1.6 Product Information

1.6.1 Prescribing information (Summary of Product Characteristics)

1. Name of the medicinal product

Rheumac tablets

2. Qualitative and quantitative composition

Each film coated tablet contains: Diclofenac sodium BP 50mg

3. Pharmaceutical form

Oral Tablets

4. Clinical Particulars

4.1 Therapeutic Indications

RHEUMAC is used for the relief of pain and inflammation in:

- Rheumatoid Arthritis;
- Ankylosing Spondylitis;
- Osteoarthritis;
- Painful syndromes of the vertebral column;
- Non-articular rheumatism;
- Painful post-traumatic and post-operative inflammation and swelling;
- 4 Painful and/or inflammatory conditions in gynaecology, e.g. primary dysmenorrhoea or adnexitis.

Posology and method of administration

The usual dose of RHEUMAC (Diclofenac sodium) by mouth is 75 to 150 mg daily in divided doses. The dose is best taken with a little milk or food to avoid a possible gastro-intestinal irritation.

RHEUMAC'SR tablets is administered as a single daily dose.

4.2 Contraindications

Known hypersensitivity to diclofenac sodium; known allergy to aspirin or other non-steroidal anti-inflammatory drugs; and existing peptic ulcers; these would constitute definite contraindications to the use of RHEUMAC in the patients concerned.

Caution in the case of elderly patients is necessary on fundamental medical grounds and it is advisable to employ the lowest effective dose for treating people who are frail or of low body weight.

Particular caution must be exercised in the case of patients with impaired cardiac or renal functions, or patients taking diuretics, or patients with extracellular volume depletion of any aetiology, e.g. before or after major surgery, in view of the importance of prostaglandins in maintaining renal blood flow.

When a prolonged treatment is undertaken with RHEUMAC®, periodic blood counts and monitoring of hepatic functions must be undertaken to forestall any harm which the treatment entails.

Diclofenac Sodium can increase the activity of one or more of the liver enzymes.

4.3 Special Warnings and Precautions for Use

Known hypersensitivity to diclofenac sodium; known allergy to aspirin or other non-steroidal anti-inflammatory drugs; and existing peptic ulcers; these would constitute definite contraindications to the use of RHEUMAC in the patients concerned.

Caution in the case of elderly patients is necessary on fundamental medical grounds and it is advisable to employ the lowest effective dose for treating people who are frail or of low body weight.

Particular caution must be exercised in the case of patients with impaired cardiac or renal functions, or patients taking diuretics, or patients with extracellular volume depletion of any aetiology, e.g. before or after major surgery, in view of the importance of prostaglandins in maintaining renal blood flow.

When a prolonged treatment is undertaken with RHEUMAC®, periodic blood counts and monitoring of hepatic functions must be undertaken to forestall any harm which the treatment entails.

Diclofenac Sodium can increase the activity of one or more of the liver enzymes.

4.4 Interaction with other medicinal products and other forms of Interaction

Diclofenac may raise the plasma concentrations of lithium and digoxin if these are concurrently administered to the patient, necessitating their dose adjustments

If an increase in the toxicity of methotrexate is to be avoided, the administrations of diclofenac and methotrexate must be spaced apart from other by more than 24 hours. The bulk of clinical evidence the exception of some isolated cases, indicates that diclofenac does not interfere with the activity of anticoagulants. Nevertheless it would be in the patient's interest if he is monitored in this respect.

4.5 Pregnancy and Lactation

Pregnancy:

Inhibition of prostaglandin synthesis may adversely affect the pregnancy and/or the embryo/foetal development. Data from epidemiological studies suggest an increased risk of miscarriage and of cardiac malformation and gastroschisis after use of a prostaglandin synthesis inhibitor in early pregnancy. The absolute risk for cardiovascular malformation was increased from less than 1%, up to approximately 1.5 %.

The risk is believed to increase with dose and duration of therapy. In animals, administration of a prostaglandin synthesis inhibitor has been shown to result in increased pre- and post-implantation loss and embryo-foetal lethality.

In addition, increased incidences of various malformations, including cardiovascular, have been reported in animals given a prostaglandin synthesis inhibitor during the organogenetic period.. If diclofenac is used by a woman attempting to conceive, or during the first and second trimester of pregnancy, the dose should be kept as low and duration of treatment as short as possible.

During the third trimester of pregnancy, all prostaglandin synthesis inhibitors may expose the foetus to:

- cardiopulmonary toxicity (with premature closure of the ductus arteriosus and pulmonary hypertension);
- Renal dysfunction, which may progress to renal failure with oligo-hydroamniosis; the mother and the neonate, at the end of pregnancy, to:
- Possible prolongation of bleeding time, an anti-aggregating effect which may occur even at very low doses.
- Inhibition of uterine contractions resulting in delayed or prolonged labour.

Consequently, diclofenac sodium tablets are contraindicated during the third trimester of pregnancy.

