# DICLOFENAC POTASSIUM 50MG TABLETS
**PL 20046/0078**

## UKPAR

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LAY SUMMARY

The MHRA granted Focus Pharmaceuticals Limited a Marketing Authorisation (licence) for the medicinal product Diclofenac Potassium 50mg Tablets on 5th February 2010. This product, to be available by prescription only (POM), contains diclofenac potassium and is used for the following:

- Sprains, strains and other injuries
- Pain and inflammation following surgery
- Gout
- Other painful conditions affecting the joints and muscles such as backache, rheumatoid arthritis, osteoarthritis, ankylosing spondylytis and pyrophosphate arthropathy

The tablets can also be used to relieve the symptoms associated with migraine attacks in adults.

Diclofenac potassium belongs to a group of medicines called non-steroidal anti-inflammatory drugs (NSAIDs), which are used to reduce pain and inflammation.

This application is a duplicate of a previously granted application for Gentian Generics Diclofenac Potassium Tablets 50mg (PL 33217/0011), for which a marketing authorisation was granted to Gentian Generics Limited on 25th February 2009.

No new or unexpected safety concerns arose from this simple application and it was, therefore, judged that the benefits of taking Diclofenac Potassium 50mg Tablets outweigh the risks, hence a Marketing Authorisation has been granted.
DICLOFENAC POTASSIUM 50MG TABLETS
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SCIENTIFIC DISCUSSION

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INTRODUCTION

The UK granted a marketing authorisation for the medicinal product Diclofenac Potassium 50mg Tablets (PL 20046/0078) to Focus Pharmaceuticals Limited on 5th February 2010. The product is available as a prescription only medicine (POM) for the treatment of the following:

- Rheumatoid arthritis
- Osteoarthritis
- Low back pain
- Migraine attacks
- Acute musculo-skeletal disorders and trauma such as periarthritis (especially frozen shoulder), tendinitis, tenosynovitis, bursitis, sprains, strains and dislocations; relief of pain in fractures
- Ankylosing spondylitis
- Acute gout
- Control of pain and inflammation in orthopaedic, dental and other minor surgery
- Pyrophosphate arthropathy and associated disorders

Diclofenac potassium belongs to a group of medicines called non-steroidal anti-inflammatory drugs (NSAIDs), which are used to reduce pain and inflammation.

The application was submitted as a simple abridged application according to Article 10c (formerly Article 10.1(a)(i)) of Directive 2001/83/EC, cross-referring to Gentian Generics Diclofenac Potassium Tablets 50mg (PL 33217/0011), for which a marketing authorisation was granted to Gentian Generics Limited on 25th February 2009.

No new data were submitted nor were they necessary for this simple application, as the data are identical to that of the previously granted cross-reference product. As the cross-reference product was granted prior to the introduction of current legislation, no PAR was generated for this.
1. INTRODUCTION
This was a simple, piggy back application for Diclofenac Potassium 50mg Tablets submitted under Article 10c (formerly Article 10.1(a)(i)) of Directive 2001/83/EC. The proposed MA holder is Focus Pharmaceuticals Limited, Unit 5 Faraday Court, First Avenue, Centrum 100, Burton upon Trent, Staffordshire, DE14 2WX, United Kingdom.

The application cross-refers to Gentian Generics Diclofenac Potassium Tablets 50mg (PL 33217/0011), approved on 25th February 2009 to the marketing authorisation holder Gentian Generics Limited. The current application is considered valid.

2. MARKETING AUTHORISATION APPLICATION FORM
2.1 Name(s)
The proposed name of the product is Diclofenac Potassium 50mg Tablets The product has been named in-line with current requirements.

2.2 Strength, pharmaceutical form, route of administration, container and pack sizes
The product contains diclofenac sodium, equivalent to 50mg. It is to be stored in either:
1. aluminium/oriented polyamide/polyvinyl chloride blisters in pack sizes of 7, 12, 21, 28, 30, 50, 56, 60, 84, 100.
2. polypropylene containers with low-density polyethylene caps in pack sizes of 100 and 500 tablets.

The proposed shelf-life (3 years) and storage conditions (none) are consistent with the details registered for the cross-reference product.

2.3 Legal status
On approval, the product will be available as a prescription-only medicine (POM).

2.4 Marketing authorisation holder/Contact Persons/Company
Focus Pharmaceuticals Limited, Unit 5 Faraday Court, First Avenue, Centrum 100, Burton upon Trent, Staffordshire, DE14 2WX, United Kingdom.

The QP responsible for pharmacovigilance is stated and his CV is included.

2.5 Manufacturers
The proposed manufacturing sites are consistent with those registered for the cross-reference product and evidence of GMP compliance has been provided.
2.6 Qualitative and quantitative composition
The proposed composition is consistent with the details registered for the cross-reference product.

2.7 Manufacturing process
The proposed manufacturing process is consistent with the details registered for the cross-reference product and the maximum batch size is stated.

