Professional Information for Dulcolax®

SCHEDULING STATUS:

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1. NAME OF THE MEDICINE

Dulcolax® 5 mg tablets

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each enteric coated tablet contains bisacodyl 5 mg.

Excipients with known effect:

Contains sugar: Each tablet contains 33,2 mg lactose monohydrate and 23,4 mg sucrose.

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Gastro-resistant tablets.

Round, beige-yellow, biconvex sugar/enteric coated tablets with a smooth, shiny surface and a white core.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

For the relief of occasional constipation.

4.2 Posology and method of administration

Posology:

Unless otherwise prescribed by your doctor, the following dosages are recommended:

Tablets:

Bowel movement is generally produced within 6 to 12 hours.

Adults and children 12 years and over: 1 – 3 tablets as a single daily dose.

Children 6 years to under 12 years: 1 tablet as a single daily dose.

Method of administration:

The tablets should be swallowed whole with adequate fluid.

The tablets should be taken at night to produce evacuation the following morning.

Do not give to children under 6 years of age or to persons who cannot swallow without chewing, unless directed by a doctor.

Do not take DULCOLAX® within one hour after taking an antacid or milk (see section 4.5).

4.3 Contraindications

- Hypersensitivity to bisacodyl or to any of the other ingredients in DULCOLAX® (see section 6.1).
- Ileus, intestinal obstruction, undiagnosed abdominal symptoms or acute surgical abdominal conditions like acute appendicitis, acute inflammatory bowel disease, severe abdominal pain associated with nausea and vomiting which may be indicative of the aforementioned severe conditions and in severe dehydration.

4.4 Special warnings and precautions for use

DULCOLAX® should not be used in the presence of abdominal pain, nausea or vomiting. Frequent or prolonged use of DULCOLAX® may result in dependence on laxatives and loss of normal bowel function.

If you have noticed a sudden change in bowel habits that has persisted for a period of greater than 2 weeks, consult a doctor before using the laxative.

DULCOLAX® should not be used for a period longer than one week unless directed by a doctor.

Long-term everyday use of stimulant laxatives may harm the intestinal function and should be avoided. If a laxative is needed every day, the cause of constipation should be investigated. DULCOLAX® should only be used if a therapeutic effect cannot be achieved by a change of diet or the administration of bulk forming medicines.

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) DULCOLAX® should be discontinued and only be restarted under medical supervision.

Stimulant laxatives (including DULCOLAX®) do not help with weight loss (see section 5.1).
They do not reduce the absorption of calories or nutrients. They can cause watery stools (diarrhoea), abdominal cramps and dehydration. Dehydration can seem like weight loss.
Overuse of laxatives may damage a patient's health by:

- Causing disturbances of electrolyte and mineral balances. Sodium, potassium, magnesium, and phosphorus are electrolytes and minerals that are present in very specific amounts necessary for proper functioning of the nerves and muscles, including those of the colon and heart. Upsetting this delicate balance can cause incorrect functioning of these vital organs.
- Severe dehydration may cause tremors, weakness, blurry vision, fainting, kidney damage, and, in extreme cases, death. Dehydration often requires medical treatment.
- Overuse of laxatives must be avoided as it may harm the intestinal function.

Patients may experience haematochezia (blood in stool) that is generally mild and self-limiting.

If the symptoms worsen during the use of DULCOLAX®, a doctor or pharmacist should be consulted.

Rectal bleeding or failure to have a bowel movement after use of a laxative, may indicate a serious condition. Discontinue use and consult a doctor.

Dizziness and / or syncope have been reported in patients who have taken DULCOLAX®. 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.

Lactose and sucrose:

DULCOLAX® contain lactose monohydrate and sucrose. Patients with rare hereditary problems of fructose intolerance, galactose intolerance, total lactase deficiency, glucose-galactose malabsorption or sucrase-isomaltase insufficiency should not take DULCOLAX®.

