Professional Information for SPASMOMEN

SCHEDULING STATUS

S2

1. NAME OF THE MEDICINE

SPASMOMEN 40 mg film-coated tablets

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each SPASMOMEN film-coated tablet contains 40 mg otilonium bromide.

Excipient with known effect:

Contains sugar: Each SPASMOMEN film-coated tablet contains 28 mg lactose monohydrate.

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Film-coated tablets.

White to almost-white, round, biconvex, film-coated tablet.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

SPASMOMEN is indicated for the symptomatic treatment of established irritable bowel syndrome (IBS) associated with painful, spastic states of distal parts of the intestinal tract (colon and rectum), abdominal pain, distension and motility disorders in patients older than 18 years. Safety and efficacy of SPASMOMEN exceeding 25 weeks have not been established.

Pharmacological treatment of irritable bowel syndrome should be started with previously introduced non-pharmacological measures (change of lifestyle, diet, emotional support,

psychotherapy) if they did not bring the wanted therapeutic effect on their own.

4.2 Posology and method of administration

Posology:

Recommended daily dose is 80 – 120 mg (1 tablet 2 to 3 times daily). Dosage is prescribed depending on the clinical picture and response to treatment, and in accordance with therapeutic guidelines for the treatment of irritable bowel syndrome.

Duration of treatment:

Doctors should periodically assess the need for continued treatment. Safety and efficacy have been shown up to 25 weeks.

Special populations:

Patients with hepatic or renal impairment:

Dose adjustment is not necessary (see section 5.2).

Elderly patients:

Dose adjustment is not necessary.

Paediatric population:

Clinical data on the use of SPASMOMEN in paediatric patients below 18 years is limited, therefore SPASMOMEN is not recommended for use in this population.

Method of administration:

Tablets should be swallowed whole, with a glass of water, preferably 20 minutes before meals.

4.3 Contraindications

Hypersensitivity to otilonium bromide or to any of the excipients listed in section 6.1.

4.4 Special warnings and precautions for use

Caution is needed when used in patients with glaucoma, prostatic hypertrophy and pyloric stenosis.

SPASMOMEN contains lactose.

Patients with rare hereditary problems of galactose intolerance (e.g. galactosaemia), the lactase deficiency or glucose-galactose malabsorption should not take SPASMOMEN.

SPASMOMEN contains sodium.

SPASMOMEN contains less than 1 mmoL sodium (23 mg) per film-coated tablet, that is to say essentially ‘sodium-free’.

4.5 Interaction with other medicines and other forms of interaction

No interaction studies of SPASMOMEN with other products were performed.

It seems that the effect of SPASMOMEN on total time of gastrointestinal transit, at the recommended dose of 40 mg 2 or 3 times daily, is not relevant for the absorption of other, orally taken concomitant medicines.

4.6 Fertility, pregnancy and lactation

There are no clinical data about the use of SPASMOMEN in pregnant and lactating women. Animal studies did not show embryotoxic, teratogenic or mutagenic effects or reproductive or developmental toxicity.

SPASMOMEN should only be recommended to pregnant women and nursing mothers if absolutely necessary and under close medical supervision.

4.7 Effects on ability to drive and use machines

SPASMOMEN has no or negligible influence on the ability to drive and use machines.

4.8 Undesirable effects

In the clinical trial conducted with SPASMOMEN, otilonium bromide was well tolerated, the reported adverse events were few in number and superimposable to those reported in placebo/reference medicine groups (see table below).

Tabulated list of adverse reactions collected during clinical trials:

The frequency of adverse reactions occurring in patients treated with SPASMOMEN is classified as follows: common (≥ 1/100 to < 1/10), uncommon (≥ 1/1 000 to < 1/100) and rare (≥ 1/10 000 to < 1/1 000).

System organ class:	**Adverse reaction:**
Nervous system disorders	Uncommon: Headache
Ear and labyrinth disorders	Uncommon: Vertigo
Gastrointestinal disorders	Uncommon: Dry mouth Nausea Upper abdominal pain
Skin and subcutaneous tissue disorders	Uncommon: Pruritus Erythema
General disorders and administration site conditions	Uncommon: Fatigue Asthenia

Post-marketing data:

During post-marketing surveillance, reports on skin hypersensitivity reactions (urticaria, angioedema) have been received. Because these reactions are reported voluntarily from a population of uncertain size, it is not possible to reliably estimate their frequency, which therefore is not known.

