

## **SUMMARY OF PRODUCT CHARACTERISTICS**

### **1 NAME OF THE MEDICINAL PRODUCT**

Mesalazine Dr Falk Pharma 500 mg suppositories

### **2 QUALITATIVE AND QUANTITATIVE COMPOSITION**

Each suppository contains 500mg mesalazine

Excipient with known effect:

Each suppository contains 18 mg cetyl alcohol.

For the full list of excipients, see section 6.1.

### **3. PHARMACEUTICAL FORM**

Suppository.

## **4 CLINICAL PARTICULARS**

### **4.1 Therapeutic indications**

Management of mild and moderate episodes of ulcerative colitis that is limited to the rectum.

### **4.2 Posology and method of administration**

Posology

*Adults and the Elderly:* 1 to 2 suppositories, 2 to 3 times daily.

The dosage should be adjusted to suit the progress of the condition. Do not discontinue treatment suddenly.

*Paediatric population:* There is little experience and only limited documentation for an effect in children.

Method of administration:

Rectal

The treatment of acute episodes of ulcerative colitis usually lasts 8 weeks

### 4.3 Contraindications

Mesalazine Dr Falk Pharma suppositories are contraindicated in cases of:

- Hypersensitivity to the active substance, salicylates or to any of the excipients listed in section 6.1.
- Severe impairment of renal or hepatic function.

### 4.4 Special warnings and precautions for use

Blood tests (differential blood count; liver function parameters such as ALT or AST; serum creatinine) and urinary status (dip-sticks) should be determined prior to and during treatment, at the discretion of the treating physician. As a guideline, follow-up tests are recommended 14 days after commencement of treatment, then a further two to three tests at intervals of 4 weeks.

If the findings are normal, follow-up tests should be carried out every 3 months. If additional symptoms occur, these tests should be performed immediately.

Caution is recommended in patients with impaired hepatic function.

Mesalazine should not be used in patients with impaired renal function. Mesalazine-induced renal toxicity should be considered if renal function deteriorates during treatment. If this is the case, Mesalazine Dr Falk Pharma suppositories should be discontinued immediately.

Cases of nephrolithiasis have been reported with the use of mesalazine including stones with a 100% mesalazine content. It is recommended to ensure adequate fluid intake during treatment.

Mesalazine may produce red-brown urine discoloration after contact with sodium hypochlorite bleach (e.g., in toilets cleaned with sodium hypochlorite contained in certain bleaches).

Serious blood dyscrasias have been reported very rarely with mesalazine. Hematological investigations should be performed if patients suffer from unexplained haemorrhages, bruises, purpura, anaemia, fever or pharyngolaryngeal pain. Mesalazine Dr Falk Pharma suppositories should be discontinued in case of suspected or confirmed blood dyscrasia.

Cardiac hypersensitivity reactions (myocarditis, and pericarditis) induced by mesalazine have been rarely reported. Mesalazine Dr Falk Pharma suppositories should then be discontinued immediately.

Patients with pulmonary disease, in particular asthma, should be very carefully monitored during a course of treatment with mesalazine.

#### Severe cutaneous adverse reactions

Severe cutaneous adverse reactions (SCARs), including drug reaction with eosinophilia and systemic symptoms (DRESS), Stevens-Johnson syndrome

(SJS) and toxic epidermal necrolysis (TEN), have been reported in association with mesalazine treatment.

Mesalazine should be discontinued, at the first appearance of signs and symptoms of severe skin reactions, such as skin rash, mucosal lesions, or any other sign of hypersensitivity.

#### Idiopathic intracranial hypertension

Idiopathic intracranial hypertension (pseudotumor cerebri) has been reported in patients receiving mesalazine. Patients should be warned for signs and symptoms of idiopathic intracranial hypertension, including severe or recurrent headache, visual disturbances or tinnitus. If idiopathic intracranial hypertension occurs, discontinuation of mesalazine should be considered.

