SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

PIVERTEL 50 mg film-coated tablet

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

In each film tablet;

Active ingredient:

Pinaverium bromide 50 mg

Excipient(s):

Lactose monohydrate (obtained from cow's milk) 18,15 mg

See 6.1 for a list of excipients.

3. PHARMACEUTICAL FORM

Film-coated tablet.

White or slightly yellowish, round, biconvex film-coated tablets

4. CLINICAL PARTICULARS

4.1. Therapeutic indications

- Symptomatic treatment of pain due to functional bowel disorders, movement disorders and gastrointestinal diseases,
- Symptomatic treatment of pain due to functional disturbances of the bile duct,
- In preparation for a barium enema.

4.2. Posology and method of administration

Posology/ frequency and duration of administration:

Adults

- The recommended dose of PIVERTEL is 1 tablet taken 3 times a day.
- If necessary, the dose can be increased to 2 tablets twice a day. (Can be increased to a maximum of 6 tablets).

- When used for barium enema, the dose is 2 tablets twice a day, starting 3 days before the examination.

Method of administration:

The tablets should be swallowed whole with a glass of water mid-meal to prevent contact of the pinaverium with the oesophageal mucosa (risk of oesophageal lesions, see Section 4.8). Tablets must not be chewed or sucked.

Additional information about special populations:

Renal failure

The safety and effectiveness of PIVERTEL in patients with renal failure have not been studied. There is no specific data regarding the use of PIVERTEL in this patient group.

Liver failure

The safety and effectiveness of PIVERTEL in patients with liver failure have not been studied. There is no specific data regarding the use of PIVERTEL in this patient group.

Pediatric population

The efficacy and safety of PIVERTEL in children have not been adequately demonstrated and experience is limited (see section 4.4).

Available data are described in section 5.1, but no recommendation on posology can be given.

Geriatric population

Geriatric patients can be administered the same dosage with adults.

4.3. Contraindications

PIVERTEL is contraindicated in patients with hypersensitivity to pinaverium bromide or any of the excipients (see section 6.1).

4.4. Special warnings and precautions for use

- Instructions for administration should be followed with caution due to the risk of esophageal lesions.
- Patients with previous esophageal lesions and/or hiatus hernia should pay particular attention to the correct administration of PIVERTEL.

- Since its safety and effectiveness in children have not been adequately determined and experience is limited, PIVERTEL is not recommended for use in this group of patients.
- PIVERTEL contains lactose. Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not use this medicine.

4.5. Interactions with other medicinal products and other forms of interaction

Clinical studies have shown that there is no interaction between pinaverium bromide and digitalis preparations, oral antidiabetics, insulin, oral anticoagulants (i.e., acenocoumarol [anti vitamin K] and heparin. Concomitant use with anticholinergic drugs may increase spasmolysis. No interaction was observed in laboratory tests for drug quantification.

Additional information about special population

No interaction studies have been conducted on special populations.

Pediatric population

No interaction studies have been conducted on the pediatric population.

4.6. Pregnancy and lactation

General advice

Pregnancy category: C

Women with the potential to give birth/ Birth control (Contraception)

PIVERTEL has no effect on contraception.

Pregnancy period

There is no sufficient data regarding the use of pinaverium bromide in pregnant women. Animal studies are insufficient to determine the effects on pregnancy and/or embryonal/fetal development and/or parturition and/or post-natal development. The potential risk to humans is not known. PIVERTEL should not be used during pregnancy unless absolutely necessary.

Additionally, the presence of bromide should be taken into account. Administration of pinaverium bromide at the end of pregnancy may affect the newborn neurologically (hypotonia, sedation).

Lactation period

Data on the excretion of pinaverium bromide into breast milk in humans or animals are insufficient. Physico-chemical and available pharmacodynamic/toxicological data indicate that pinaverium bromide is excreted in breast milk and in this respect, the risk in breastfed children should not be excluded. Therefore, PIVERTEL should not be used in breastfeeding mothers.

Reproductive Ability/Fertility

Effects on reproductive ability/fertility are unknown.

4.7. Effects on ability to drive and use machines

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

Adverse drug reactions such as somnolence may occur (see section 4.8). In this case, the ability to react may decrease.

4.8. Undesirable effects

Adverse events are listed in the following order: Based on data from 46 company-sponsored patient studies involving 3755 patients receiving pinaverium bromide, the following adverse reactions have been reported.

Very common (≥1/10); common (between ≥1/100 and <1/10); uncommon (between ≥1/1000 and <1/100); rare (between ≥1/10.000, and <1/1000); very rare (<1/10.000), not known (cannot be estimated with the available data)

The frequency of spontaneously reported side effects during post-marketing use is shown as "not known".

