically ill patients.**

**Contraindications**
Cimetidine is contraindicated for patients known to have hypersensitivity to the product.

**Dosage and Administration**
Parenteral Administration
In hospitalized patients with pathological hyper secretory conditions or intractable ulcers, or in patients who are unable to take oral medication, cimetidine may be administered parenterally.

**Recommendations for Parenteral Administration:**
Intramuscular Injection: CIMETIDINE 200 mg every 6 to 8 hours (no dilution necessary). Transient pain at the site of injection has been reported.

**Intravenous Injection:** CIMETIDINE 200 mg every 6 to 8 hours. In some patients it may be necessary to increase dosage. When this is necessary, the increases should be made by more frequent administration of a CIMETIDINE 200 mg dose, but should not exceed 2400 mg per day. Dilute Cimetidine Injection, CIMETIDINE 200 mg, in Sodium Chloride Injection (0.9%) or another compatible I.V. solution to a total volume of 20 mL and inject over a period of not less than 5 minutes.

**Intermittent Intravenous Infusion:** CIMETIDINE 200 mg every 6 to 8 hours, infused over 15 to 20 minutes. In some patients it may be necessary to increase dosage. When this is necessary, the increases should be made by more frequent administration of a CIMETIDINE 200 mg dose, but should not exceed 2400 mg per day.

Dilute Cimetidine Injection, CIMETIDINE 200 mg, in at least 50 mL of 5% Dextrose Injection, or another compatible I.V. solution.

**Storage:** Store in a cool and dry place. Protect from light.

**Keep out of the reach of children.**

**Presentation:** 5 x 2ml Ampoule

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