Patients with a history of adverse drug reactions to preparations containing sulphasalazine should be kept under close medical surveillance on commencement of a course of treatment with mesalazine. Should the suppositories cause acute intolerance reactions such as abdominal cramps, acute abdominal pain, fever, severe headache and rash, therapy should be discontinued immediately.

Mesalazine Dr Falk Pharma 500 mg suppositories contain cetyl alcohol. Cetyl alcohol may cause local skin reactions (e.g. contact dermatitis).

### **4.5 Interaction with other medicinal products and other forms of interaction**

Specific interaction studies have not been performed.

In patients who are concomitantly treated with azathioprine, 6-mercaptopurine or thioguanine, a possible increase in the myelosuppressive effects of azathioprine, 6-mercaptopurine or thioguanine should be taken into account.

There is weak evidence that mesalazine might decrease the anticoagulant effect of warfarin.

### **4.6 Fertility, pregnancy and lactation**

#### Fertility

There are no adequate data from the use of mesalazine in pregnant women. However, data on a limited number of exposed pregnancies indicate no adverse effect of mesalazine on the pregnancy or on the health of the foetus/newborn child. To date no other relevant epidemiologic data are available. In one single case after long-term use of a high dose mesalazine (2-4g/day, orally) during pregnancy, renal failure in a neonate was reported.

Animal studies on oral mesalazine do not indicate direct or indirect harmful effects with respect to pregnancy, embryonic/foetal development, parturition or postnatal development.

#### Pregnancy

Mesalazine Dr Falk Pharma suppositories should only be used during pregnancy if the potential benefit outweighs the possible risk.

#### Breast-feeding

N-acetyl-5-aminosalicylic acid and to a lesser degree mesalazine are excreted in breast milk. Only limited experience during lactation in women is available to date. Hypersensitivity reactions such as diarrhoea in the infant cannot be excluded. Therefore, Mesalazine Dr Falk Pharma suppositories should only be used during breast-feeding if the potential benefit outweighs the possible risk. If the infant develops diarrhoea, breast-feeding should be discontinued.

#### 4.7 Effects on ability to drive and use machines

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

#### 4.8 Undesirable effects

Organ Class System	Frequency According to MedDRA convention			
	Common ( $\geq 1/100$ ; <1/10)	Rare ( $\geq 1/10,000$ ; <1/1,000)	Very rare ( $< 1/ 10,000$ )	Not known (cannot be estimated from the available data)
Blood and lymphatic system disorders			Altered blood counts (aplastic anaemia, agranulocytosis, pancytopenia, neutropenia, leukopenia, thrombocytopenia)	
Nervous system disorders		Headache, dizziness	peripheral neuropathy	Idiopathic intracranial hypertension (see section 4.4)
Cardiac disorders		Myocarditis, Pericarditis		
Respiratory, thoracic and mediastinal disorders			Allergic and fibrotic lung reactions (including dyspnoea, cough, bronchospasm, alveolitis, pulmonary eosinophilia, lung infiltration, pneumonitis)	
Gastrointestinal disorders		Abdominal pain, diarrhoea, flatulence, nausea, vomiting, constipation	Acute pancreatitis	
Renal and urinary disorders			Impairment of renal function including acute and chronic interstitial nephritis and renal insufficiency	Nephrolithiasis*

Skin and sub-cutaneous tissue disorders	Rash, pruritus	Photosensitivity	Alopecia	Drug reaction with eosinophilia and systemic symptoms (DRESS), Stevens-Johnson syndrome (SJS), toxic epidermal necrolysis (TEN)
Musculo-skeletal and connective tissue disorders			Myalgia, arthralgia	
Immune system disorders			Hypersensitivity reactions such as allergic exanthema, drug fever, lupus erythematosus syndrome, pancolitis	
Hepato-biliary disorders			Changes in liver function parameters (increase in transaminases and cholestasis parameters), hepatitis, cholestatic hepatitis	
Reproductive system disorders			Oligospermia (reversible)	

\* see section 4.4 for further information

Severe cutaneous adverse reactions (SCARs), including drug reaction with eosinophilia and systemic symptoms (DRESS), Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN), have been reported in association with mesalazine treatment (see section 4.4).

