Buscopan PLUS

Hyoscine-N-butylbromide
Paracetamol

sanofi

Composition

1 film-coated tablet contains:

Hyoscine butylbromide	10 mg
Paracetamol	500 mg

excipients**:
silica colloidal anhydrous, microcrystalline cellulose, sodium carboxymethylcellulose, maize starch, ethylcellulose, magnesium stearate, polyacrylate dispersion 30% (eudragit NE 30 D), polyethylenglycol 6000, talc, titanium dioxide, simethicone, Hypromellose

Product Description

White, oblong, biconvex film-coated tablets; one face is scored and impressed with '05B' on their side of the score; the other face is blank.

Indications

Paroxysmal pain in diseases of the stomach or intestine spastic pain and functional disorders in the biliary and urinary tracts and female genital organs (e.g. dysmenorrhoea).

Dosage and Administration

BUSCOPAN® PLUS should not be taken over prolonged period of time (for more than 3 days) without a prescription from the physician, The following doses are recommended:

Tablets

Adults: 1 - 2 tablets 3 times daily.
The total daily dose should not exceed 6 tablets.
The tablets should not be chewed, but swallowed in whole with a sufficient amount of water.

Paediatric population

The film coated tablets is not suitable for children under 10 years of age.

Contraindications

BUSCOPAN® PLUS must not be used in

- Mechanical-stenosis of gastrointestinal tract, achalasia, paralytic or obstructive ileus, intestinal atony, prostatic hypertrophy with urinary retention, myasthenia gravis, glaucoma, pathological tachyarrhythmia, mega colon and known hypersensitivity to hyoscine butylbromide, or paracetamol.
- Patients with porphyria, as according to a single report, it has been said to exacerbate the disease
- Patients with hepatic dysfunction.
- severe hepatocellular insufficiency (Child - Pugh C).

In case of rare hereditary conditions that may be incompatible with an excipient of the product (see section Special warnings and precautions) the use of BUSCOPAN® PLUS is contraindicated.

Special warnings and precautions

In case severe, unexplained abdominal pain persists or worsens, or occurs together with symptoms like fever, nausea, vomiting, changes in bowel movements, abdominal tenderness, decreased blood pressure, fainting or blood in stool, medical advice should immediately be sought.

To prevent overdosing, it should be ensured that any other drugs taken concurrently do not contain paracetamol, one of the active components of BUSCOPAN® PLUS.
Liver damage may result if the recommended dosage for paracetamol is exceeded (see section Overdose).

BUSCOPAN® PLUS should be used with caution in:

- glucose-6-phosphate-dehydrogenase deficiency
- Impaired hepatic function (e.g. as a result of chronic alcohol abuse including recent cessation of alcohol intake, hepatitis)
- Severe renal insufficiency
- Gilbert's syndrome,
- Mild to moderate hepatocellular insufficiency (Child - Pugh A/B)
- Low glutathione reserves.

Hyoscine may cause drowsiness and patients should not drive or operate machinery.
Do not exceed recommended dosage, it may cause hepatic impairment.
In such cases BUSCOPAN® PLUS should only be used under medical supervision and, if necessary, the dose reduced or the intervals between the individual administrations prolonged.
The blood count and renal and liver function should be monitored after prolonged use.

Extensive use of analgesics, especially at high doses, may induce headaches that must not be treated with increased doses of the drug.

Severe acute hypersensitivity reactions (e.g. anaphylactic shock) are very infrequently observed. Treatment must be discontinued at the first signs of a hypersensitivity reaction following the administration of BUSCOPAN® PLUS.

Severe cutaneous adverse reactions (SCARs):
Life-threatening cutaneous reactions Stevens-Johnson syndrome (SJS), and Toxic epidermal necrolysis (TEN) have been reported with the use of BUSCOPAN® PLUS. Patients should be advised of the signs and symptoms and monitored closely for skin reactions. If symptoms or signs of SJS and TEN (e.g. progressive skin rash often with blisters or mucosal lesions) occur, patients should immediately stop BUSCOPAN® PLUS treatment and seek medical advice.

