SUMMARY OF PRODUCT CHARACTERISTICS

1 NAME OF THE MEDICINAL PRODUCT

Kalbeten Suspension
Kalbeten Forte Suspension
Kalbeten Tablets
Kalbeten Forte Caplets

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Kalbeten Suspension: Each ml of suspension contains 17.5 mg bismuth subsalicylate. One 30 ml dose contains 525 mg bismuth subsalicylate.

Kalbeten Forte Suspension: Each ml of suspension contains 35 mg bismuth subsalicylate. One 15 ml dose contains 525 mg bismuth subsalicylate.

Kalbeten Tablets: Each tablet contains 262 mg bismuth subsalicylate.

Kalbeten Forte Caplets: Each caplet contains 524 mg bismuth subsalicylate.

Excipients with known effect
Kalbeten Suspension and Kalbeten Forte Suspension contain propylene glycol and Ponceau 4R.

For the full list of excipients, see section 6.1.

3 PHARMACEUTICAL FORM

Kalbeten Suspension, Kalbeten Forte Suspension: an opaque pink oral suspension

Kalbeten Tablets: pink round tabs, scored on one side.

Kalbeten Forte Caplets: pink coated caplet, scored on one side.

4 CLINICAL PARTICULARS

4.1 Therapeutic indications

Relief of diarrhea, nausea, flatulence, convulsive stomach pains, upset stomach.
As a preventative treatment of traveler's diarrhea.

4.2 Posology and method of administration

Posology
Kalbeten tablets and Kalbeten Forte caplets:

The standard dose is usually:

Patient age	Kalbeten tablets	Kalbeten Forte caplets
Adults and children above the age of 12 years	2 tablets	1 caplet

For the use by children below the aged of 12, it is advised to consult a doctor.

Children below the age of 9 years: liquid Kalbeten is recommended for use.

If required, this dose may be repeated every 30 minutes up to 1 hour, up to 8 times per 24 hours.

Instructions for use: Swallow the medicine with water.

Do not split Kalbeten tablets.

Kalbeten Forte caplets may be split to make swallowing easier, but the 2 halves should be swallowed together.

Kalbeten suspension and Kalbeten Forte suspension:

The standard dose is usually:

Patient age	Kalbeten suspension	Kalbeten Forte suspension
Adults and children above the age of 12 years	30 ml	15 ml

For the use by children below the aged of 12, it is advised to consult a doctor.

If required, this dose may be repeated every 30 minutes up to 1 hour, up to 8 times per 24 hours.

Instructions for use: Shake well before use and drink in accordance with the recommended dose. Make sure to measure the dose using the attached cup or spoon.

In case of diarrhea, recommend to the patient to drink plenty of caffeine free beverages to overcome fluid loss.

Method of administration

Oral administration.

4.3 Contraindications

Kalbeten should not be used by patients hypersensitive to aspirin or othersalicylates.

Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.

4.4 Special warnings and precautions for use

Do not take with aspirin or other salicylates.

Children and teenagers who have or are recovering from chicken pox or flu-like symptoms should not use this product. When using this product, if changes in behavior with nausea and vomiting occur, it could be symptoms for an early sign of Reye's syndrome, a rare but serious illness.
Caution should be exercised by patients who have blood clotting disorders or gout or who are

taking medicines for anti-coagulation (thinning of blood), diabetes or gout.

Kalbeten should not be used if symptoms are severe or persist for more than 2 days.

In patients with diarrhoea, especially in frail and elderly patients, fluid and electrolytedepletion may occur. In such cases administration of appropriate fluid and electrolytereplacement therapy is the most important measure.

Do not exceed the recommended dose. Do not use for more than 2 days except on theadvice of a doctor. Use at doses higher than recommended or for prolonged periods isassociated with an increased risk of side effects (notably bismuth intoxication).

Keep all medicines out of reach and sight of children.

The coloring agent Ponceau 4R may cause allergic reactions.

Kalbeten suspension and Kalbeten suspension forte contain 20 mg propylene glycol in each ml.

This medicine contains less than 1 mmol sodium (23 mg) per dose, that is to say essentially 'sodium-free'

4.5 Interaction with other medicinal products and other forms of interaction

Kalbeten (all formulations) contains salicylates, therefore care should be exercised if receiving drugs to thin the blood (anticoagulant therapy) or oral therapy for diabetes or treatment for gout.

