PROFESSIONAL INFORMATION FOR BISOCET 5 mg & 10 mg suppositories

SCHEDULING STATUS

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1. NAME OF THE MEDICINE

BISOCET 5 mg suppositories

BISOCET 10 mg suppositories

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

BISOCET 5 mg: Each suppository contains 5 mg bisacodyl.

BISOCET 10 mg: Each suppository contains 10 mg bisacodyl.

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Suppositories.

BISOCET 5 mg: White opaque bullet shaped suppositories.

BISOCET 10 mg: White opaque bullet shaped suppositories.

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:

Adults and children 12 years and over: One 10 mg suppository as a single daily

dose.

Children 1 - 12 years: One 5 mg suppository as a single daily dose.

Method of administration:

Suppositories:

The suppositories should be unwrapped and inserted into the rectum pointed end first.

Bowel movement is generally produced within 15 minutes to one hour.

4.3 Contraindications

- Hypersensitivity to bisacodyl or to any of the other ingredients in BISOCET (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.
- Presence of anal fissures or ulcerative proctitis with mucosal damage.

4.4 Special warnings and precautions for use

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

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

BISOCET 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.

BISOCET should only be used if a therapeutic effect cannot be achieved by a change of diet or the administration of bulk forming medicines.

Prolonged use may lead to diarrhoea with excessive loss of water and electrolytes, particularly potassium, and possible atonic non-functioning colon.

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) BISOCET should be discontinued and only be restarted under medical supervision.

Stimulant laxatives (including BISOCET) do not help with weight loss (see section 5.1).

They do not reduce the absorption of calories or nutrients. They 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 disturbance 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 the 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 BISOCET, 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 used BISOCET. 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 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.
Administration of suppositories may cause painful sensations and local irritation, especially in patients with anal fissure and ulcerative proctitis.

Repeated use may cause proctitis or sloughing of the epithelium.

The suppositories should be used with caution in patients with rectal fissures or ulcerated haemorrhoids.

Care should be taken in patients with inflammatory bowel disease.

Children should not take BISOCET without medical advice.

4.5 Interaction with other medicines and other forms of interaction

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

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.

Breastfeeding

Not applicable.

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 BISOCET 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 frequently reported adverse reactions during treatment are abdominal pain and diarrhoea.

System Organ Class	Frequency	
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 Less frequent	Abdominal cramps, abdominal pain, diarrhoea, nausea. 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 the medicine is Health important. It allows continued monitoring of the benefit/risk balance of the medicine. care providers are requested to report any suspected adverse drug reactions to SAHPRA via the Med Safety APP (Medsafety X SAHPRA) and eReporting platform (who-umc.org) found on SAHPRA website.

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 BISOCET 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.

Treatment:

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

After rectal 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 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

No further information of relevance is available

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Hard fat

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

36 months.

6.4 Special precautions for storage

Store at or below 25° C.

6.5 Nature and contents of container

BISOCET are packed in a preformed blister of PVC/PVDC/PE and

ALU/PE film.

2 strips of 5 suppositories are packed in a carton along with a package insert.

Pack size: 10 suppositories

6.6 Special precautions for disposal and other handling

No special requirements.

7. HOLDER OF THE CERTIFICATE OF REGISTRATION

Lamar International (Pty) Ltd

2 Waterford Mews

Waterford place

Century City

7441

Cape Town

South Africa

8. REGISTRATION NUMBERS

BISOCET 5: 58/11.5/0113

BISOCET 10: 58/11.5/0114

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

03 February 2026

10. DATE OF REVISION OF THE TEXT