4.5 Interaction with other medicines and other forms of interaction

The concomitant use of antacids and milk products may reduce the resistance of the coating of DULCOLAX® and result in dyspepsia and gastric irritation (see section 4.2).

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

Electrolyte imbalance may lead to increased sensitivity to cardiac glycosides.

The concomitant use of other laxatives may enhance the gastrointestinal side effects of DULCOLAX®.

4.6 Fertility, pregnancy and lactation

Safety in pregnancy and lactation has not been established.

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.

Nevertheless, DULCOLAX® should be taken during pregnancy only on medical advice.

Lactation

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

Fertility

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

4.7 Effects on ability to drive and use machines

No studies on the effects of DULCOLAX® 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

Immune system disorders

Less frequent: anaphylactic reactions, angioedema, hypersensitivity (allergic reactions)

Metabolism and nutrition disorders

Less frequent: dehydration

Nervous system disorders

Less frequent: dizziness, syncope

Dizziness and syncope occurring after taking bisacodyl appear to be consistent with a vasovagal response (e.g. to abdominal spasm, defaecation.

Gastrointestinal disorders

Frequent: abdominal cramps, abdominal pain, diarrhoea, nausea

Less frequent: haematochezia (blood in stool), vomiting, abdominal discomfort, anorectal discomfort, colitis including ischaemic colitis

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of DULCOLAX® is important. It allows continued monitoring of the benefit/risk balance of DULCOLAX®. Health care providers are asked to report any suspected adverse reactions to:

- The Pharmacovigilance Unit at Sanofi: za.drugsafety@sanofi.com (email) or 011 256-3700 (tel), or
- SAHPRA via the "**6.04 Adverse Drug Reaction Reporting Form**", found online under SAHPRA's publications: https://www.sahpra.org.za/Publications/Index/8.

4.9 Overdose

Symptoms:

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

Chronic overdose with DULCOLAX® 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:

Within a short period of time after ingestion of oral dosage forms of DULCOLAX®, absorption can be minimised or prevented by inducing vomiting. Replacement of fluids and correction of electrolyte imbalance 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

Category and class: A 11.5 Laxatives

Pharmacotherapeutic group: Laxatives

ATC code: A06AB02

Mechanism of action

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 oral administration, bisacodyl is rapidly hydrolysed 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.

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 medicine in the colon, which is the desired site of action.

After oral administration, only small amounts of the medicine 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.
Stool contained large amounts of BHPM (90 % of the total excretion) in addition to small amounts of unchanged bisacodyl.

5.3 Preclinical safety data

No further information of relevance is available.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Tablet core:

Glycerol (E422),

lactose monohydrate,

magnesium stearate (E572),

maize starch,

soluble starch.

*Tablet coating**:***

Acacia,

carnauba wax (E903),

castor oil (E1503),

macrogol 6000 (E1521),

magnesium stearate (E572),

methacrylic acid-methylmethacrylate copolymer (1:1),

methacrylic acid-methylmethacrylate copolymer (1:2),

shellac (E904),

sucrose,

talc (E553b),

titanium dioxide (E171),

white beeswax (E901),

yellow iron oxide (E172).

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

3 years.

6.4 Special precautions for storage

Store at or below 30 ˚C.

6.5 Nature and contents of container

Opaque white PVC/PVDC/silver aluminium foil blister packs of 4, 10, 30, 40, 60 and 200 tablets.

6.6 Special precautions for disposal and other handling

No special requirements.

7. HOLDER OF CERTIFICATE OF REGISTRATION

Opella Healthcare South Africa (Pty) Ltd

4th Floor, Building I, Hertford Office Park,

90 Bekker Road, Midrand, 1652

8. REGISTRATION NUMBER

E/11.5/531

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

01 July 1996

10. DATE OF REVISION OF THE TEXT

2 November 2020

NAMIBIA Reg. No.: 04/11.5/0975	NS0