Caution is advised in patients with underlying sensitivity to aspirin and/or to non-steroidal anti-inflammatory drugs (NSAIDs).

Hepatotoxicity may occur with paracetamol even at therapeutic doses, after short treatment duration and in patients without pre-existing liver dysfunction (See “Section Side Effect”).

Abrupt discontinuation of analgesics after a prolonged use at high doses may induce withdrawal symptoms (e.g. headache, tiredness, nervousness), that typically resolve within few days. Reintake of analgesics should depend upon physican’s advice, and withdrawal symptoms abated.

BUSCOPAN® PLUS should not be taken for more than 3 days unless directed by a physician. The patient should be instructed to seek medical advice, if pain persists or gets worse, if new symptoms occur, or if redness or swelling is present, because these could be signs of a serious condition.

Because of the potential risk of anticholinergic complications caution should be used in patients prone to narrow angle glaucoma as well as in patients susceptible to intestinal or urinary outlet obstructions and in those inclined to tachyarrhythmia.

BUSCOPAN® PLUS contain 4.32 mg of sodium per unit resulting in 25.92 mg sodium per maximum recommended daily dose. To be taken into consideration for patients on a controlled sodium diet.

Interactions

Otherwise harmless doses of paracetamol may cause liver damage if taken together with drugs leading to enzyme induction such as certain hypnotics and anti-epileptics (e.g. glutethimide, phenobarbital, phenytoin, carbamazepin) as well as rifampicin. The same applies to potentially hepatotoxic substances and alcohol abuse.

Combination with chloramphenicol can prolong the half-life of chloramphenicol with the risk of increased toxicity.

The clinical relevance of interactions between paracetamol and warfarin as well as coumarin derivatives cannot yet be assessed. Therefore, long-term use of paracetamol in patients being treated with oral anticoagulants is only advisable under medical supervision.

Paracetamol may increase the risk of bleeding in patients taking warfarin and other antivitamin K. Patients taking paracetamol and antivitamin K should be monitored for appropriate coagulation and bleeding complications.

Co-administration of flucloxacillin with paracetamol may lead to metabolic acidosis, particularly in patients presenting risk factors of glutathione depletion, such as sepsis, malnutrition or chronic alcoholism.

Concomitant use of paracetamol and zidovudine (AZT or retrovir) enhances the tendency towards reducing leucocytes (neutropenia). Therefore, BUSCOPAN® PLUS should only be taken together with zidovudine following medical advice.

Intake of probenecid inhibits the binding of paracetamol to glucuronic acid, thereby reducing paracetamol clearance roughly by a factor of 2. The paracetamol dose should therefore be reduced during concurrent administration with probenecid.

Cholestyramine reduces the absorption of paracetamol.
Intake of paracetamol may impact the lab determination of uric acid by phosphotungstic acid and of blood glucose by glucose oxidase-peroxidase.

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 intensified by BUSCOPAN® PLUS.

Concomitant treatment with dopamine antagonists such as metoclopramide may result in

diminution of the effects of both drugs on the gastrointestinal tract.

The tachycardic effects of beta-adrenergic agents may be enhanced by BUSCOPAN® PLUS.

For oral formulations:
Where gastric emptying is slowed down, as for instance with propantheline, the absorption rate of paracetamol may be reduced with the results that onset of action is delayed. Acceleration of gastric emptying, e.g. after administration of metoclopramide or domperidone, leads to an increase in the absorption rate of paracetamol.

Fertility, pregnancy, and Lactation

Pregnancy

There are no adequate data on use of BUSCOPAN® PLUS during pregnancy.
Long experience with the mono substances has shown insufficient evidence of adverse effects during human pregnancy.
After use of hyoscine butylbromide, preclinical studies in rats and rabbits did not show either embryotoxic or teratogenic effects.

During pregnancy prospective data on overdose of paracetamol showed no increase in the risk of malformations. Reproductive studies to investigate oral use showed no signs to suggest malformations of fetotoxicity. Under normal conditions of use, paracetamol can be used throughout pregnancy after careful review of the risk-benefit ratio.