Breast-feeding:

Like other NSAIDs, diclofenac passes into the breast milk in small amounts. Therefore, diclofenac should not be administered during breast feeding in order to avoid undesirable effects in the infant (see section 5.2)

Female Fertility

As with other NSAIDs, the use of diclofenac may impair female fertility and is not recommended in women attempting to conceive. In women who have difficulties conceiving or who are undergoing investigation of infertility, withdrawal of diclofenac should be considered (see also section 4.4, regarding female fertility)

4.6 Effects on Ability to Drive and Use Machines

None unknown

4.7 Undesirable Effects

Patients should be warned about the potential for drowsiness, dizziness, confusion, hallucinations, convulsions or transient visual disorders, and advised not to drive or operate machinery if these symptoms occur

4.8 Overdose and treatment

Symptoms

There is no typical clinical picture resulting from diclofenac over dosage. Over dosage can cause symptoms such as headache, nausea, vomiting, epigastric pain, gastrointestinal haemorrhage, diarrhoea, dizziness, disorientation, excitation, coma, drowsiness, tinnitus, fainting or convulsions. In the case of significant poisoning acute renal failure and liver damage are possible.

Therapeutic measures

Management of acute poisoning with NSAIDs, including diclofenac, essentially consists of supportive measures and symptomatic treatment. Supportive measures and symptomatic treatment should be given for complications such as hypotension, renal failure, convulsions, gastrointestinal disorder, and respiratory depression.

Special measures such as forced diuresis, dialysis or haemo-perfusion are probably of no help in eliminating NSAIDs, including diclofenac, due to the high protein binding and extensive metabolism.

Activated charcoal may be considered after ingestion of a potentially toxic overdose, and gastric decontamination (e.g. vomiting, gastric lavage) after ingestion of a potentially life threatening overdose

5. Pharmacological properties

5.1 Pharmacodynamic properties

Diclofenac is the first of a series of phenylacetic acid derivatives developed as anti-flammatory agents

Diclofenac sodium is a therapeutic agent possessing analgesic and anti-flammatory activities. It acts by inhibiting cyclo-oxygenase enzyme thereby inhibiting the biosynthesis of prostaglandins in the body which mediate in the pathogenesis of inflammation, fever and pain. It's potency to inhibit this enzyme is substantially greater than that of indomethacin, naproxen and several other agents.

In addition, diclofenac appears to reduce intracellular concentrations of free arachidonate in leucocytes, perhaps by alerting the release or uptake of the fatty acid.

5.2 Pharmacokinetic properties

Diclofenac is rapidly and completely absorbed after oral administration, however it is absorbed more slowly when given as an enteric coated tablet.

Diclofenac is also absorbed perculaneosly.

Peak plasma concentrations in plasma are reached within 2 to 3 hours. Administration with food slows the rate but does not alter the extent of absorption

There is a substantial first –pass effect, such that only about 50%of diclofenac is available systematically. The drug is extensively bound to plasma proteins (99%) and its half-life in plasma is 1 to 2 hours

Diclofenac accumulates in synovial fluid after oral administration, which explains why the duration of therapeutic effect is considerably longer than the plasma half-life.

Diclofenac is metabolized in the liver to 4-hydroxydiclofenac, the principal metabolite, and other hydroxylated forms namely 5-hydroxydiclofenac, 3-hydroxydiclofenac and 4, 5 dihydroxydiclofenac after gruculonidation and sulfation, the metabolites are excreted in the urine (65%) and bile (35%)

5.3 Preclinical safety data

Not applicable

6. Pharmaceutical Particulars

6.1 List of Excipients•

Lactose Monohydrate

Microcrystalline Cellulose pH 101

Sodium Starch Glycolate

White Corn Starch (for paste)

Povidone K-30

Sodium Benzoate

Sodium Starch Glycolate

Colloidal Silicon Dioxide

Crospovidone

Magnesium Stearate

Hydroxypropyl Methylcellulose (5cps)

Polyethylene Glycol (PEG 6000)

Titanium Dioxide

Sunset Yellow Lake Colour

Purified Talc

Isopropyl Alcohol (IPA)

Purified Water

6.2 Incompatibilities

None known.

6.3 Shelf Life

36 months from the date of manufacture

6.4 Special Precautions for Storage

Store below 30°C in a dry place.

6.5 Nature and Contents of Container

Packed in blisters of 10x10's in a unit box, 1000's in HDPE container with literature insert.

6.6 Special precaution for disposal and other handling

Not applicable

MODULE 1	:	ADMINISTRATIVE INFORMATION & PRODUCT INFORMATION

7 Marketing Authorization Holder and Manufacturing Site Addresses
Marketing Authorization Holder:

Company Name: LABORATORY & ALLIED LTD

Address: Plot No. 209/10349, Opposite Sameer Business Park, Next to Libra House, Mombasa road, P.O. Box 42875 GPO 00100, Nairobi,

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Manufacturing Site Address:

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Country : Kenya

Telephone : +254 20 8040306

Telefax : +254 20 8040309

E-Mail : info@laballied.com

8 Marketing Authorization Number:
KENYA: 9329

9 Date of first Registration/ Renewal of the Registration:
KENYA:
Registration: 1996

Renewal / Retention: 2019

10 Date of revision of the text:
May 2019