

1. Name of the medicinal product

Bisacodyl 5mg Tablets

Bisacodyl 10mg Tablets

2. Qualitative and quantitative composition

Bisacodyl 5mg

Bisacodyl 10mg

3. Pharmaceutical form

Tablet

4. Clinical particulars

4.1 Therapeutic indications

For the short-term relief of occasional constipation.

4.2 Posology and method of administration

Posology

Adults (including the elderly) and children over 12 years: 1 to 2 coated tablets (5 - 10 mg) daily.

It should not be used in children or adolescents under the age of 12 years.

It is recommended to start with the lowest dose. The dose may be adjusted up to the maximum recommended dose to produce regular stools. The maximum daily dose should not be exceeded.

Method of administration

For oral use.

The tablets should be swallowed whole with an adequate amount of fluid.

The coated tablets should not be taken together with products which reduce the acidity of the upper gastrointestinal tract, such as milk, antacids, or proton pump inhibitors, in order not to prematurely dissolve the enteric coating.

No specific information on the use of this product in the elderly is available. Clinical trials have included patients over 65 years and no adverse reactions specific to this age group have been reported.

4.3 Contraindications

Bisacodyl is contraindicated in patients with ileus, intestinal obstruction, acute abdominal conditions including appendicitis, acute inflammatory bowel diseases, and severe abdominal pain associated with nausea and vomiting which may be indicative of the aforementioned severe conditions.

Bisacodyl is also contraindicated in severe dehydration and in patients with known hypersensitivity to bisacodyl

In case of hereditary conditions that may be incompatible with an excipient of the product (please refer to "Special warnings and special precautions for use") the use of the product is contraindicated.

4.4 Special warnings and precautions for use

- As with all laxatives, bisacodyl should not be taken on a continuous daily basis for more than five days without investigating the cause of constipation.
- Long-term everyday use of stimulant laxatives may harm the intestinal function and should be avoided. If laxatives are needed every day the cause of the constipation should be investigated. This product should only be used if a therapeutic effect cannot be achieved by a change of diet or the administration of bulk forming agents.
- Prolonged excessive use may lead to fluid and electrolyte imbalance and hypokalaemia.
- Intestinal loss of fluids can promote dehydration. Symptoms may include thirst and oliguria. In patients suffering from fluid loss where dehydration may be harmful (e.g. renal insufficiency, elderly patients) bisacodyl should be discontinued and only be restarted under medical supervision.
- Stimulant laxatives (including bisacodyl) do not help in long-term weight loss.
- Patients may experience haematochezia (blood in stool) that is generally mild and self-limiting.
- If the symptoms worsen during the use of the medicinal product, a doctor or pharmacist should be consulted.

Dizziness and / or syncope have been reported in patients who have taken bisacodyl. The details available for these cases suggest that the events would be consistent with defaecation syncope (or syncope attributable to straining at stool), or with a vasovagal response to abdominal pain related to the constipation, and not necessarily to the administration of bisacodyl itself.

There have been isolated reports of abdominal pain and bloody diarrhoea occurring after taking bisacodyl. Some cases have been shown to be associated with colonic mucosal ischaemia.

Should not be used in children under the age of 12 years.

4.5 Interaction with other medicinal products and other forms of interaction

The concomitant use of antacids and milk containing products may reduce the resistance of the tablet coating and result in dyspepsia and gastric irritation.

The concomitant use of diuretics or adreno-corticosteroids may increase the risk of electrolyte imbalance if excessive doses of Bisacodyl are taken.

Electrolyte imbalance may lead to increased sensitivity to cardiac glycosides.

4.6 Pregnancy and lactation

Fertility

No studies on the effect on human fertility have been conducted.

Pregnancy

There are no adequate and well-controlled studies in pregnant women. Long experience has shown no evidence of undesirable or damaging effects during pregnancy.

Lactation

Clinical data show that neither the active moiety of bisacodyl (BHPM or bis-(p-hydroxyphenyl)-pyridyl-2-methane) nor its glucuronides are excreted into the milk of healthy lactating females.

Nevertheless, as with all medicines, Bisacodyl should not be taken in pregnancy, especially the first trimester, and during breast feeding unless the expected benefit is thought to outweigh any possible risk and only on medical advice.

4.7 Effects on ability to drive and use machines

No studies on the effects of Bisacodyl on the ability to drive and use machines have been performed.

However, patients should be advised that due to a vasovagal response (e.g. to abdominal spasm) they may experience dizziness and / or syncope. If patients experience abdominal spasm they should avoid potentially hazardous tasks such as driving or operating machinery.

4.8 Undesirable effects

The most commonly reported adverse reactions during treatment are abdominal pain and diarrhoea.

Adverse events have been ranked under headings of frequency using the following convention: Very common ($\geq 1/10$); common ($\geq 1/100, < 1/10$); uncommon ($\geq 1/1000, < 1/100$); rare ($\geq 1/10000, < 1/1000$); very rare ($< 1/10000$).