During pregnancy, paracetamol should not be taken for prolonged periods, in high doses, or in combination with other medicinal products as the safety has not been confirmed in such cases.
Therefore, BUSCOPAN® PLUS is not recommended during pregnancy.

Lactation

For hyoscine butylbromide safety during lactation has not yet been established. However, adverse effects on the newborn have not been reported.
Paracetamol enters breast milk, but is not likely to affect the infant when therapeutic doses are used.

Fertility

No studies on the effects on human fertility have been conducted (see section Toxicology).

Effects on ability to drive and use machines

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

Side Effects

The following CIOMS frequency rating is used, when applicable:
Very common ≥ 10%; Common ≥ 1 and < 10%; Uncommon ≥ 0.1 and < 1%;
Rare ≥ 0.01 and < 0.1%; Very rare < 0.01%; Not known (cannot be estimated from available data).

Blood and lymphatic system disorders
Not known: Pancytopenia, agranulocytosis, thrombocytopenia, neutropenia, leukopenia, hemolytic anemia in particular
Immune system disorders
Uncommon: Skin reactions, sweating abnormal
Rare: blood pressure decreased including shock, anaphylactic shock,

Not known: anaphylactic reactions, dyspnea
Not known: Hypersensitivity such as anaphylactic shock, angioedema

Cardiac disorders:
Rare: Tachycardia

Respiratory, thoracic and mediastinal disorders:
Not known: Bronchospasm (especially in patients with a history of bronchial asthma or allergy)

Skin and subcutaneous disorders
Very rare: erythema, urticaria, rash, pruritus, nausea
Not known: Toxic epidermal necrolysis (TEN), Stevens-Johnson syndrome (SJS), acute generalized exanthematous pustulosis, fixed drug eruption

Gastrointestinal disorders:
Uncommon: Dry mouth

Hepatobiliary disorders:
Transaminases increased
Not known: cytolytic hepatitis, which may lead to acute hepatic failure

Renal and urinary disorders:
Not known: Urinary retention

Overdose
Elderly persons, small children, patients with liver disorder, chronic alcohol consumption or chronic malnutrition, as well as patients co-administered with enzyme-inducing drugs are at an increased risk of intoxication, including fatal outcomes.

Signs and Symptoms
Hyoscine butylbromide
In the case of overdose, anticholinergic effects have been observed.

Paracetamol
Symptoms normally occur during the first 24 hours and include pallor, nausea, vomiting, anorexia and abdominal pain. Patients may then experience a temporary subjective improvement but mild abdominal pain possibly indicative of liver damage may persist.

A single dose of paracetamol of approximately 6g or more in adults or 140 mg/kg in children may cause hepatocellular necrosis. This may lead to complete irreversible necrosis and subsequently to hepatocellular insufficiency, metabolic acidosis and encephalopathy, which may in turn progress to coma and death. Concurrent rises in liver transaminases (AST, ALT), lactate dehydrogenase and bilirubin and an increase in prothrombin time, occurring 12 - 48 hours after ingestion, have been observed. Clinical symptoms of liver damage are normally apparent after 2 days and reach a maximum after 4 - 6 days.

Overdosage with paracetamol may cause hepatic cytolysis which can lead to hepatocellular insufficiency, gastrointestinal bleeding, metabolic acidosis, encephalopathy, disseminated intravascular coagulation, coma, and death.

Increased levels of hepatic transaminases, lactate dehydrogenase and bilirubin with a reduction in prothrombin level can appear 12 to 48 hours after acute overdosage.

It can also lead to pancreatitis, acute renal failure and pancytopenia.

Therapy

Hyoscine butylbromide

If required, parasympathomimetic drugs should be administered. Opthalmological advice should be sought urgently in cases of glaucoma. Cardiovascular complications should be treated according to usual therapeutic principles.

In case of respiratory paralysis: intubation, artificial respiration should be considered. Catheterisation may be required for urinary retention. In addition, appropriate supportive measures should be used as required.