2.8 Finished product/shelf-life specification
The proposed finished product specification is in-line with the details registered for the cross-reference product.

2.9 Drug substance specification
The proposed drug substance specification is consistent with the details registered for the cross-reference product.

2.10 TSE Compliance
No materials of animal or human origin are included in the product. This is consistent with the cross reference product.

3. EXPERT REPORTS
The applicant has included detailed expert reports in Module 2 of the application. Signed declarations and copies of the experts’ CVs are enclosed in Module 1.4 for the quality, non-clinical and clinical experts. All are considered to have sufficient experience for their responsibilities.

4. PRODUCT NAME & APPEARANCE
See 2.1 for details of the proposed product name. The appearance of the product is identical to the cross-reference product.

5. SUMMARY OF PRODUCT CHARACTERISTICS
The proposed summary is consistent with the details registered for the cross-reference product.

6. PATIENT INFORMATION LEAFLET/CARTON
PIL
The patient information leaflet has been prepared in-line with the details registered for the cross-reference product.

Carton and blister
The proposed artwork is comparable to the artwork registered for the cross-reference product and complies with statutory requirements. In-line with current legislation, the applicant has also included the name of the product in Braille on the outer packaging and has included sufficient space for a standard UK pharmacy dispensing label.
7. CONCLUSIONS
The data submitted with the application is acceptable. A Marketing Authorisation should be granted.
PRECLINICAL ASSESSMENT

No new preclinical data have been supplied with this application and none are required for an application of this type.
CLINICAL ASSESSMENT

No new clinical data have been supplied with this application and none are required for an application of this type.
OVERALL CONCLUSION AND RISK BENEFIT ASSESSMENT

QUALITY
The data for this application are consistent with that previously assessed for the cross-reference product and as such have been judged to be satisfactory.

PRECLINICAL
No new preclinical data were submitted and none are required for an application of this type.

EFFICACY
This application is identical to the previously granted application for Gentian Generics Diclofenac Potassium Tablets 50mg (PL 33217/0011).

No new or unexpected safety concerns arise from this application.

The SPC, PIL and labelling are satisfactory and consistent with those for the cross-reference product.

RISK BENEFIT ASSESSMENT
The quality of the product is acceptable and no new preclinical or clinical safety concerns have been identified. The applicant’s product is identical to the cross-reference product. Extensive clinical experience with diclofenac potassium is considered to have demonstrated the therapeutic value of the compound. The risk:benefit is, therefore, considered to be positive.
DICLOFENAC POTASSIUM 50MG TABLETS
PL 20046/0078

STEPS TAKEN FOR ASSESMENT

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DICLOFENAC POTASSIUM 50MG TABLETS
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STEPS TAKEN AFTER ASSESSMENT

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DICLOFENAC POTASSIUM 50MG TABLETS
PL 20046/0078

SUMMARY OF PRODUCT CHARACTERISTICS

1 NAME OF THE MEDICINAL PRODUCT
Diclofenac Potassium 50 mg Tablets

2 QUALITATIVE AND QUANTITATIVE COMPOSITION
Each film-coated tablet contains 50 mg of diclofenac potassium

Also contains Lecithin Soya E322.

This medicine contains 0.150 mmol (5.85mg) potassium per 50mg tablet.

For a full list of excipients, see section 6.1

3 PHARMACEUTICAL FORM
Film-coated tablets
Reddish-brown, circular, coated, biconvex tablets, diameter 9mm

4 CLINICAL PARTICULARS
4.1 Therapeutic indications
Rheumatoid arthritis
Osteoarthrosis
Low back pain
Migraine attacks
Acute musculo-skeletal disorders and trauma such as periarthritis (especially frozen shoulder), tendinitis, tenosynovitis, bursitis, sprains, strains and dislocations; relief of pain in fractures
Ankylosing spondylitis
Acute gout
Control of pain and inflammation in orthopaedic, dental and other minor surgery
Pyrophosphate arthropathy and associated disorders

4.2 Posology and method of administration
For oral administration.
To be taken preferably with or after food.
The tablets should be swallowed whole with liquid

Undesirable effects may be minimised by using the lowest effective dose for the shortest duration necessary to control symptoms (see section 4.4)

Adults
The recommended daily dose is 100-150 mg in two or three divided doses. For milder cases, 75-100 mg daily in two or three divided doses is usually sufficient.

In migraine an initial dose of 50 mg should be taken at the first signs of an impending attack. In cases where relief 2 hours after the first dose is not sufficient, a further dose of 50 mg may be taken. If needed, further doses of 50 mg may be taken at intervals of 4-6 hours, not exceeding a total dose of 200 mg per day.

