SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

Macrogol en elektrolyten naturel Sandoz 13,7 g, poeder voor drank

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each sachet contains the following quantitative composition of active ingredients:

Macrogol 3350	13.125 g
Sodium Chloride	0.3507 g
Sodium Hydrogen Carbonate	0.1785 g
Potassium Chloride	0.0466 g

The content of electrolyte ions per sachet following reconstitution in 125 ml of water is equivalent to:

Sodium	65 mmol/l
Chloride	53 mmol/l
Hydrogen Carbonate (Bicarbonate)	17 mmol/l
Potassium	5 mmol/l

Excipient(s) with known effect
Each sachet contains 8.2 mmol (188 mg) sodium and 0.6 mmol (24.4 mg) potassium.

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Powder for oral solution.

Single-dose sachet containing a white crystalline powder.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

For the treatment of chronic constipation. [Nationally completed name] is also effective in resolving faecal impaction, defined as refractory constipation with faecal loading of the rectum and/or colon.

4.2 Posology and method of administration

Posology

Chronic constipation:
A course of treatment for chronic constipation with [Nationally completed name] does not normally exceed 2 weeks, although this can be repeated if required.

As for all laxatives, prolonged use is not usually recommended. Extended use may be necessary in the care of patients with severe chronic or resistant constipation, secondary to multiple sclerosis or Parkinson's disease, or induced by regular constipating medicinal products in particular opioids and antimuscarinics.

Adults, adolescents and elderly: 1-3 sachets daily in divided doses, according to individual response. For extended use, the dose can be adjusted down to 1 or 2 sachets daily.

Children below 12 years old: Not recommended.

Faecal impaction:
A course of treatment for faecal impaction with [Nationally completed name] does not normally exceed 3 days.

Adults, adolescents and elderly: 8 sachets daily, all of which should be consumed within a 6 hour period.

Children below 12 years old: Not recommended.

Patients with impaired cardiovascular function: For the treatment of faecal impaction the dose should be divided so that no more than two sachets are taken in any one hour.

Renal impairment: No dose change is necessary for the treatment of constipation or faecal impaction.

Method of administration
Each sachet should be dissolved in 125 ml water. For use in faecal impaction, 8 sachets may be dissolved in 1 litre of water.

4.3 Contraindications

Intestinal perforation or obstruction due to structural or functional disorder of the gut wall, ileus, severe inflammatory conditions of the intestinal tract, such as Crohn's disease and ulcerative colitis and toxic megacolon.

Hypersensitivity to the active substances or to any of the excipients listed in section 6.1.

4.4 Special warnings and precautions for use

The fluid content of [Nationally completed name] when re-constituted with water does not replace regular fluid intake and adequate fluid intake must be maintained.

Diagnosis of impaction/faecal loading of the rectum should be confirmed by physical or radiological examination of the rectum and abdomen.

Mild adverse reactions are possible as indicated in Section 4.8. In case of diarrhoea, caution should be exercised, particularly in patients who are at higher risk for water-electrolyte balance disorders (e.g. the elderly, patients with impaired hepatic or renal function or patients taking diuretics) and electrolyte control should be considered. If patients develop any symptoms indicating shifts of fluids/electrolytes (e.g. oedema, shortness of breath, increasing fatigue, dehydration, cardiac failure) [Nationally completed name] should be stopped immediately, electrolytes measured and any abnormality should be treated appropriately.

The absorption of other medicinal products could transiently be reduced due to an increase in gastro-intestinal transit rate induced by [Nationally completed name] (see section 4.5).

In patients with swallowing problems, who need the addition of a thickener to solutions to enhance an appropriate intake, interactions should be considered, see section 4.5.