Paracetamol

Where paracetamol intoxication is suspected, intravenous administration of SH group donators such as N-acetylcysteine within the first 10 hours after ingestion is indicated. Although N-acetylcysteine is most effective if initiated within this period, it can still offer some degree of protection if given as late as 48 hours after ingestion; in this case, it is taken for longer. The plasma concentration of paracetamol can be decreased by dialysis. Determinations of the plasma concentration of paracetamol are recommended.

Further measures will depend on the severity, nature and course of clinical symptoms of paracetamol intoxication and should follow standard intensive care protocols.

Interferences with laboratory and diagnostic test

Intake of paracetamol may impact the lab determination of uric acid by phosphotungstic acid and of blood glucose by glucose oxidase-peroxidase.

Pharmacological Properties

Pharmacotherapeutic group: Antispasmodics in combination with analgesics.

ATC code: A03DB04

Hyoscine butylbromide contained in BUSCOPAN® PLUS exerts a spasmolytic action on the smooth muscle of the gastro-intestinal, biliary and genito-urinary tracts. As a quaternary ammonium derivate, hyoscine butylbromide does not enter the central nervous system. Therefore, anticholinergic side effects at the central nervous system do not occur. Peripheral anticholinergic action results from a ganglion-blocking action within the visceral wall as well as from an anti-muscarinic activity.

Paracetamol contained in BUSCOPAN® PLUS has analgesic and antipyretic actions, together with a very weak anti-inflammatory effect. Its mechanism of action is not fully understood. It strongly inhibits central prostaglandin synthesis but only weakly inhibits peripheral prostaglandin synthesis. It also inhibits the effect of endogenous pyrogens on the temperature regulation centre in the hypothalamus.

Pharmacokinetics

Hyoscine butylbromide

Absorption

As a quaternary ammonium compound, hyoscine butylbromide is highly polar and hence only partially absorbed following oral (8%) administration. After oral administration of single doses of hyoscine butylbromide in the range of 20 to 400 mg, mean peak plasma concentrations between 0.11 ng/mL and 2.04 ng/mL were found at approximately 2 hours. In the same dose range, the observed mean $AUC_{0\text{-}tz}$-values varied from 0.37 to 10.7 ng h/mL. The median absolute bioavailabilities of different dosage forms, i.e. coated tablets, suppositories and oral solution, containing 100 mg of hyoscine butylbromide each were found to be less than 1%.

Distribution

After intravenous administration, the substance is rapidly cleared from the plasma during the first 10 minutes with a half-life of 2 - 3 minutes. The volume of distribution (Vss) is 128 L. Following oral and intravenous administration, hyoscine butylbromide concentrates in the tissue of the gastrointestinal tract, liver and kidneys.

Despite the briefly measurable extremely low blood levels, hyoscine butylbromide remains available at the site of action because of its high tissue affinity. Autoradiography confirms that hyoscine butylbromide does not pass the blood-brain barrier.

Hyoscine butylbromide has low plasma protein binding.

Metabolism and Elimination

Following oral administration of single doses in the range of 100 to 400 mg, the terminal elimination half-lives ranged from 6.2 to 10.6 hours. The main metabolic pathway is the hydrolytic cleavage of the ester bond. Orally administered hyoscine butylbromide is excreted in the faeces and in the urine. Studies in man show that 2 to 5% of radioactive doses is eliminated renally after oral administration. Approximately 90% of recovered radioactivity can be found in the faeces after oral administration. The urinary excretion of hyoscine butylbromide is less than 0.1% of the dose. The mean apparent oral clearances after oral doses of 100 to 400 mg range from 881 to 1420 L/min, whereas the corresponding volumes of distribution for the same range vary from 6.13 to 11.3 x 10^5 L, probably due to very low systemic availability.

The metabolites excreted via the renal route bind poorly to the muscarinic receptors and are therefore not considered to contribute to the effect of the hyoscine butylbromide.

