Voltaren Acti-Go Liquid Gelcaps

1. Name of the medicinal Product

Voltaren Acti-Go Liquid Gelcaps

2. Qualitative and quantitative composition

Active substance: diclofenac potassium.
Each Voltaren Acti-Go liquid Gelcap contains 12.5 mg diclofenac potassium.

Excipients: colour E104, sorbitol.
For the full list of excipients see section 6.1.

3. Pharmaceutical Form

Gelcaps.

Voltaren Acti-Go Liquid Gelcaps are oval, translucenst soft gelatin capsules. The colour is yellow. A small bubble of lubricant may be visible in the capsule.

4. Clinical Particulars

4.1 Therapeutic Indications

Short term analgesic and antipyretic in adults and adolescents aged 14 years and over for a maximum of 3 days treatment, for the relief of headache, dental pain, backache, period pain, rheumatic and muscular pain, and fever.

4.2 Posolgy and Method of Administration

Adults and adolescents from 14 years of age:
1-2 Voltaren Acti-Go Liquid Gelcaps up to 3×/day, whereby 2 Voltaren Dolo Liquid Caps should be taken as the starting dose.
Interval between two doses: 4–6 hours. Maximum dose in self-medication: 6 Voltaren Dolo Liquid Caps (75 mg diclofenac potassium) over 24 hours.

Without a prescription, Voltaren Acti-Go Liquid Gelcaps is intended exclusively for short-term treatment (3 days maximum).

Undesirable effects can be reduced by administering the lowest effective dose to control the symptoms for the shortest possible duration (see section 4.4 "Warnings and precautions").

The Voltaren Acti-Go Liquid Gelcaps should be swallowed whole with sufficient water, preferably before meals.

Special dosage recommendations

Children below 14 years of age
Neither the application nor the safety of Voltaren Acti-Go Liquid Gelcaps has been systematically tested to date in children under the age of 14 and it is therefore contraindicated (see section 4.3 "Contraindications").

Existing cardiovascular disorders or significant cardiovascular risk factors
Therapy with Voltaren Acti-Go Liquid Gelcaps is generally not recommended for patients with existing cardiovascular disorders or uncontrolled hypertension. If necessary, patients with existing cardiovascular disorders, uncontrolled hypertension or significant risk factors for

a cardiovascular disease should only be treated with Voltaren Acti-Go Liquid Gelcaps after careful consideration (see section 4.4 "Warnings and precautions").

Patients with renal disorder
Voltaren Acti-Go Liquid Gelcaps is contraindicated in patients with renal insufficiency (see section 4.3 "Contraindications").
No specific studies have been conducted in patients with impaired kidney function, hence no specific recommendations can be given for a dose adjustment. Caution is recommended when administering Voltaren to patients with mild to moderate renal function disorder (see section 4.4 "Warnings and precautions").

Patients with hepatic disorder
Voltaren Acti-Go Liquid Gelcaps is contraindicated in patients with hepatic insufficiency (see section 4.3 "Contraindications").
No specific studies have been conducted in patients with impaired liver function, hence no specific recommendations can be given for a dose adjustment. Caution is recommended when administering Voltaren Acti-Go Liquid Gelcaps to patients with mild to moderate hepatic function disorder (see section 4.4 "Warnings and precautions").

4.3 Contraindications

- Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.
- History of bronchospasm, urticaria, acute rhinitis or allergy-like symptoms in response to acetylsalicylic acid or other non-steroidal anti-inflammatory drugs
- During the third trimester of pregnancy (see "Pregnancy/Lactation").
- Active stomach and/or duodenal ulcers or gastrointestinal haemorrhages.
- Inflammatory bowel disease (such as Crohn's disease or ulcerative colitis)
- Severe cardiac failure (NYHA III-IV)
- Hepatic insufficiency (liver cirrhosis and ascites)
- Renal insufficiency (creatinine clearance <30 ml/min)
- Treatment of postoperative pain after a coronary bypass operation (and/or use of a heart-lung machine)
- Children below 14 years of age

4.4 Warnings and Precautions

General warnings for the use of systemic non-steroidal anti-inflammatory drugs:

Gastrointestinal effects: Gastrointestinal ulcerations, haemorrhages or perforations may appear during treatment with non-steroidal anti-inflammatory drugs (NSAIDs), including diclofenac, COX-2 selective or non-selective, at any time even without warning symptoms or a medical history of these disorders. The consequences are generally more severe in elderly patients. To reduce this risk, the lowest effective dose should be administered for the shortest possible duration of therapy.