Use of Kalbeten Suspension and Kalbeten Forte Suspension with tetracycline antibiotics can lead to reduced bioavailability of bismuth subsalicylate due to interaction with aluminium magnesium silicate in these formulation.

Additionally the absorption of tetracycline antibiotics can be reduced when concurrently taken with products containing bismuth. This interaction can be minimised by separating the doses of the two drugs by a couple of hours.

4.6 Fertility, pregnancy and lactation

There are no adequate data concerning the use of Kalbeten in pregnant women.

Animal studies are insufficient with respect to effects on pregnancy, embryonal/foetal development, parturition and postnatal development. The potential risk for humans is unknown.

Kalbeten should not be used during pregnancy and lactation unless clearly necessary.

4.7 Effects on ability to drive and use machines

Not relevant.

4.8 Undesirable effects

Tabulated list of adverse reactions

Adverse reactions are listed in the below table by System Organ Class and in order ofdecreased seriousness within each frequency grouping. Frequencies are defined as: Very common (≥1/10); common (≥1/100 to <1/10); uncommon (≥1/1,000 to <1/100); rare (≥1/10,000 to <1/1,000); very rare (<1/10,000); not known (cannot be estimated from the available data)

System Organ class	**Frequency**	**Adverse reaction**
Gastrointestinal disorders	common	Black tongue
	very common	Black stool

Description of selected adverse reactions

Kalbeten Suspension and Kalbeten Forte Suspension contain the colouring Ponceau 4R which may cause allergic reactions (see section 4.4).

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.

Any suspected adverse events should be reported to the Ministry of Health according to the National Regulation by using an online form https://sideeffects.health.gov.il

4.9 Overdose

Bismuth

Bismuth intoxication may present as an acute encephalopathy with confusion, myoclonic movements, tremor, dysarthria and walking and standing disorders. Bismuth intoxication may also cause gastrointestinal disturbances, skin reactions, discolouration of mucous membranes, and renal dysfunction as a result of acute tubular necrosis. Treatment includes gastric lavage, purgation and hydration. Chelating agents may be effective in the early stages following ingestion and haemodialysis may be necessary.

Salicylate

Overdose of Kalbeten may also give symptoms of salicylate intoxification. Salicylate poisoning is usually associated with plasma concentrations >350 mg/L (2.5 mmol/L). Most adult deaths occur in patients whose concentrationsexceed 700 mg/L (95.1 mmol/L). Single doses less than 100 mg/kg are unlikely to cause serious poisoning.
If symptoms occur, use of Kalbeten should be discontinued. Management of overdose is the same as that for salicylate overdose:

Common features include vomiting, dehydration, tinnitus, vertigo, deafness, sweating, warm extremities with bounding pulses, increased respiratory rate andhyperventilation. Some degree of acid-base disturbance is present in most cases.

A mixed respiratory alkalosis and metabolic acidosis with normal or high arterial pH (normal or reduced hydrogen ion concentration) is usual in adults and children over the age of 4 years. In children aged 4 years or less, a dominant metabolic acidosis with low arterial pH (raised hydrogen ion concentration) is common. Acidosis may increase salicylate transfer across the blood brain barrier.

Uncommon features include haematemesis, hyperpyrexia, hypoglycaemia, hypokalaemia, thrombocytopaenia, increased INR/PTR, intravascular coagulation, renal failure and non-

cardiac pulmonary oedema.
Central nervous system features including confusion, disorientation, coma andconvulsions are less common in adults than in children.

Management

Give activated charcoal if an adult presents within one hour of ingestion of more than 250 mg/kg. The plasma salicylate concentration should be measured, although the severity of poisoning cannot be determined from this alone and the clinical and biochemical features must be taken into account. Elimination is increased by urinary alkalinisation, which is achieved by the administration of 1.26% sodium bicarbonate. The urine pH should be monitored. Correct metabolic acidosis with intravenous 8.4% sodium bicarbonate (first check serum potassium). Forced diuresis should not be usedsince it does not enhance salicylate excretion and may cause pulmonary oedema.