Children
For children over 14 years of age, the recommended daily dose is 75-100 mg in two or three divided doses. Diclofenac Potassium 50 mg tablets are not recommended for children under 14 years of age. The use of Diclofenac Potassium 50 mg tablets in migraine attacks has not been established in children.
**Elderly**
The elderly are at increased risk of the serious consequences of adverse reactions. If an NSAID is considered necessary, the lowest effective dose should be used and for the shortest possible duration. The patient should be monitored regularly for GI bleeding during NSAID therapy.

Undesirable effects may be minimised by using the lowest effective dose for the shortest duration necessary to control symptoms (see section 4.4)

4.3 **Contraindications**
- Hypersensitivity to diclofenac or any of the excipients.
- Active, or history of recurrent peptic ulcer / haemorrhage (two or more distinct episodes of proven ulceration or bleeding).
- NSAIDs are contraindicated in patients who have previously shown hypersensitivity reactions (e.g. asthma, rhinitis, angioedema, or urticaria) in response to ibuprofen, aspirin, or other non-steroidal anti-inflammatory drugs.
- Severe heart failure, hepatic failure and renal failure (see section 4.4).
- History of gastro-intestinal bleeding or perforation, relating to previous NSAID therapy.
- During the last trimester of pregnancy (see section 4.6).
- This product contains soya. If you are allergic to peanut or soya, do not use this medicinal product.

4.4 **Special warnings and precautions for use**

**Warnings**
Undesirable effects may be minimised by using the lowest effective dose for the shortest duration necessary to control symptoms (see section 4.2, and GI and cardiovascular risks below).

The use of Diclofenac potassium with concomitant NSAIDs including cyclooxygenase-2 selective inhibitors should be avoided (see section 4.5).

**Elderly:**
The elderly have increased frequency of adverse reactions to NSAIDs especially gastro intestinal bleeding and perforation which may be fatal (see section 4.2).

**Gastrointestinal:**
Close medical surveillance is imperative in patients with symptoms indicative of gastrointestinal disorders, with a history suggestive of gastric or intestinal ulceration, with ulcerative colitis, or with Crohn's disease as these conditions may be exacerbated (see section 4.8 Undesirable effects).

Patients with a history of GI toxicity, particularly when elderly, should report any unusual abdominal symptoms (especially GI bleeding).

**Gastrointestinal bleeding, ulceration and perforation:**
GI bleeding, ulceration or perforation, which can be fatal, has been reported with all NSAIDs at any time during treatment, with or without warning symptoms or a previous history of serious GI events.

The risk of GI bleeding, ulceration or perforation is higher with increasing NSAID doses, in patients with a history of ulcer, particularly if complicated with haemorrhage or perforation (see section 4.3), and in the elderly. These patients should commence treatment on the lowest dose available. Combination therapy with protective agents (e.g. misoprostol or proton pump inhibitors) should be considered for these patients, and also for patients requiring concomitant low dose aspirin, or other drugs likely to increase gastrointestinal risk (see below and section 4.5).

Patients with a history of GI toxicity, particularly when elderly, should report any unusual abdominal symptoms (especially GI bleeding) particularly in the initial stages of treatment.

Caution should be advised in patients receiving concomitant medications which increase the risk of ulceration or bleeding, such as oral corticosteroids, anticoagulants such as warfarin, selective serotonin-reuptake inhibitors or anti-platelet agents such as aspirin (see section 4.5).

When GI bleeding or ulceration occurs in patients receiving diclofenac potassium, the treatment should be withdrawn.
NSAIDs should be given with care to patients with a history of gastrointestinal disease (ulcerative colitis, Crohn's disease) as these conditions may be exacerbated (see section 4.8).

**Hepatic**

Close medical surveillance is imperative in patients suffering from severe impairment of hepatic function.

**Hypersensitivity reactions**

As with other non-steroidal anti-inflammatory drugs, allergic reactions, including anaphylactic/anaphylactoid reactions, can occur without earlier exposure to the drug (see section 4.8).

Like other NSAIDs, Diclofenac Potassium tablets may mask the signs and symptoms of infection due to their pharmacodynamic properties.

**SLE and mixed connective tissue disease:**

In patients with systemic lupus erythematosus (SLE) and mixed connective tissue disorders there may be an increased risk of aseptic meningitis (see section 4.8).

**Precautions**

**Cardiovascular, Renal and Hepatic Impairment:**

The administration of an NSAID may cause a dose dependent reduction in prostaglandin formation and precipitate renal failure. Patients at greatest risk of this reaction are those with impaired renal function, cardiac impairment, liver dysfunction, those taking diuretics and the elderly. Renal function should be monitored in these patients (see also section 4.3).

**Hepatic**

If abnormal liver function tests persist or worsen, clinical signs or symptoms consistent with liver disease develop or if other manifestations occur (eosinophilia, rash), Diclofenac Potassium tablets should be discontinued. Hepatitis may occur without prodromal symptoms.

Use of Diclofenac Potassium tablets in patients with hepatic porphyria may trigger an attack.