#### Photosensitivity

More severe reactions are reported in patients with pre-existing skin conditions such as atopic dermatitis and atopic eczema.

#### 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 Yellow Card Scheme website at: <https://yellowcard.mhra.gov.uk> or search for MHRA Yellow Card in the Google Play or Apple App Store

## 4.9 Overdose

There are rare data on overdose (e.g. intended suicide with high oral doses of mesalazine), which do not indicate renal or hepatic toxicity. There is no specific antidote and treatment is symptomatic and supportive.

## **5 PHARMACOLOGICAL PROPERTIES**

### **5.1 Pharmacodynamic properties**

Pharmacotherapeutic group: Aminosalicylic acid and similar agents

ATC code: A07EC02

The mechanism of the anti-inflammatory action is unknown. The results of *in vitro* studies indicate that inhibition of lipoxygenase may play a role.

Effects on prostaglandin concentrations in the intestinal mucosa have also been demonstrated. Mesalazine (5-Aminosalicylic acid / 5-ASA) may also function as a radical scavenger of reactive oxygen compounds.

On reaching the intestinal lumen, rectally administered mesalazine has largely local effects on the intestinal mucosa and submucosal tissue.

### **5.2 Pharmacokinetic properties**

General considerations of mesalazine:

*Absorption:*

Mesalazine absorption is highest in proximal gut regions and lowest in distal gut areas.

*Biotransformation:*

Mesalazine is metabolised both pre-systemically by the intestinal mucosa and in the liver to the pharmacologically inactive N-acetyl-5-aminosalicylic acid (N-Ac-5-ASA). The acetylation seems to be independent of the acetylator phenotype of the patient. Some acetylation also occurs through the action of colonic bacteria. Protein binding of mesalazine and N-Ac-5-ASA is 43% and 78%, respectively.

*Elimination:*

Mesalazine and its metabolite N-Ac-5-ASA are eliminated via the faeces (major part), renally (varies between 20 and 50 %, dependent on kind of application, pharmaceutical preparation and route of mesalazine release, respectively), and biliary (minor part). Renal excretion predominantly occurs as N-Ac-5-ASA. About 1 % of total orally administered mesalazine dose is excreted into the breast milk mainly as N-Ac-5-ASA.

### **5.3 Preclinical safety data**

With the exception of a local tolerance study in dogs, which demonstrated good rectal tolerance, no preclinical studies have been performed with Mesalazine Dr Falk Pharma suppositories.

Preclinical data on mesalazine reveal no special hazard for humans based on conventional studies of safety pharmacology, genotoxicity, carcinogenicity (rat) or toxicity to reproduction.

Kidney toxicity (renal papillary necrosis and epithelial damage in the proximal convoluted tubule or the whole nephron) has been seen in repeat-dose toxicity studies with high oral doses of mesalazine. The clinical relevance of this finding is unknown.

## **6 PHARMACEUTICAL PARTICULARS**

### **6.1 List of excipients**

Mesalazine Dr Falk Pharma suppositories contain the following excipients:  
Hard Fat, Docusate sodium, Cetyl alcohol

### **6.2. Incompatibilities**

None known.

### **6.3. Shelf Life**

36 months.

### **6.4 Special precautions for storage**

Do not store above 30°C. Store in the original container in order to protect contents from light.

### **6.5. Nature and Contents of Container**

Cartons of ten or thirty suppositories in white, opaque PVC/PE moulded strips.  
Each strip contains five suppositories.

### **6.6. Instruction for Use/Handling**

None

**7     MARKETING AUTHORISATION HOLDER**

Dr Falk Pharma UK Ltd, Unit k, Bourne End Business Park  
Cores End Road, Bourne End, SL8 5AS, United Kingdom

**8.     MARKETING AUTHORISATION NUMBER**

PL 10341/0009

**9.     DATE OF FIRST AUTHORISATION/RENEWAL OF  
AUTHORISATION**

31<sup>st</sup> December 2004

**10    DATE OF REVISION OF THE TEXT**

12/05/2025