Summary of Product Characteristics

1 NAME OF THE MEDICINAL PRODUCT

Sigmopan 10 mg film-coated tablets

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each film-coated tablet contains 10 mg hyoscine butylbromide.

Excipient(s) with known effect:
Each film-coated tablet contains 70.00 mg lactose (as monohydrate)

For the full list of excipients, see section 6.1.

3 PHARMACEUTICAL FORM

Film-coated tablet

White, round, biconvex, film-coated tablet with a diameter of 6.60 mm, plain on both sides.

4 CLINICAL PARTICULARS

4.1 Therapeutic indications

Treatment of spasms of the gastrointestinal tract.
hyoscine butylbromide 10 mg film-coated tablets is indicated in adults and children over 6 years of age.

4.2 Posology and method of administration

Dosage
Adults:
1-2 film-coated tablets, 3-5 times daily.

Children from 6 years
1-2 film-coated tablets, 3-5 times daily.

Paediatric population
hyoscine butylbromide 10 mg film-coated tablets are not recommended for use in children under 6 years of age.
Method of administration
hyoscine butylbromide should not be used on a daily basis or for extended periods without investigating the cause of the abdominal pain.

4.3 Contraindications

Hyoscine butylbromide is contraindicated in:

- hypersensitivity to the active substance(s) or to any of the excipient(s) listed in section 6.1,
- a megacolon
- paralytical or obstructive ileus
- mechanical stenosis in the gastrointestinal tract
- myasthenia gravis.

Patients with rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrase-isomaltase insufficiency should not take butylscopolamine bromide (see also section 4.4).

4.4 Special warnings and precautions for use

If severe, unexplained abdominal pain persists, worsens or occurs with symptoms such as fever, nausea, vomiting, changes in bowel habits, abdominal tenderness, reduced blood pressure, fainting or blood in the stool, medical advice should be sought immediately.

Hyoscine butylbromide is not effective in colic due to gall or kidney stones. Spasms (or pain due to spasms) can be a symptom of a serious underlying condition.

Due to the potential risk of anticholinergic complications, this medicinal product should be used with caution in patients predisposed to narrow-angle glaucoma, in patients at increased risk of intestinal and/or urinary tract obstructions and in patients prone to tachyarrhythmias.

Warning regarding the excipients

Because the film coating of the tablet contains lactose monohydrate (70.00 mg), patients with rare hereditary problems of galactose intolerance, the total lactase deficiency or glucose-galactose malabsorption should not take this medicine.

4.5 Interaction with other medicinal products and other forms of interaction

When using other drugs with an anticholinergic effect simultaneously, the risk of an increased parasympatholytic effect is small, but cannot be excluded.

The anticholinergic effect of drugs such as tri- and tetracyclic antidepressants, antihistamines, antipsychotics, quinidine, amantadine, disopyramide and other anticholinergics (e.g. tiotropium, ipratropium, atropine-like compounds) may be enhanced by hyoscine butylbromide.

Concomitant administration of dopamine antagonists such as metoclopramide or domperidone may result in a decrease in the gastrointestinal effects of both substances.

The chronotropic action of beta-adrenergic substances can be enhanced by hyoscine butyl bromide.

4.6 Fertility, pregnancy and lactation

Pregnancy

There is insufficient data on the use of hyoscine butylbromide in human pregnancy. Animal studies do not indicate direct or indirect harmful effects with respect to reproductive toxicity. Use of hyoscine butylbromide during pregnancy is not recommended.

Breastfeeding

Insufficient data are available on the excretion of hyoscine butylbromide and its metabolites in breast milk. Use during breastfeeding is not recommended.

Fertility

No studies have been conducted on the effects of hyoscine butylbromide on human fertility.

4.7 Effects on ability to drive and use machines

No studies have been conducted on the effects on the ability to drive and use machines.

4.8 Undesirable effects

Many of the side effects listed below can be attributed to the anticholinergic action of hyoscine butylbromide. These side effects are generally mild and short-lived. Adverse drug reaction data were obtained from post marketing surveillance and 4 double-blind, placebo-controlled phase 2 and 3 clinical trials of hyoscine butylbromide (suppositories and coated tablets). The

incidence of adverse reactions is based on 4 double-blind, placebo-controlled phase 2 and 3 clinical trials of hyoscine butylbromide (suppositories and coated tablets).

Adverse reactions are listed in order of frequency using the following convention: Very common (≥ 1/10); common (≥ 1/100, < 1/10); uncommon (≥ 1/1000 to < 1/100), rare (≥ 1/10000 to < 1/1000); very rare (< 1/10000), not known (cannot be estimated from the available data).

Immune system disorders
Uncommon Skin reactions, anaphylactic shock*, anaphylactic reactions*, dyspnoea*, hypersensitivity*

Heart disease
Uncommon Tachycardia

Gastrointestinal disorders
Sometimes Dry mouth

Skin and subcutaneous tissue disorders
Uncommon Dyshidrosis, urticaria, pruritus, rash*, erythema*

Kidney and urinary tract disorders
Rare Urinary retention

*The side effect has not been reported in the clinical studies of hyoscine butylbromide. The frequency cannot therefore be determined exactly. It can be said with 95% certainty that the frequency is not higher than 'sometimes'; this is calculated based on the total number of patients treated, in accordance with the EU SmPC guideline (3/1386 = 0.0022, which corresponds to 'sometimes').