Reporting of suspected adverse reactions:

Reporting suspected adverse reactions after authorisation of SPASMOMEN is important. It allows continued monitoring of the benefit/risk balance of SPASMOMEN. Health care providers are requested to report any suspected adverse drug reactions via the Med Safety APP (Medsafety X SAHPRA) and eReporting platform (who-umc.org) found on SAHPRA website.

4.9 Overdose

SPASMOMEN was proven practically devoid of toxicity in animals, used in doses that exceeded many times the usual pharmacological dose (please see section 5.3). Therefore, no symptoms of overdose are expected in humans.

In case of overdose an appropriate symptomatic and supporting therapy is recommended.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Category and class: A 11.2 Gastro-intestinal antispasmodics.

Pharmacotherapeutic group: Synthetic anticholinergic agents, quaternary ammonium compounds.

ATC code: A03AB06.

Otilonium bromide is the prototype of a class of 2-aminoethyl-*N*-benzoylamino-benzoate quaternary salts.

Mechanism of action:

Otilonium bromide acts predominantly by modifying Ca^{2+} ion fluxes from cellular and extracellular sites and therefore reduces the trigger of contractile activity. It inhibits opening of L-type Ca-channels and Ca^{2+} ions entry into intestinal smooth muscle cells. The additional pharmacodynamic effect is achieved by inhibition of tachykinin and muscarinic receptors.

Pharmacodynamic effects:

Otilonium bromide possesses an antispastic action on the smooth muscle of the distal part of the intestine (colon and rectum). It has this effect at doses that do not affect gastric secretion or produce typical atropine-like adverse effects.

Clinical efficacy and safety:

An extended analysis of a double-blind, placebo-controlled, 15-week study with otilonium bromide, conducted in 378 IBS patients (SpC1M study, 2011) showed that the rate of response to treatment within 2 – 4 months was significantly higher in the otilonium bromide group (36,9 %) than in the placebo group (22,5 %; P = 0,007). In each month of treatment, the rate of monthly response was higher in the otilonium bromide group as compared to the placebo group (P < 0,05).
The subgroup analysis of the outcome of frequency of defaecation and stool consistency indicates that patients with diarrhoea have an additional benefit. Safety findings about use of otilonium bromide were superimposable to those of placebo.

Otilonium bromide has been confirmed effective in a recent double-blind, placebo-controlled large (n = 356 IBS patients) clinical trial (OBIS study, 2011) confirming its superiority to placebo in reducing the frequency of abdominal pain, severity of abdominal bloating and prevention from symptom relapse.

5.2 Pharmacokinetic properties

Otilonium bromide comes to the site of pharmacological effect probably directly through the

intestinal wall, because the systemic absorption of otilonium after oral administration is very low (3 %). Therefore, its plasma concentration is low.

After oral use, high distribution of otilonium in the smooth muscles of the colon and rectum has been described. The use of otilonium shortly before the meal ensures pharmacologically effective local bioavailability of the product, on the site of therapeutic action and in time of the expected most prominent symptoms of the disease.

Otilonium bromide was not studied in patients with impaired renal and hepatic function. Since orally used otilonium bromide is very scarcely absorbed in systemic circulation, the effect of reduced hepatic and renal function on its local exposition is not expected.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Hypromellose

Lactose monohydrate

Macrogol

Magnesium stearate

Rice starch

Sodium starch glycolate

Talc

Titanium dioxide (E171).

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

3 years.

6.4 Special precautions for storage

Store at or below 30 °C.

Keep the blister strips in the outer carton until required for use.

6.5 Nature and contents of container

White opaque PVC/PVDC/silver aluminium blister strips of 10 or 15 tablets.

Pack sizes: 10 or 30 tablets.

6.6 Special precautions for disposal and other handling

No special requirements.

Any unused medicine or waste material should not be disposed of in drains and sewerage systems (e.g. toilets).

7. HOLDER OF CERTIFICATE OF REGISTRATION

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8. REGISTRATION NUMBER

51/11.2/0623

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

16 November 2021

10. DATE OF REVISION OF THE TEXT

15 September 2025