The half-life of the terminal elimination phase ($t_{1/2\gamma}$) is approximately 5 hours. The total clearance is 1.2 L/min. Clinical studies with radiolabeled hyoscine butylbromide show that after intravenous injection 42 to 61% of the radiocative dose is excreted renally and 28.3 to 37% faecally. The portion of unchanged active ingredient excreted in the urine is approximately 50%.

Paracetamol

Absorption and Distribution

Following oral administration paracetamol is rapidly and almost completely absorbed from the small intestine with peak plasma concentrations occurring about 0.5 to 2 h after ingestion. After rectal administration absorption of paracetamol is less and slower than after oral administration with an absolute bioavailability of about 30 to 40% and peak plasma concentrations at 1.3-3.5 h.

The drug is rapidly and evenly distributed into the tissues and crosses the blood brain barrier. The absolute bioavailability after oral administration ranges between 65% and 89% indicating a first pass effect of about 20 – 40 %. Fasting accelerates absorption but has no influence on bioavailability.

Plasma protein binding is low (about 5 to 20%) at therapeutic doses.

Metabolism

Paracetamol is extensively metabolized in the liver mainly to inactive conjugates of glucuronic (about 60 %) and sulphuric acid (about 35 %). At supratherapeutic doses, the latter route rapidly becomes saturated. A small amount is metabolized by cytochrome P450 isoenzymes (mainly CYP2E1), leading to the formation of a toxic metabolite, N-acetyl-p-benzoquinoneimine (NAPQI), which is normally rapidly detoxified by glutathione and excreted as mercaptopurine and cysteine conjugates. Following massive overdose, however, the levels of NAPQI are increased.

Elimination

Glucuronide and sulphate conjugates are completely excreted via the urine within 24 hours. Less than 5 % of the dose is excreted as the unchanged parent compound. Total clearance is about 350 mL/min.

The plasma half-life is 1.5 – 3 hours at therapeutic doses. In young children the half-life is prolonged and sulfate conjugation is the dominant metabolic pathway. Plasma paracetamol half-life is also prolonged in chronic liver disease and in patients with severely impaired renal function.

Bioavailability of a combination of hyoscine butylbromide and paracetamol

A study in healthy volunteers on the bioavailability of hyoscine butylbromide and paracetamol from three different formulations of BUSCOPAN® PLUS (tablets, suppositories, oral solution) showed that the bioavailability of the two compounds was comparable to the results obtained in previous studies with the respective single compounds and that a relevant effect on the bioavailability due to combined administration could not be observed.

Toxicology

The acute oral toxicity of the combination paracetamol/hyoscine butylbromide in the ratio 50/1 in mice and rats was low. The LD_{50} in mice was 980 mg/kg, in rats in the range of 3000 mg/kg. Signs of toxicity were apathy, reduced motility, bristled fur and loss of weight. Animals died between 1.25 and 48 h after the administration. There was no difference in the sensitivity to the drug between the genders.

In man, acute intoxication was observed for paracetamol. The lethal dose for paracetamol is about 10 g (hepatotoxicity).

Repeat-dose toxicity of the combination paracetamol/hyoscine butylbromide in the ratio 50/1 was investigated in a 13-week study in rats. At doses > 250/5 mg/kg/day of the combination, adverse effects included reduced body weight gain, anemia, polydipsia, an increase of SGPT, SGOT and SAP and an atrophy of testes with impairment of spermiogenesis. All these findings were reversible or showed a clear tendency to reversibility during the recovery period of 5 weeks.

In both, the single-dose studies and the 13-week study, signs of toxicity and the toxic dose range was related to paracetamol, the major-part of the combination product BUSCOPAN® PLUS.

In the combination, no potentiation of toxicity or new toxic effects of hyoscine butylbromide or paracetamol were observed.

Investigations on reproduction, mutagenicity and cancerogenicity with the combination have not been performed.

Studies with the individual ingredients however can be regarded as relevant supplemental data for the evaluation of the toxic potential of BUSCOPAN® PLUS.