Ischaemic colitis
Post-marketing cases of ischaemic colitis, including serious, have been reported in patients treated with macrogol for bowel preparation. Macrogol should be used with caution in patients with known risk factors for ischaemic colitis or in case of concomitant use of stimulant laxatives (such as bisacodyl or sodium picosulfate). Patients presenting with sudden abdominal pain, rectal bleeding or other symptoms of ischaemic colitis should be evaluated promptly.

Paediatric population
Not recommended.

Special information about some of the ingredients
This medicinal product contains 188 mg sodium per sachet, equivalent to 9.4 % of the WHO recommended maximum daily intake of 2 g sodium for an adult.
The maximum daily dose of this product in patients with faecal impaction is equivalent to 75.2% of the WHO recommended maximum daily intake for sodium.
The maximum daily dose of this product in patients with chronic constipation is equivalent to 28.2 % of the WHO recommended maximum daily intake for sodium.
[Nationally completed name] is considered high in sodium. This should be particularly taken into account for those on a low salt diet.

This medicinal product contains 0.6 mmol (or 24.4 mg) potassium per sachet. To be taken into consideration by patients on a controlled potassium diet.

4.5 Interaction with other medicinal products and other forms of interaction

Macrogol 3350 raises the solubility of medicinal products that are soluble in alcohol and relatively insoluble in water. There is a possibility that the absorption of other medicinal products could be transiently reduced during use with [Nationally completed name] (see section 4.4).

Intestinal absorption of other medicinal products may be reduced transiently with the concomitant use of [Nationally completed name]. There have been isolated reports of decreased efficacy with some concomitantly administered medicinal products, e.g. anti-epileptics. Therefore, other medicinal products should not be taken orally for one hour before and for one hour after taking [Nationally completed name].

[Nationally completed name] may result in a potential interactive effect if used with starch-based food thickeners. The macrogol ingredient counteracts the thickening effect of starch, effectively liquefying preparations that need to remain thick for people with swallowing problems.

4.6 Fertility, pregnancy and lactation

Pregnancy

There are limited amount of data from the use of macrogol 3350 in pregnant women. Studies in animals have shown indirect reproductive toxicity (see section 5.3). Clinically, no effects during pregnancy are anticipated, since systemic exposure to macrogol 3350 is negligible.

[Nationally completed name] can be used during pregnancy.

Breast-feeding
No effects on the breast-fed newborn/infant are anticipated since the systemic exposure of the breast-feeding woman to macrogol 3350 is negligible.

[Nationally completed name] can be used during breast-feeding.

Fertility
There are no data on the effects of macrogol 3350 on fertility in humans. There were no effects on fertility in studies in male and female rats (see section 5.3).

4.7 Effects on ability to drive and use machines

[Nationally completed name] has no influence on the ability to drive and use machines.

4.8 Undesirable effects

Summary of the safety profile
Reactions related to the gastrointestinal tract occur most commonly.

These reactions may occur as a consequence of expansion of the contents of the gastrointestinal tract, and an increase in motility due to the pharmacologic effects of [Nationally completed name]. Mild diarrhoea usually responds to dose reduction.

List of adverse reactions
The frequency of the adverse reactions is not known as it cannot be estimated from the available data.

System organ class	***Adverse Reaction***
Immune system disorders	Allergic reactions, including anaphylactic reaction, dyspnoea and skin reactions (see below).
Skin and subcutaneous tissue disorders	Allergic skin reactions including angioedema, urticaria, pruritus, rash, erythema.
Metabolism and nutrition disorders	Dehydration, electrolytes disorders (hypokalaemia, hyponatraemia, hyperkalaemia).
Nervous system disorders	Headache
Gastrointestinal disorders	Abdominal pain, diarrhoea, vomiting, nausea, dyspepsia, abdominal distension, borborygmi, flatulence and anorectal discomfort.
General disorders and administration site	Peripheral oedema

conditions	

Reporting of suspected adverse reactions
Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via the national reporting system listed in Appendix V.