**Haematological**

Diclofenac Potassium tablets may reversibly inhibit platelet aggregation (see section 4.5 “Interactions”). Patients with defects of haemostasis, bleeding diathesis or haematological abnormalities should be carefully monitored.

**Long term treatment**

All patients who are receiving long term treatment with non-steroidal, anti-inflammatory agents should be monitored as a precautionary measure eg renal function, hepatic function (elevation of liver enzymes may occur) and blood counts. This is particularly important in the elderly.

**Respiratory disorders**

Caution is required if administered to patients suffering from, or with a previous history of, bronchial asthma since NSAIDs have been reported to precipitate bronchospasm in such patients.

**Cardiovascular and cerebrovascular effects:-**

Appropriate monitoring and advice are required for patients with a history of hypertension and/or mild to moderate congestive heart failure as fluid retention and oedema have been reported in association with NSAID therapy.

Clinical trial and epidemiological data suggest that use of diclofenac, particularly at high dose (150mg daily) and in long term treatment may be associated with a small increased risk of arterial thrombotic events (for example myocardial infarction or stroke).

Patients with uncontrolled hypertension, congestive heart failure, established ischaemic heart disease, peripheral arterial disease, and/or cerebrovascular disease should only be treated with diclofenac after careful consideration. Similar consideration should be made before initiating longer-
term treatment of patients with risk factors for cardiovascular events (e.g. hypertension, hyperlipidaemia, diabetes mellitus, and smoking).

Dermatological:
Serious skin reactions, some of them fatal, including exfoliative dermatitis, Stevens-Johnson syndrome and toxic epidermal necrolysis, have been reported very rarely in association with the use of NSAIDs (see section 4.8). Patients appear to be at the highest risk for these reactions early in the course of therapy, the onset of the reaction occurring in the majority of cases within the first month of treatment. Diclofenac potassium should be discontinued at the first appearance of skin rash, mucosal lesions or any other signs of hypersensitivity.

Impaired female fertility:
The use of Diclofenac Potassium tablets may impair female fertility and is not recommended in women attempting to conceive. In women who may have difficulties conceiving or who are undergoing investigation of infertility, withdrawal of Diclofenac Potassium tablets should be considered.

4.5 Interaction with other medicinal products and other forms of interaction
Other analgesics including cyclooxygenase-2 selective inhibitors: Avoid concomitant use of two or more NSAIDs (including aspirin) as this may increase the risk of adverse effects (see section 4.4).

Anti-hypertensives: Reduced anti-hypertensive effect.

Diuretics: Reduced diuretic effect. Diuretics can increase the risk of nephrotoxicity of NSAIDs.

Cardiac glycosides: NSAIDs may exacerbate cardiac failure, reduce GFR and increase plasma glycoside levels.

Lithium: Decreased elimination of lithium

Methotrexate: Decreased elimination of methotrexate.

Ciclosporin: Increased risk of nephrotoxicity.

Mifepristone: NSAIDs should not be used for 8-12 days after mifepristone administration as NSAIDs can reduce the effect of mifepristone.

Corticosteroids: Increased risk of gastrointestinal ulceration or bleeding (see section 4.4).

Anti-coagulants: NSAIDs may enhance the effects of anti-coagulants, such as warfarin (see section 4.4).

Quinolone antibiotics: Animal data indicate that NSAIDs can increase the risk of convulsions associated with quinolone antibiotics. Patients taking NSAIDs and quinolones may have an increased risk of developing convulsions.

Anti-platelet agents and selective serotonin reuptake inhibitors (SSRIs): Increased risk of gastrointestinal bleeding (see section 4.4).

Tacrolimus: Possible increased risk of nephrotoxicity when NSAIDs are given with tacrolimus.

Zidovudine: Increased risk of haematological toxicity when NSAIDs are given with zidovudine. There is evidence of an increased risk of haemarthroses and haematoma in HIV(+) haemophiliacs receiving concurrent treatment with zidovudine and ibuprofen.

Antidiabetic agents: Clinical studies have shown that Diclofenac Potassium tablets can be given together with oral antidiabetic agents without influencing their clinical effect. However there have been isolated reports of hypoglycaemic and hyperglycaemic effects which have required adjustment to the dosage of hypoglycaemic agents.
4.6 Pregnancy and lactation
Congenital abnormalities have been reported in association with NSAID administration in man; however, these are low in frequency and do not appear to follow any discernible pattern. In view of the known effects of NSAIDs on the foetal cardiovascular system (risk of closure of the ductus arteriosus), use in the last trimester of pregnancy is contraindicated. The onset of labour may be delayed and the duration increased with an increased bleeding tendency in both mother and child (see section 4.3). NSAIDs should not be used during the first two trimesters of pregnancy or labour unless the potential benefit to the patient outweighs the potential risk to foetus.

Lactation
In limited studies so far available, NSAIDs can appear in breast milk in very low concentrations. NSAIDs should, if possible, be avoided when breastfeeding.