Immune system diseases

Not known: Hypersensitivity

Neurologic diseases

Common: Headache

Uncommon: Somnolence

Gastrointestinal diseases

Common: Abdominal pain[*#], constipation[#], dry mouth[#], indigestion, nausea

Uncommon: Diarrhea, vomiting

Unknown: Gastrointestinal disturbances have been observed, e.g. dysphagia. If not administered as recommended, esophageal lesions may occur (see Section 4.2).

Dermatological and subcutaneous tissue diseases

Unknown: Skin disorders have been observed, e.g. rash, pruritus, urticaria and erythema.

General disorders and diseases related to the application site

Uncommon: Asthenia

*Combination of PTs: 'abdominal pain', 'lower abdominal pain', 'upper abdominal pain'

#Gastrointestinal disorders are mainly related to the underlying disease. Similar or lower incidences compared with placebo have been reported for abdominal pain, constipation and dry mouth.

4.9. Overdose and its treatment

In case of overdose, gastrointestinal complaints such as nausea, flatulence and diarrhea may occur. It has no specific antidote, symptomatic treatment is recommended.

5. PHARMACOLOGICAL PROPERTIES

5.1. Pharmacodynamic properties

Pharmacotherapeutic group: Other Drugs Used in Functional Intestinal Disorders

ATC Code: A03AX04

Pinaverium bromide is an antispasmodic substance that acts selectively on the gastrointestinal tract. It is a calcium antagonist, thus preventing the entry of calcium into intestinal smooth muscle cells. In animal studies, stimulation of sensitive afferent pathways has been shown to reduce related effects directly or indirectly. Pinaverium bromide does not have significant anticholinergic-type effects. It does not have any effect on the cardiovascular system.

Pediatric population

Pharmacodynamic and efficacy studies have been conducted mainly in adults. In an open-label, initial controlled clinical study, efficacy and safety were evaluated in 29 children aged 5 to 15 years receiving daily doses of 100-150 mg for 7-15 days. Safety and tolerability have been shown to be good. Efficacy was analyzed only in the group of patients (N=17) suffering from abdominal pain associated with organic lesion or previous pathological symptomatology.

Overall clinical responses were evaluated as good in 9 patients (53%), effective in 6 patients (35%), and ineffective in 2 patients (12%).

5.2. Pharmacokinetic properties

General features

Absorbation

After oral administration, pinaverium bromide is rapidly absorbed, reaching peak plasma concentration within one hour.

Distribution

It is highly (95-97%) binds to plasma proteins.

Biotransformation

It is extensively metabolized and eliminated via the liver.

Elimination

Elimination is largely through the liver. The elimination half-life is 1.5 hours. The absolute bioavailability for oral formulation is very low (< 1%). The main route of excretion is faeces.

5.3. Preclinical safety data

Toxicity

Pinaverium bromide has low toxicity after oral administration. Toxicity symptoms are mostly limited to general toxicity symptoms, gastrointestinal symptoms and central nervous system symptoms.

Genotoxicity, carcinogenic potential, teratogenicity

Pinaverium bromide has not shown genotoxic or carcinogenic properties. No teratogenic potential of pinaverium has been observed at doses twice the maximum recommended clinical dose.

Reproductive toxicity

Pinaverium bromide reduced the likelihood of pregnancy at doses 2 times the maximum recommended clinical dose, but but had no associated effects on pre- or post-natal development.

Placental transport of pinaverium bromide has not been studied. The excretion of pinaverium bromide into milk has not been studied.

6. PHARMACEUTİCAL PROPERTİES

6.1 List of excipients

Substrate

Lactose monohydrate (Obtained from cow's milk.)

Microcrystalline cellulose

Pregelatinised Starch

Talc

Anhydrous colloidal silica

Magnesium stearate

Coating

Basic butylated methacrylate copolymer

Stearic acid

Talc

Simethicone

Sodium lauryl sulfate

Hydroxypropyl methyl cellulose

6.2. Incompatibilities

There is no data.

6.3. Shelf life

24 months

6.4. Special precautions for storage

Store at room temperature below 25°C.

6.5. Nature and contents of container

40 and 80 tablets in 250/40 PVC/PVDC transparent foil and Gray Aluminum (20 µm) foil packaging, in a cardboard box with instructions for use.

6.6. Special precautions for disposal and other handling

Unused products or waste materials should be disposed of in accordance with the "Medical Waste Control Regulation" and "Packaging and Packaging Waste Control Regulation".

7. MARKETİNG AUTHORİSATİON HOLDER

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8. MARKETİNG AUTHORİSATİON NUMBER(S)

2022/483

9. DATE OF FİRST AUTHORİSATİON/RENEWAL OF THE AUTHORİSATİON

First license date: 29/08/2022
License renewal date:

10. DATE OF REVİSİON OF SPC

06.09.2022