4.9 Overdose

Severe abdominal pain or distension can be treated by nasogastric aspiration. Extensive fluid loss by diarrhoea or vomiting may require correction of electrolyte disturbances.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Drugs for constipation, osmotically acting laxatives.

ATC code: A06A D65

Macrogol 3350 acts by virtue of its osmotic action in the gut, which induces a laxative effect. Macrogol 3350 increases the stool volume, which triggers colon motility via neuromuscular pathways. The physiological consequence is an improved propulsive colonic transportation of the softened stools and a facilitation of the defaecation. Electrolytes combined with macrogol 3350 are exchanged across the intestinal barrier (mucosa) with serum electrolytes and excreted in faecal water without net gain or loss of sodium, potassium and water.

Comparative studies in faecal impaction using active controls (e.g. enemas) have not been performed. However, results from a non-comparative study have shown that, from a population of 27 adult patients, the listed combination of medicinal products cleared faecal impaction in 12/27 (44%) patients after one day's treatment, increasing to 23/27 (85%) following two days' treatment and 24/27 (89%) recovered at the end of three days.

Clinical studies using the listed medicinal products for the treatment of chronic constipation have shown that the dose required to produce normally formed stools tends to decrease over time. Many patients respond to between one and two sachets a day, but this dose should be adjusted depending on individual response.

5.2 Pharmacokinetic properties

Macrogol 3350 is unchanged along the gut. It is virtually unabsorbed from the gastro-intestinal tract and. Any macrogol 3350 that is absorbed is excreted via the urine.

5.3 Preclinical safety data

Preclinical studies provide evidence that macrogol 3350 has no significant systemic toxicity potential, based on conventional studies of pharmacology, repeated dose toxicity and genotoxicity.

There were no direct embryotoxic or teratogenic effects in rats even at maternally toxic levels that are a multiple of 66 x the maximum recommended dose in humans for chronic constipation and 25 x for faecal impaction. Indirect embryofoetal effects, including reduction in foetal and placental weights, reduced foetal viability, increased limb and paw hyperflexion and abortions, were noted in the rabbit at a maternally toxic dose that was 3.3 x the maximum recommended dose in humans for treatment of chronic constipation and 1.3 x for faecal impaction. Rabbits are a sensitive animal test species to the effects of GI-acting substances and the studies were conducted under exaggerated conditions with high dose volumes administered, which are not clinically relevant. The findings may have been a consequence of an indirect effect of macrogol 3350 related to poor maternal condition as the result of an exaggerated pharmacodynamic response in the rabbit. There was no indication of a teratogenic effect.

There are long-term animal toxicity and carcinogenicity studies involving macrogol 3350. Results from these and other toxicity studies using high levels of orally administered high molecular weight macrogols provide evidence of safety at the recommended therapeutic dose.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Colloidal anhydrous silica

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

3 years

Shelf life after reconstitution: 24 hours
Storage conditions after reconstitution: Store covered in a refrigerator (2°C to 8°C).

6.4 Special precautions for storage

This medicinal product does not require any special storage conditions.
For storage conditions after reconstitution of the medicinal product, see section 6.3.

6.5 Nature and contents of container

The sachet is composed of paper, polyethylene and aluminium.
Sachets with 13.7 g of powder are packed in cartons of 2, 6, 8, 10, 20, 30, 50, 60 (2x30) and 100 (2x50).

Not all pack sizes may be marketed.

6.6 Special precautions for disposal and other handling

After twenty-four hours, any unused solution should be discarded.

Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

7. MARKETING AUTHORISATION HOLDER

Sandoz B.V.
Hospitaaldreef 29
1315 RC Almere
Nederland

8. MARKETING AUTHORISATION NUMBER(S)

RVG 123358

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Datum van eerste verlening van de vergunning: 12 augustus 2019
Datum van laatste verlenging: 4 juli 2024

10. DATE OF REVISION OF THE TEXT

Laatste gedeeltelijke wijziging betreft rubriek 7: 8 februari 2024