See section 4.4 Special warnings and precautions for use, regarding female fertility.

4.7 Effects on ability to drive and use machines
Undesirable effects such as dizziness, drowsiness, fatigue and visual disturbances are possible after taking NSAIDs. If affected, patients should not drive or operate machinery.

4.8 Undesirable effects
If serious side-effects occur, Diclofenac Potassium tablets should be withdrawn.

Clinical Trial and epidemiological data suggest that use of diclofenac, particularly at high doses (150 mg daily) and in long term treatment may be associated with a small increased risk of arterial thrombotic events (for example myocardial infarction or stroke) (see section 4.4)

Gastrointestinal: The most commonly-observed adverse events are gastrointestinal in nature. Peptic ulcers, perforation or GI bleeding, sometimes fatal, particularly in the elderly, may occur (see section 4.4). Nausea, vomiting, diarrhoea, flatulence, constipation, dyspepsia, abdominal pain, melaena, haematemesis, ulcerative stomatitis, exacerbation of colitis and Crohn's disease (See section 4.4) have been reported following administration. Less frequently, gastritis has been observed. Pancreatitis has been reported very rarely.

Hypersensitivity: Hypersensitivity reactions have been reported following treatment with NSAIDs. These may consist of (a) non-specific allergic reactions and anaphylaxis (b) respiratory tract reactivity comprising asthma, aggravated asthma, bronchospasm or dyspnoea, or (c) assorted skin disorders, including rashes of various types, pruritus, urticaria, purpura, angiodema and, more rarely exfoliative and bullous dermatoses (including epidermal necrolysis and erythema multiforme).

Other adverse reactions reported less commonly include:
Renal: Nephrotoxicity in various forms, including interstitial nephritis, nephritic syndrome and renal failure.

Hepatic: abnormal liver function, hepatitis and jaundice.

Neurological and special senses: Visual disturbances, optic neuritis, headaches, paraesthesia, reports of aseptic meningitis (especially in patients with existing autoimmune disorders, such as systemic lupus erythematosus, mixed connective tissue disease), with symptoms such as stiff neck, headache, nausea, vomiting, fever or disorientation (See section 4.4), depression, confusion, hallucinations, tinnitus, vertigo, dizziness, malaise, fatigue and drowsiness.

Haematological: Thrombocytopenia, neutropenia, agranulocytosis, aplastic anaemia and haemolytic anaemia.

Dermatological: Bullous reactions including Stevens Johnson Syndrome and Toxic Epidermal Necrolysis (very rare). Photosensitivity.

Cardiovascular system: In isolated cases, Palpitations, chest pain, hypertension, congestive heart failure.
4.9 Overdose

a) Symptoms
Symptoms include headache, nausea, vomiting, epigastric pain, gastrointestinal bleeding, rarely diarrhoea, disorientation, excitation, coma, drowsiness, tinnitus, fainting, occasionally convulsions. In rare cases of significant poisoning acute renal failure and liver damage are possible.

b) Therapeutic measure
Patients should be treated symptomatically as required.

Within one hour of ingestion of a potentially toxic amount, activated charcoal should be considered. Alternatively, in adults, gastric lavage should be considered within one hour of ingestion of a potentially life-threatening overdose.

Good urine output should be ensured.

Renal and liver function should be closely monitored.

Patients should be observed for at least four hours after ingestion of potentially toxic amounts. Frequent or prolonged convulsions should be treated with intravenous diazepam.

Other measures may be indicated by the patient's clinical condition.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties
Pharmacotherapeutic group: Non-steroidal anti-inflammatory drug (NSAID).
ATC code: M01A B05

Diclofenac Potassium tablets contain the potassium salt of diclofenac, a non-steroidal compound with pronounced and clinically demonstrable analgesic, anti-inflammatory and anti-pyretic properties.

Diclofenac is a potent inhibitor of prostaglandin biosynthesis and a modulator of arachidonic acid release and uptake.

Diclofenac Potassium tablets have a rapid onset of action and are therefore suitable for the treatment of acute episodes of pain and inflammation.

In migraine attacks Diclofenac Potassium tablets have been shown to be effective in relieving the headache and in improving the accompanying symptom of nausea.

Diclofenac in vitro does not suppress proteoglycan biosynthesis in cartilage at concentrations equivalent to the concentrations reached in human beings.

5.2 Pharmacokinetic properties

Absorption
Diclofenac is rapidly and completely absorbed from sugar-coated tablets. Food intake does not affect absorption.

Peak plasma concentration after one 50 mg sugar-coated tablet was 3.9 µmol/l after 20–60 minutes. The plasma concentrations show a linear relationship to the size of the dose.

Diclofenac undergoes first-pass metabolism and is extensively metabolised.