Immune system disorders

Rare: anaphylactic reactions, angioedema, hypersensitivity.

Metabolism and nutrition disorders

Rare: dehydration.

Nervous system disorders

- Uncommon: dizziness.
- Rare: Syncope.
- Dizziness and syncope occurring after taking bisacodyl appear to be consistent with a vasovagal response (e.g. to abdominal spasm, defaecation).

Gastrointestinal disorders

- Uncommon: haematochezia (blood in stool), vomiting, abdominal discomfort, anorectal discomfort.
- Common: abdominal cramps, abdominal pain, diarrhoea and nausea.
- Rare: colitis.

4.9 Overdose

Symptoms

If high doses are taken watery stools (diarrhoea), abdominal cramps and a clinically significant loss of fluid, potassium and other electrolytes can occur.

Laxatives when taken in chronic overdose may cause chronic diarrhoea, abdominal pain, hypokalaemia, secondary hyperaldosteronism and renal calculi. Renal tubular damage, metabolic alkalosis and muscle weakness secondary to hypokalaemia have also been described in association with chronic laxative abuse.

Therapy

After ingestion of oral forms of Bisacodyl, absorption can be minimised or prevented by inducing vomiting or gastric lavage. Replacement of fluids and correction of electrolyte imbalance (particularly potassium) may be required. This is especially important in the elderly and the young.

Administration of antispasmodics may be of value.

5. Pharmacological properties

5.1 Pharmacodynamic properties

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Bisacodyl is a locally acting laxative from the diphenylmethane derivatives group having a dual action. As a contact laxative, for which also antiresorptive hydragogue effects have been described, bisacodyl stimulates after hydrolysis in the large intestine, the mucosa of both the large intestine and of the rectum. Stimulation of the mucosa of the large intestine results in colonic peristalsis with promotion of accumulation of water, and consequently electrolytes, in the colonic lumen. This results in a stimulation of defecation, reduction of transit time and softening of the stool. Stimulation of the rectum causes increased motility and a feeling of rectal fullness. The rectal effect may help to restore the “call to stool” although its clinical relevance remains to be established.

As a laxative that acts on the colon, bisacodyl specifically stimulates the natural evacuation process in the lower region of the gastrointestinal tract. Therefore, bisacodyl is ineffective in altering the digestion or absorption of calories or essential nutrients in the small intestine.

5.2 Pharmacokinetic properties

Following either oral or rectal administration, bisacodyl is rapidly hydrolyzed to the active principle bis-(p-hydroxyphenyl)-pyridyl-2-methane (BHPM), mainly by esterases of the enteric mucosa.

Administration as an enteric coated tablet was found to result in maximum BHPM plasma concentrations between 4 – 10 hours post administration whereas the laxative effect occurred between 6 – 12 hours post administration. In contrast, following the administration as a suppository, the laxative effect occurred on average approximately 20 minutes post administration; in some cases, it occurred 45 minutes after administration. The maximum BHPM-plasma concentrations were achieved 0.5 – 3 hours following the administration as a suppository. Hence, the laxative effect of bisacodyl does not correlate with the plasma level of BHPM. Instead, BHPM acts locally in the lower part of the intestine and there is no relationship between the laxative effect and plasma levels of the active moiety. For this reason, bisacodyl coated tablets are formulated to be resistant to gastric and small intestinal juice. This results in a main release of the drug in the colon, which is the desired site of action.

After oral and rectal administration, only small amounts of the drug are absorbed and are almost completely conjugated in the intestinal wall and the liver to form the inactive BHPM glucuronide. The plasma elimination half-life of BHPM glucuronide was estimated to be approximately 16.5 hours. Following the administration of bisacodyl coated tablets, an average of 51.8% of the dose was recovered in the faeces as free BHPM and an average of 10.5% of the dose was recovered in the urine as BHPM glucuronide. Following the administration as a suppository, an average of 3.1% of the dose was recovered as BHPM glucuronide in the urine. Stool contained large amounts of BHPM (90% of the total excretion) in addition to small amounts of unchanged bisacodyl.

5.3 Preclinical safety data

There are no pre-clinical data of relevance to a prescriber which is additional to that already included in other sections of the SmPC.

6. Pharmaceutical particulars

6.1 List of excipients

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6.2 Incompatibilities

None known.

6.3 Shelf life

Unknown

6.4 Special precautions for storage

Store in the original package.

Store below 30°C.

Keep medicine away from direct sunlight

Keep all medicine out of the reach of children.

6.5 Nature and contents of container

Bisacodyl 5 Tablet: 10 X 10 tablets packed in blisters and placed in an inner carton with insert.

Bisacodyl 10 Tablet: 10 X 10 tablets packed in blisters and placed in an inner carton with insert

6.6 Special precautions for disposal and other handling

As for all medicines – no special requirements.

7. SUPPLIER AND MANUFACTURER

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