Haemodialysis is the treatment of choice for severe poisoning and should be considered in patients with plasma salicylate concentrations >700 mg/L (5.1 mmol/L), or lower concentrations associated with severe clinical or metabolicfeatures. Patients under 10 years or over 70 have increased risk of salicylate toxicity and may require dialysis at an earlier stage.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: ATC code: A07B B

The demulcent base provides a protective coating of the lower oesophagus and a partial coating in the stomach which holds the bismuth subsalicylate in suspension.

Limited in vitro studies have shown BSS to have some activity against enteropathogens, ie Clostridium. Bacteroides, E. Coli, Salmonella Shigella, campylobacter (Helicobacter) and Yersinia, but not against anaerobes. There are insufficient data to determine whether these findings have any relevance to treatmentoutcomes in the patient population who may receive BSS.

5.2 Pharmacokinetic properties

Bismuth subsalicylate is converted to bismuth carbonate and sodium salicylatein the small intestine.
The oral bioavailability of bismuth administered as bismuth subsalicylate isextremely low. Very little is known about bismuth distribution in human tissue. Renal clearance is the primary route of elimination for absorbed bismuth, however biliary clearance may also have a role. The remainder is eliminated as insoluble bismuth salts in the faeces. Following the maximum recommended daily adult dose, the mean biological half life is approximately 33 hours and peak plasma bismuth levels remain below 35ppb.

Salicylate is absorbed from the intestine and rapidly distributed to all body tissues. Peak plasma levels after maximum recommended daily dosing are about 110 micrograms/ml. Salicylate is rapidly excreted from the body andhas a mean biological half life of approximately 4 - 5.5 hours.

5.3 Preclinical safety data

There are no pre-clinical safety data of relevance to health professionals, otherthan those already included in other sections of the SPC.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Kalbeten suspension

Propylene glycol

Aluminium magnesium silicate

Carboxymethyl cellulose sodium

Sodium salicylate

Methyl salicylate

Salicylic acid

Sorbic acid

Saccharine sodium

Benzoic acid

Ponceau 4R

Purified water

Kalbeten Forte suspension

Propylene glycol

Aluminium magnesium silicate

Carboxymethyl cellulose sodium

Raspberry Flavour

Sodium salicylate

Salicylic acid

Sorbic acid

Saccharine sodium

Benzoic acid

Ponceau 4R

Purified water

Kalbeten Tablets:

microcrystalline cellulose, calcium carbonate, mannitol, sodium starch glycolate, povidone, colloidal silicon dioxide, magnesium stearate, polysorbate 80, Red Lake No. 3, sodium

saccharin, Eudragit E 100, talc

Kalbeten Forte Caplets:

microcrystalline cellulose, calcium carbonate, sodium starch glycolate, povidone, colloidal silicon dioxide, magnesium stearate, polysorbate 80, Red Lake No. 3
Opadry II

6.2 Incompatibilities

None stated.

6.3. Shelf Life

The expiry date of the products is indicated on the printed materials.

6.4 Special precautions for storage

Store below 25°C.
Shake the suspension before use.

6.5 Nature and contents of container

Kalbeten suspension: 100 ml and 200 ml polyethylene bottles.
Kalbeten Forte Suspension: 100 ml polyethylene bottle.
Kalbeten Tablets: 10, 20, 30 and 40 tablets in blisters. 10 tablets in a bottle.
Kalbeten Forte Caplets: 5, 10, 20 caplets in blisters.
Not all package sizes may be marketed.

6.6 Special precautions for disposal

No special requirement.

7 MARKETING AUTHORISATION HOLDER AND MANUFACTURER

SAM-ON LTD
25 Ehud Kinamon (Haavoda) ST., Bat-Yam, 5960202 Israel

8. MARKETING AUTHORISATION NUMBERS

Kalbeten tablets	114 90 29652
Kalbeten forte caplets	140 95 31841
Kalbeten suspension	68 93 28288
Kalbeten forte suspension	131 72 30868

Revised in 1/2022 according to MoH guidelines.

SPMC rev date	Revised chapters	Reference for update	Remarks
1/2022	4.4 Special warnings and precautions for use 4.6 Fertility, pregnancy and lactation 4.9 Overdose	Pepto-Bismol Chewable Tablets - 262.5mg-tab-SPMC 3/2016 Pepto-Bismol Suspension-17.5mg-ml-SPMC 1/2019	Indication, dosage, CI age – no changes. According MOH instructions. First SMPC addition. Remarked changes are compared to previous PL