Distribution
Diclofenac is highly bound to plasma proteins (99.7%), chiefly albumin (99.4%)

Elimination
The total systemic clearance of diclofenac in plasma is 263 ± 56 ml/min (mean ± SD).
The terminal half-life in plasma is 1-2 hours.

Repeated oral administration of Diclofenac Potassium tablets for 8 days in daily doses of 50 mg t.d.s does not lead to accumulation of diclofenac in the plasma.

Approximately 60% of the dose administered is excreted in the urine in the form of metabolites, and less than 1% as unchanged substance. The remainder of the dose is eliminated as metabolites through the bile in the faeces.

**Biotransformation**
The biotransformation of diclofenac involves partly glucuronidation of the intact molecule but mainly single and multiple hydroxylation followed by glucuronidation.

**Characteristics in patients**
The age of the patient has no influence on the absorption, metabolism, or excretion of diclofenac.

In patients suffering from renal impairment, no accumulation of the unchanged active substance can be inferred from the single-dose kinetics when applying the usual dosage schedule. At a creatinine clearance of <10 ml/min the theoretical steady-state plasma levels of metabolites are about four times higher than in normal subjects. However, the metabolites are ultimately cleared through the bile.

In the presence of impaired hepatic function (chronic hepatitis, non-decompensated cirrhosis) the kinetics and metabolism are the same as for patients without liver disease.

5.3 **Preclinical safety data**
Relevant information on the safety of Diclofenac Potassium Tablets is included in previous sections of this Summary of Product Characteristics.

6 **PHARMACEUTICAL PARTICULARS**

6.1 **List of excipients**
- Silica colloidal anhydrous
- Sodium starch glycollate
- Povidone
- Starch maize
- Calcium hydrogen phosphate anhydrous
- Magnesium stearate

*Tablet Coating:*
- Polyvinyl alcohol partially hydrolysed
- Titanium dioxide E171
- Talc
- Lecithin Soya E322
- Iron Oxide red E172
- Iron Oxide yellow E172
- Xanthan gum E415

6.2 **Incompatibilities**
Not applicable

6.3 **Shelf life**
36 months

6.4 **Special precautions for storage**
No special storage precautions
6.5 Nature and contents of container
7,12,21,28,30,50,56,60,84,100 in Al/Al, OPA/Al/PVC blister
100 or 500 tablets in PP Tablet Container with LDPE Cap

*Not all pack sizes may be marketed*

6.6 Special precautions for disposal
Not applicable.

7 MARKETING AUTHORISATION HOLDER
Focus Pharmaceuticals Limited
Unit 5 Faraday Court
First Avenue, Centrum 100
Burton upon Trent
Staffordshire
DE14 2WX
United Kingdom

8 MARKETING AUTHORISATION NUMBER(S)
PL 20046/0078

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION
05/02/2010

10 DATE OF REVISION OF THE TEXT
05/02/2010
Diclofenac potassium 50mg Tablets

PATIENT INFORMATION LEAFLET

Focus Pharmaceuticals Ltd

Diclofenac potassium 50mg Tablets

PATIENT INFORMATION LEAFLET

Read all of this leaflet carefully before you start taking this medicine.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, please ask your doctor or pharmacist.
- This medicine has been prescribed for you personally and you should not pass it on to others.

It may harm them, even if their symptoms are the same as yours.
- If you have any of the side effects, or if you notice any not listed, please tell your doctor or pharmacist.

In this leaflet:
1. What Diclofenac potassium tablets are and what they are used for
2. Before you take Diclofenac potassium tablets
3. How to take Diclofenac potassium tablets
4. Possible side effects
5. How to store Diclofenac potassium tablets
6. Further Information

1. What Diclofenac potassium Tablets are and what they are used for

Diclofenac potassium belongs to a group of medicines called non-steroidal anti-inflammatory drugs (NSAIDs), which are used to reduce pain and inflammation in the following conditions:
- Sprains, strains and other injuries
- Pain and inflammation following surgery
- Gout
- Other painful conditions affecting the joints and muscles such as backache, rheumatoid arthritis, osteoarthritis, arthralgia, osteoarthritis and polymyalgia rheumatica

The tablets can also be used to relieve the symptoms associated with migraine attacks in adults.

2. Before you take Diclofenac potassium tablets

Do not take Diclofenac potassium tablets if you:

- are allergic (hypersensitive) to Diclofenac potassium or any of the other ingredients in the tablets (see section 4)
- have a history of gastrointestinal disease e.g. ulcerative colitis or Crohn’s disease
- have had heart, kidney, or liver function
- have already had a reaction (asthma, hives or a cold) caused by an allergy to sulfonamides (e.g. aspirin) or other non-steroidal painkillers
- suffer from severe kidney, heart, or liver failure are pregnant, and in the last three months of pregnancy.

Seek treatment of pregnancy.