In reproduction studies with oral administration in rats and rabbits hyoscine butylbromide did not show a teratogenic potential and did not affect fertility and breeding capacity. Paracetamol crosses the placenta. Paracetamol has been reported not to be teratogenic for animals and humans. No reports of paracetamol-induced impairment on fertility and peri/postnatal development are available in laboratory animals and humans.

Doses > 250/5mg/kg/day of the combination paracetamol/hyoscine butylbromide administered for 13 weeks to rats produced testicular atrophy and inhibition of spermatogenesis; the relevance of this finding to use in humans is not known.

Hyoscine butylbromide revealed no mutagenic or clastogenic potential in the Ames test, in the gene mutation assay in mammalian V79 cells (HPRT test) and in a chromosomal aberration test in human peripheral lymphocytes as well as in micronucleus test in rats. There are no carcinogenicity studies of hyoscine butylbromide; however, no tumorigenic potential was releaved in two oral 26-week studies in rats when given up to 1000 mg/kg.

Comprehensive investigations did not indicate any evidence of a clinically relevant genotoxic risk from Paracetamol in the therapeutic, i.e. non-toxic, dose range.
There were heterogeneous results of genotoxicity and carcinogenicity studies performed in rats and mice. On the basis of data from NTP bioassays in rats and mice, the International Agency for Research on Cancer (IARC) classified paracetamol as non-genotoxic and non-carcinogenic.

Availability
Film Coated Tablets
Reg. No. Reg. XXXXXXXXXXXXXX
Box contains 25 strips of 4 film coated tablets

Store below 30°C. Store in a safe place, out of reach of children

Only on doctor's prescription.
Harus dengan resep dokter.

Shelf Life: 24 months

Manufactured by:
PT. Kalventis Sinergi Farma
Jakarta, Indonesia

Under license from:
Sanofi, France

Buscopan PLUS

Hyoscine-N-butylbromide
Paracetamol

sanofi

BUSCOPAN® PLUS mengandung *hyoscine-N-butylbromide* (HBB) dan parasetamol yang dapat membantu meredakan gejala nyeri paroksismal (nyeri singkat dan sering) pada penyakit lambung atau usus halus dan gangguan fungsi saluran biliaris, perkemihan, serta organ genital wanita (misalnya dismenore/nyeri haid).

Sediaan BUSCOPAN® PLUS	**Kekuatan/tablet**	**Deskripsi Produk**
Tablet salut	10 mg HBB 500 mg parasetamol	Tablet salut film bikonveks berbentuk lonjong berwarna putih dengan satu sisi diberi garis bagi tengah dan tanda '05B' dan sisi lainnya polos.

Eksipien: *silica colloidal anhydrous, microcrystalline cellulose, sodium carboxymethylcellulose, maize starch, ethylcellulose, magnesium stearate, polyacrylate dispersion 30% (eudragit NE 30D), polyethylenglycol 6000, talc, titanium dioxide, simethicone, hypromellose.*

Dosis dan Cara Pemberian BUSCOPAN® PLUS

Usia	**Dosis**	**Petunjuk Penggunaan**
Dewasa dan anak-anak di atas 10 tahun	1-2 tablet 3 kali sehari	▪ Telan secara utuh dengan cairan yang cukup  ▪ Jangan gunakan lebih dari 3 hari atau secara terus menerus dalam jangka panjang tanpa mengetahui penyebab nyeri perut ▪ Dosis total per hari tidak boleh melebihi 6 tablet

Cara Kerja BUSCOPAN® PLUS

BUSCOPAN® PLUS mempunyai efek antispasmodik (relaksan otot polos) spesifik pada otot polos saluran pencernaan, saluran biliaris, serta saluran reproduksi dan perkemihan, dengan memberikan efek penghambatan ganglion di dinding visera (organ tubuh yang terdapat dalam rongga dada dan rongga perut) serta efek antimuskarinik (bekerja pada reseptor

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antagonis kolinergik). Parasetamol mempunyai efek antinyeri dan anti-demam, mempunyai efek penghambatan sintesis prostaglandin sentral serta menghambat efek pirogen endogen pada pusat pengaturan suhu di hipotalamus.

