

**SUMMARY OF PRODUCT CHARACTERISTICS (SMPC)**

## **1. Name of the medicinal product**

ESTRO CODYL SUPP

(Bisacodyl Suppositories BP 5 mg)

## **2. Qualitative and quantitative composition**

### **COMPOSITION:**

Each suppository contains:

Bisacodyl BP	5 mg
Suppository Base	Q.S.

## **3. Pharmaceutical form**

Suppositories for rectal administration.

White coloured bullet shaped suppositories.

## **4. Clinical particulars**

### **4.1 Therapeutic indications**

Constipation, either chronic or of recent onset, whenever a stimulant laxative is required.

Bowel clearance before surgery or radiological investigation. Replacement of the evacuant enema in all its indications.

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

#### **Short-term treatment for constipation:**

Children 4 – 10 years:

1 suppository (5 mg) daily for immediate effect.

The maximum daily dose should not be exceeded.

In the management of constipation, once regularity has been restarted dosage should be reduced and can usually be stopped.

Children aged 10 years or younger with chronic or persistent constipation should only be treated under the guidance of a physician. Bisacodyl should not be used in children aged 4 years or younger.

#### **Instructions for use:**

1. Not to be taken orally by mouth. For rectal administration only.
2. Tear off one suppository from strip along the perforation. Peel off the wrapping downwards from pointed end.
3. Gently push the suppository pointed end first well up into rectum.
4. To ensure proper insertion, hold the buttocks firmly for 2-3 minutes.

### **4.3 Contraindications**

Bisacodyl suppositories 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 suppositories is also contraindicated in severe dehydration and in patients with known hypersensitivity to bisacodyl or any other component of the product.

Bisacodyl suppositories should not be used when anal fissures or ulcerative proctitis with mucosal damage are present.

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

As with all laxatives, bisacodyl suppositories should not be used on a continuous daily basis for more than five days without investigating the cause of constipation.

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 suppositories should be discontinued and only be restarted under medical supervision.

Stimulant laxatives (including Bisacodyl suppositories) do not help with weight loss (see section 5.1 Pharmacodynamic properties).

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 suppositories. 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.

The use of suppositories may lead to painful sensations and local irritation, especially in patients with anal fissures and ulcerative proctitis.

Bisacodyl suppositories should not be used by children under 10 years of age without proper medical advice.

### **4.5 Interaction with other medicinal products and other forms of interaction**

The concomitant use of antacids and milk products may reduce the resistance of the coating of the tablets 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.

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

#### **4.6 Fertility, 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 including ischaemic 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 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**

ATC code: A06AB02

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 hydrolysed to the active principle bis-(p-hydroxyphenyl)-pyridyl-2-methane (BHPM), mainly by esterase 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 the prescriber which are additional to that already included in other sections of the SPC.

## **6. Pharmaceutical particulars**

### **6.1 List of excipients**

Hard fat

### **6.2 Incompatibilities**

None stated.

### **6.3 Shelf life**

3 years

### **6.4 Special precautions for storage**

Store below 30°C. Protect from light. Keep in dry place.

Keep all medicine out of reach of children.

**6.5 Nature and contents of container**

2 blisters x 5 suppositories each.

**6.6 Special precautions for disposal and other handling**

None stated.

**7. Marketing Authorisation Holder**

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**8. Marketing authorisation number(s)**

09403/10304/NMR/2022

**9. Date of first authorisation/renewal of the authorisation**

Dec 31, 2023

**10. Date of revision of the text**

August 2023