Check with your doctor or pharmacist before taking Diclofenac potassium tablets if you:

- have a history of gastrointestinal disease e.g. ulcerative colitis or Crohn’s disease
- have had heart, kidney, or liver function
- have already had a reaction (asthma, hives or a cold)
- suffer from liver function (diabetes of the red blood pigment)
- have had or need to have surgery
- you are being treated with diuretics (water tablets) or COX-2 inhibitors such as celecoxib

Medicines such as diclofenac may be associated with a small increased risk of heart attack (myocardial infarction) or stroke. Any risk is more likely with high dosed and prolonged treatment. Do not exceed the recommended dose or duration of treatment.

If you have heart problems, have had a previous stroke or think that you might be at risk of these conditions (for example, if you have high blood pressure, diabetes or high cholesterol or are a smoker) you should discuss your treatment with your doctor or pharmacist.

While you are taking these tablets, your doctor may want to give you a check-up from time to time.

Diclofenac potassium tablets are not recommended for children under the age of 14.

Taking other medicines

Please tell your doctor or pharmacist if you are taking, have recently taken any other medicines, including medicines obtained without a prescription.

Especially:
- medicines to treat diabetes—a dose adjustment of these medicines may be necessary as blood sugar may drop too low
- anticoagulants (e.g. warfarin) — these may increase the risk of bleeding
- diuretics (water tablets) — the effect of these may be decreased
- Potassium-sparing diuretics may increase the potassium levels in the blood
- lithium (medicine to treat depression) — the blood levels of these medicines may be increased if taken with Diclofenac
- cytotoxic medicines (e.g. methotrexate) — treat cancer) — should not be taken less than 24 hours before or after Diclofenac potassium tablets, the blood levels of these medicines may be increased if taken with Diclofenac
- ciclosporin — this may harm kidney function
- quinolones (to treat infections, e.g. piroxicam and levofloxacin) — these may cause convulsions (fits)
- aminoglycosides — these may increase the risk of bleeding in the stomach
- other NSAIDs (e.g. aspirin) — these may increase the risk of side effects
- medicines to treat high blood pressure (ACE inhibitors, beta-blockers) — the blood pressure lowering effect may be reduced
- methotrexate (used to induce abortion) — the effect of methotrexate may be reduced by NSAIDs
- warfarin (for use in a number of conditions such as stroke) — used to treat heart failure. Use with Diclofenac may worsen heart failure or increase blood levels of these medicines
- Tacrolimus (an immunosuppressant) — these may increase the risk of kidney damage
- Ezidroxide (an antitussive drug used to treat H1L) — combination with Diclofenac may increase the risk of blood disorders.

Laboratory tests

Frequent liver and kidney function tests and monitoring of blood counts are necessary if taken for more than a few days.

Pregnancy and breastfeeding

Ask your doctor or pharmacist for advice before taking any medicine.

Pregnancy

It is not recommended that you take Diclofenac during the first 6 months of pregnancy. However, your doctor may prescribe Diclofenac for you during the first 6 months of pregnancy if he/she feels that the benefit will outweigh the risk. You must not take Diclofenac during the last 3 months of pregnancy as damage to the foetus and reduced labour may occur.

Breastfeeding

You should only use Diclofenac whilst breastfeeding if advised by your doctor.

For malenden

Diclofenac may make it more difficult to become pregnant. You should inform your doctor if you are planning to become pregnant or if you have problems becoming pregnant.
Driving and using machines
Some patients may experience side effects such as dizziness, drowsiness and visual disturbances which may affect their ability to drive or operate machinery. Make sure you are not affected before driving or operating machinery.

Important information about some of the ingredients
If you are allergic to peanut or soya do not take this medicine, as it contains soya. This medicine contains 0.150 mmol (3.85mg) potassium per 50mg tablet. This should be taken into account if you have reduced kidney function or are on a controlled potassium diet.

3. How To Take Diclofenac potassium tablets
Always take Diclofenac potassium tablets exactly as your doctor has told you. If you are unsure check with your doctor or pharmacist. Diclofenac potassium tablets must not be taken in sore mouths, blood tests should be carried out if taken for more than a few days. To minimize side effects, you should take the lowest effective dose for the shortest time necessary to relieve your symptoms. The tablets must be swallowed whole with a glass of water, with or after food.

The usual dose is:
- For relief of pain and inflammation
Adults - 75 mg to 150 mg a day in two or three doses.
Elderly patients - a lower dose may be used. If you are frail or have low body weight, your doctor may ask you to go back to see him regularly for the first 4 weeks of treatment, to make sure that you are not experiencing any side effects.
Children over 14 years of age - 75mg to 100mg daily, in two or three doses.
- To treat the symptoms of migraine in adults
50mg taken when the first signs of a migraine attack appear. Another 50mg taken 3 hours after the first dose if needed and then every 4 to 6 hourly. You should not take more than 200mg in 24 hours.
These tablets are not suitable for the treatment of migraine in children.
If you take more Diclofenac potassium tablets than you should:
Contact your doctor, emergency room or pharmacist if you have taken more Diclofenac potassium tablets than stated in this leaflet or more than what your doctor has prescribed (and you feel unwell).
If you forget to take Diclofenac potassium tablets:
Do not take a double dose to make up for forgotten dose. Continue the treatment as advised by your doctor.