Jangan Gunakan BUSCOPAN® PLUS jika mengalami stenosis (penyempitan) mekanik saluran pencernaan, akalasia (kesulitan memasukkan makanan ke lambung), ileus paralitik (gangguan pergerakan usus akibat kelumpuhan otot usus), atonia usus (kegagalan kontraksi usus), hipertrofi (pembesaran) prostat dengan retensi urin, miastenia gravis (gangguan otot dan saraf yang ditandai oleh kelemahan dan kelelahan otot yang berulang), glaukoma (kerusakan pada saraf mata akibat tingginya tekanan di dalam bola mata), takiaritmia (kondisi denyut nadi >100 kali/menit), megakolon (usus besar membesar karena gangguan persarafan), porfiria (kelainan pembentukan heme), gangguan dan penurunan fungsi hati, serta alergi terhadap HBB, parasetamol atau bahan lain yang terkadung dalam obat ini.

Perhatikan keadaan berikut pada penggunaan BUSCOPAN® PLUS

- Segera berkonsultasi ke dokter apabila gejala nyeri perut menetap atau semakin memburuk
- Untuk mencegah kelebihan dosis, hindari penggunaan bersamaan dengan obat lain yang mengandung parasetamol
- Gunakan secara hati-hati pada gangguan fungsi hati serta gangguan fungsi ginjal
- Penggunaan berlebihan dapat mengakibatkan kerusakan fungsi hati

Hindari penggunaan BUSCOPAN® PLUS bersamaan dengan obat antikolinergik, antagonis dopamin, adrenergik-beta, obat hipnosis, anti-epilepsi, rifampisin, kloramfenikol, antikoagulan, antivitamin K, flucloxacillin, zidovudine, probenesid, kolestramin, propantheline, metoklopramid, dan domperidon

Penggunaan BUSCOPAN® PLUS selama masa kehamilan dan menyusui sebaiknya dihindari.

Tidak ada studi mengenai efek penggunaan BUSCOPAN® PLUS terhadap kemampuan mengemudi dan mengoperasikan mesin yang pernah dilakukan.

BUSCOPAN® PLUS dapat mempunyai efek samping yang jarang terjadi seperti reaksi alergi, keringat abnormal, penurunan tekanan darah termasuk syok anafilaktik, takikardia, reaksi kulit seperti ruam, gatal, kemerahan dan biduran, mual, mulut kering, peningkatan enzim transaminase, serta gangguan berkemih. Selain itu terdapat kemungkinan efek samping (belum pernah dilaporkan) berupa gangguan sistem darah dan limfatik, reaksi alergi berat (anafilaksis, angioedema), reaksi alergi pernapasan berat (bronkospasme) terutama pada pasien yang memiliki riwayat asma bronkial, reaksi alergi kulit berat *(toxic epidermal necrolisis,*

stevens-johnson syndrome, generalized exanthematous pustulosis), gangguan hati berat (hepatitis sitolitik).

Overdosis BUSCOPAN® PLUS dapat menyebabkan efek samping antikolinergik serta kerusakan dan penurunan fungsi hati, pankreatitis, gagal ginjal akut, dan pansitopenia. Segera berkonsultasi ke dokter jika mengalami gejala-gejala seperti pucat, mual, muntah, tidak nafsu makan, nyeri perut, gangguan berkemih, mulut kering, kulit kemerahan, takikardia, serta gangguan penglihatan sementara.

Kemasan & Cara Penyimpanan BUSCOPAN® PLUS

Tablet Salut Selaput Reg. No. XXXXXXXXXXXXXXX
Dus, berisi 25 strip @ 4 tablet salut selaput

Simpan di bawah suhu 30° C
Simpan pada tempat yang aman dan jauh dari jangkauan anak-anak.
Harus dengan resep dokter

Shelf life: 24 bulan

Diproduksi oleh:
PT Kalventis Sinergi Farma
Jakarta, Indonesia

Di bawah lisensi dari:
Sanofi, France