Pediatric patients
There is limited experience in the use of hyoscine butylbromide in clinical trials in children. Data from open and uncontrolled studies, observational studies and post-marketing data do not suggest that the safety profile is different between adults and children.

Reporting of suspected adverse reactions
It is important to report suspected side effects after approval of the medicine. In this way, the benefit-risk balance of the medicine can be continuously monitored. Healthcare professionals are requested to report all suspected side effects via the Dutch Side Effects Center Lareb. Website: www.lareb.nl.

4.9 Overdose

Symptoms
The atropine-like side effects that may occur after overdose with hyoscine butylbromide are: tachycardia, dry mouth, accommodation disorders, urinary retention, skin redness and inhibition of gastrointestinal motility. These side effects are usually mild and short-lived.

Therapy
In case of oral intoxication, 15% magnesium sulphate should be given after emptying/cleaning the stomach with activated charcoal. Pilocarpine should be administered locally to patients with narrow-angle glaucoma.
If necessary, parasympathomimetics can be given: for example 0.5-2.5 mg neostigmine intramuscularly or intravenously. Cardiovascular complaints can be treated in the usual way.
In case of respiratory paralysis, intubation and artificial respiration are necessary. Urinary retention may require a catheter. Additional treatments should be applied if necessary.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Peripherally acting antimuscarinic, anticholinergic, quaternary ammonium compound, semisynthetic derivative of scopolamine,

ATC code: A03BB01

Mechanism of action
Hyoscine butylbromide is an anticholinergic with high affinity for muscarinic receptors. These receptors are located in various places, including the smooth muscle tissue of the gastrointestinal tract, bile ducts and urinary tract. As a result, it can relieve smooth muscle spasms. The use for the mentioned indication is based on the effect on the smooth muscle tissue of the gastrointestinal tract. Hyoscine butylbromide hardly crosses the blood-liquid barrier and therefore does not cause central effects. The peripheral anticholinergic action is due to blocking of the ganglia in the visceral walls and anti-muscarinic action.

5.2 Pharmacokinetic properties

Absorption
Hyoscine butylbromide as a quaternary ammonium compound is only absorbed to a limited extent (8% and 3% respectively) after oral and rectal administration. After oral administration of a single dose of hyoscine butylbromide ranging from 20 to 400 mg, mean peak plasma concentrations were found between 0.11 ng/ml and 2.04 ng/ml after approximately 2 hours. In the same dose range, mean AUC0-tz values of 0.37-10.7 ng h/ml were observed. The median absolute bioavailability of different dosage forms, namely coated tablets, suppositories and oral solution, containing 100 mg hyoscine butylbromide was each less than 1%.

Distribution
The volume of distribution (Vss) is 128 l (corresponding to approximately 1.7 l/kg). Plasma protein binding (albumin) of hyoscine butylbromide is approximately 4%. Hyoscine butylbromide is mainly distributed to the tissues of the gastrointestinal tract, liver and kidneys. Animal tests show that hyoscine butylbromide does not cross the blood-brain barrier. *In vitro* data indicate that hyoscine butylbromide affects choline transport in placental epithelial cells.

Biotransformation
The main metabolic pathway is hydrolysis of the ester bond.

Metabolism and elimination
After oral administration of a single dose ranging from 100 to 400 mg, the terminal elimination half-life was 6.2 to 10.6 hours. Human studies show that 2 to 5% of radioactive doses are excreted in the urine after oral administration and 0.7 to 1.6% after rectal administration. After oral administration, approximately 90% of the recovered radioactivity is found in the feces. Urinary excretion of hyoscine butylbromide is less than 0.1% of the dose. The mean apparent oral clearance after oral doses of 100 to 400 mg ranges from 881 to 1420 l/min, while the corresponding volumes of distribution range from 6.13 to 11.3×10^{5} l, probably due to very low systemic availability. The metabolites excreted via the urine hardly bind to muscarinic receptors and therefore do not contribute to the action of hyoscine butylbromide.

5.3 Preclinical safety data

"In limited reproductive toxicity studies hyoscine butylbromide showed no evidence of teratogenicity in rats at 200 mg/kg in the diet or in rabbits at 200 mg/kg by oral gavage or 50 mg/kg by subcutaneous injection. Fertility in the rat was not impaired at doses of up to 200 mg/kg in the diet."

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Lactose monohydrate
Microcrystalline cellulose (E460)
Sodium starch glycollate (type A)
Magnesium stearate (E470b)
Talc (E553b)
Tartaric acid (E344)

Film Coating:
Opadry II White (85F28751)

- Polyvinyl alcohol (E1203)

- Titanium dioxide (E171)
- Macrogol/PEG (E1521)
- Talc (E553b)

6.2 Incompatibilities

None

6.3 Shelf life

36 months.

6.4 Special precautions for storage

This medicine does not require any special storage conditions

6.5 Nature and contents of container

Sigmopan 10 mg film-coated tablets are packed in PVC/PVdC/Alu blisters of 10, 20, 24, 40, 56, 60 & 100 film-coated tablets.

Not all pack sizes may be marketed.

6.6 Special precautions for disposal

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

7 MARKETING AUTHORISATION HOLDER

Ria Generics Limited
The Black Church
Saint Mary's Place North
Dublin 7
D07 P4AX
Ireland

8 MARKETING AUTHORISATION NUMBER

PA25342/003/001

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 2nd May 2025

10 DATE OF REVISION OF THE TEXT

May 2026