4. Possible side effects
Like all medicines, Diclofenac potassium tablets can cause side effects, although not everybody gets them. If you suffer from any of the following at any time during your treatment, STOP TAKING the medicine and seek immediate medical help:
- pains in your joints (stiffness/motions)
- pains black/browishes stools
- vomits any dark or black particles that look like coffee grounds,
- an allergic reaction such as itching, low blood pressure, swelling of the face, lips, tongue, mouth and throat, which may cause shortness of breath or difficulty swallowing,
- a form of meningitis (affects the lining of the brain) causing a combination of symptoms such as headache, fever, stiff neck, vomiting, muscle pain, sense of thirst and diarrhoea,
- pilloving of the skin or the whales of your eyes,
- stomach pain, indigestion, heartburn, wind, nausea (feeling sick), vomiting (being sick) or other abnormal stomach symptoms.

STOP TAKING the medicine and see your doctor if you experience:
- Any type of fit or seizure
- An unexpected change in the amount of urine produced and/or its appearance
- Tell your doctor if you experience any of the following symptoms:

Common (occurs in less than 1 in 10 people):
- Headache, dizziness, spinning sensation, diarrhoea, loss of weight or poor appetite, abnormal liver function tests, skin rashes.

Rare (occurs in less than 1 in 1000 people):
- Dizziness,妳식, stomach ulcer or bleeding, hepatitis, itching, fluid retention (symptoms of which include swelling of ankles)

Very rare (occurs in less than 1 in 10 000 people):
- Pneumonitis, rash, joint pain, blurring or double vision, hearing loss or impairments, tinnitus (ringing in the ears), difficulty breathing, heightened blood pressure, instability, anxiety, psychiatric reactions, disorientation, loss of memory, numbness, sensitivity to light, taste disturbance, constipation, inflammation of the tongue, mouth ulcer, ulcers of the gut, lower gut disorders (including inflammation of the colon causing diarrhea and stomach pains), palpitations (fast or irregular heart beat), chest pain, high blood pressure, inflammation of blood vessels (vascular), inflammation of the lung (pneumonitis), congestive heart failure, blood disorders (including anaemia, making you tired and more prone to minor infections or bleeding), kidney or liver disorders, presence of blood or protein in the urine, skin rash, itching, skin eruptions, eczema, Erythema Multiforme (round red patches on the skin), Stevens-Johnson syndrome (severe skin rash with flushing, fever, blisters and ulcers), or Lyell’s Syndrome (severe rash with blisters and peeling of skin that looks like severe burns, hair loss, pancreatitis (inflammation of the pancreas), worsening of ulcerative colitis or Crohn’s disease, impotence (difficulty getting an erection).

Medicines such as Diclofenac potassium tablets may be associated with a small increased risk of heart attack (“myocardial infarction”) or stroke. If you have any of the side effects, or if you notice any side effects not mentioned in this leaflet, please inform your doctor or pharmacist.

5. How to store Diclofenac potassium tablets
Keep out of the reach and sight of children.
This medicine has no special storage precautions.
Do not use after the expiry date stated on the carton.
Unsealed tablets should be taken back to the pharmacist for safe disposal.
Medicines should not be disposed of via wastewater or household waste. Ask your pharmacist how to dispose of medicines no longer required. These measures will help to protect the environment.

6. Further information
What Diclofenac potassium tablets contain
The active substance (the ingredient that makes the tablet work) is Diclofenac. Each tablet contains 50mg Diclofenac potassium.
The tablets also contain silica colloidal anhydrous, sodium starch glycolate, pregel, maize starch, calcium hydrogen phosphate anhydrous, magnesium stearate, polyvinyl alcohol partially hydrogenated, stearic acid E551, talc, lactose monohydrate E341, iron oxide red E172, iron oxide yellow and xanthan gum E415.

What Diclofenac potassium tablets look like and contents of the pack
The 50mg tablets are redish brown, round, uncoated, biconvex 10mm film-coated tablets.
Pack sizes
50 tablets: 7, 13, 21, 28, 30, 50, 56, 64 and 100 film-coated tablets.
Plastic blister packs: 16 and 100 film-coated tablets.

Not all pack sizes may be available.

Marketing Authorisation Holder
Focus Pharmaceuticals Ltd, Unit 5, Sunday Court, First Avenue, Centrum 100, Bartoon upon Tern, Staffs, DE4 2XW.

Manufacturer
AstraZeneca R, Reykjavikurway 78, PO Box 400, 152-232, H/Reykjavik, Iceland.

This leaflet was last approved in (MM/YYYY).
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