SCHEDULING STATUS

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1. NAME OF THE MEDICINE

MOLATIVE PAEDIATRIC, (powder for oral solution)

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each MOLATIVE PAEDIATRIC sachets contains:

Macrogol 3350	6,563 g
Sodium chloride	175,4 mg
Sodium hydrogen carbonate	89,3 mg
Potassium chloride	25,1 mg

The content of electrolyte ions per sachet when diluted to 62,5 ml of solution is as follows:

Sodium	65 mmol/l
Chloride	53 mmol/l
Hydrogen carbonate (bicarbonate)	17 mmol/l
Potassium	5,4 mmol/l

Sugar free.

3. PHARMACEUTICAL FORM

Powder for oral solution.

Single-dose sachets, containing free-flowing white powder.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

For the treatment of chronic constipation.

4.2 Posology and method of administration

Posology

Chronic constipation:

The usual starting dose is 1 sachet daily for children aged 2 – 6 years and 2 sachets a day in children aged 7 – 11 years. The dose should be adjusted up or down as required to produce regular soft stools. The maximum dose needed does not normally exceed 4 sachets a day.

MOLATIVE PAEDIATRIC is not recommended for children below two years of age.

Special populations

Patients with impaired cardiovascular function:

There is no clinical data for this group of patients.

Patients with renal insufficiency:

There is no clinical data for this group of patients.

Method of administration

Each sachet should be dissolved in approximately 62,5 ml (quarter of a glass) of water, to make a clear or slightly hazy solution. The correct number of sachets may be reconstituted in advance and kept covered and refrigerated for up to 24 hours. For example, 4 sachets can be made up into 250 ml of water.

4.3 Contraindications

- Hypersensitivity to macrogol (PEG), sodium hydrogen carbonate, sodium chloride, or potassium chloride.
- Suspected intestinal perforation or obstruction due to a structural or functional disorder of the gut wall, ileus, and severe inflammatory conditions of the intestinal tract, such as Crohn's disease, ulcerative colitis and toxic megacolon.

4.4 Special warnings and precautions for use

MOLATIVE PAEDIATRIC should not be used in the presence of abdominal pain, nausea and vomiting.

MOLATIVE PAEDIATRIC should not be used continuously. Frequent or prolonged use of laxatives may result in dependence and loss of normal bowel function.

If there is a sudden change in bowel habits that has persisted for a period greater than two weeks, a medical practitioner should be consulted. Rectal bleeding or failure to have a bowel movement after use of MOLATIVE PAEDIATRIC may indicate a serious condition. MOLATIVE PAEDIATRIC should be discontinued, and medical advice obtained.

The fluid content of MOLATIVE PAEDIATRIC when re-constituted with water does not replace regular fluid intake and adequate fluid intake must be maintained.

If patients develop any symptoms indicating shifts of fluid/electrolytes (e.g., oedema, shortness of breath, increasing fatigue, dehydration and cardiac failure), MOLATIVE PAEDIATRIC should be stopped immediately, electrolytes measured, and any abnormality should be treated appropriately.

The absorption of other medicines could transiently be reduced due to an increase in gastrointestinal transit rate induced by MOLATIVE PAEDIATRIC (see section 4.5).

MOLATIVE PAEDIATRIC contains 93,4 mg of sodium per sachet, equivalent to approximately 4,6 % of the recommended maximum daily intake of sodium for an adult.

4.5 Interaction with other medicines and other forms of interaction

Macrogol raises the solubility of medicines that are soluble in alcohol and relatively insoluble in water.

There is a possibility that the absorption of other medicines could be transiently reduced during use with MOLATIVE PAEDIATRIC (see section 4.4). There have been reports of decreased efficacy with some concomitantly administered medicines, e.g., anti-epileptics.

4.6 Fertility, pregnancy and lactation

Pregnancy

Safety in pregnancy has not been established.

There are limited amount of data from the use of the MOLATIVE formulation in pregnant women. Clinically, no effects during pregnancy are anticipated since systemic exposure to macrogol 3350 is negligible.

Breastfeeding

No effects on the breastfed newborn/infant are anticipated since the systemic exposure of the breastfeeding woman to macrogol 3350 is negligible.

Fertility

There are no data on the effects of MOLATIVE PAEDIATRIC on fertility in humans.

4.7 Effects on ability to drive and use machines

MOLATIVE PAEDIATRIC has no influence on the ability to drive and use machines.

4.8 Undesirable effects

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 MOLATIVE PAEDIATRIC.

In the treatment of chronic constipation, diarrhoea or loose stools normally respond to a reduction in dose.

System Organ Class	**Frequency**	**Adverse Event**
Immune system disorders	Less frequent	Allergic reactions including anaphylactic reaction
	Not known	Dyspnoea and skin reaction (see below)
Skin and subcutaneous tissue disorders	Not known	Allergic skin reactions including angioedema, urticaria, pruritus, rash, erythema

Metabolism and nutrition disorders	Not known	Electrolyte disturbances, particularly hyperkalaemia and hypokalaemia
Nervous system disorders	Not known	Headache
Gastrointestinal disorders	Frequent	Abdominal pain, borborygmi, diarrhoea, vomiting, nausea and anorectal discomfort
	Less frequent	Abdominal distension, flatulence
	Not known	Dyspepsia and peri-anal inflammation
General disorders and administration site conditions	Not known	Peripheral oedema

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicine is important. It allows continued monitoring of the benefit/risk balance of the medicine. Healthcare professionals are asked to report any suspected adverse reactions to SAHPRA via the "**6.04 Adverse Drug Reaction Reporting Form**", found online under SAHPRA's publications: https://www.sahpra.org.za/Publications/Index/8

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

A 11.5 Medicines acting on the gastrointestinal tract. Laxatives

Pharmacotherapeutic group: ATC code: A06A D65 Osmotically acting laxatives.

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 defecation. 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.

5.2 Pharmacokinetic properties

Macrogol 3350 is unchanged along the gut. It is virtually unabsorbed from the gastrointestinal tract. Any macrogol 3350 that is absorbed is excreted via the urine. The laxative action of macrogol has a time course which will vary according to the severity of the constipation being treated.

6. Pharmaceutical particulars

6.1 List of excipients

None.

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

2 years.

Reconstituted solution: 24 hours.

6.4 Special precautions for storage

Store at or below 25 °C in its original container.

Reconstituted solution: Store covered in a refrigerator at 2 – 8 °C for up to 24 hours. Discard any solution not used within 24 hours after reconstitution.

6.5 Nature and contents of container

6,9 g sachet.

The foil sachet is composed of paper, low density polyethylene and aluminium.

Each carton contains 2, 6, 8, 10, 20, 30, 50 or 100 sachets.

Not all packs and pack sizes are necessarily marketed.

6.6 Special precautions for disposal and other handling

Any unused solution should be discarded within 24 hours.

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

7. HOLDER OF CERTIFICATE OF REGISTRATION

Equity Pharmaceuticals (Pty) Ltd

100 Sovereign Drive

Route 21 Corporate Park

Nellmapius Drive, Irene

Pretoria

8. REGISTRATION NUMBER(S)

51/11.5/0364

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

22 March 2022

10. DATE OF REVISION OF THE TEXT