An increased risk of thrombotic cardio- and cerebrovascular complications has been shown for certain COX-2 selective inhibitors in placebo-controlled studies. It is not known if this risk is correlated directly with the COX-1/COX-2 selectivity of the individual NSAID. As there are currently no comparable clinical data available for diclofenac at maximum dose and long-term therapy, a similarly increased risk cannot be excluded. Until such data are available, diclofenac should only be used after careful consideration of the benefit-risk ratio in patients with clinically confirmed coronary heart disease, cerebrovascular disorders, peripheral arterial occlusive disease or in patients with significant risk factors (e.g. hypertension, hyperlipidaemia, diabetes mellitus, smoking). Also on account of this risk, the lowest effective dose should be administered for the shortest possible duration of therapy.

Cardiovascular effects: Treatment with NSAIDs including diclofenac can be associated with an increased risk of severe cardiovascular thrombotic events (including myocardial infarction and stroke), especially at high dose and for long-term use.

Treatment with Voltaren Acti-Go Liquid Gelcaps is generally not recommended in patients with existing cardiovascular disorder (cardiac insufficiency, existing ischaemic cardiac disorder, peripheral arterial occlusive disease) or uncontrolled hypertension. If necessary, patients with existing cardiovascular disorders, uncontrolled hypertension or significant risk factors for cardiovascular disease (e.g. hypertension, hyperlipidaemia, diabetes mellitus and smoking) should only be treated with Voltaren Acti-Go Liquid Gelcaps after careful consideration. As the cardiovascular risks of diclofenac can increase with the dose and duration of administration, the lowest effective daily dose should be used for the shortest possible duration. Patients should be advised to seek medical advice if the symptoms persist or do not improve within the recommended duration of treatment.

A meta-analysis and pharmaco-epidemiological data indicate that the use of diclofenac, especially when used at high doses (150 mg/day) or long-term, may be associated with an increased risk of arterial thromboembolic events (e.g. myocardial infarction or stroke).

Patients should be aware of signs and symptoms of serious arterial thromboembolic events (e.g. chest pain, shortness of breath, weakness, slurred speech), which may occur without warning signs. Patients should be advised to seek medical assistance immediately in such an event.

Renal effects: The renal effects of NSAIDs include fluid retention with oedemas and/or arterial hypertension. Diclofenac should therefore be used with caution in patients with impaired cardiac function and other states which predispose to fluid retention. Caution is also recommended in patients concurrently taking diuretics or ACE-inhibitors, at increased risk of hypovolaemia, and patients with pronounced fluid deficiency in the extracellular space of any aetiology, e.g. before or after major surgery (see section 4.3 "Contraindications").

As a precaution, it is recommended to monitor kidney function if Voltaren Acti-Go Liquid Gelcaps is used in such cases.

Skin reactions: Severe, occasionally fatal skin reactions such as exfoliative dermatitis, Stevens-Johnson syndrome and toxic epidermal necrolysis (Lyell’s syndrome) have been reported very rarely in combination with the use of NSAIDs including Voltaren (see section 4.7 "Undesirable effects"). The risk for the patient appears to be greatest at the beginning of the treatment, the onset of the reaction is usually within the first month of treatment. Voltaren Acti-Go Liquid Gelcaps should be discontinued at the first sign of skin rash, mucosal lesions or other signs or hypersensitivity.

As with other NSAIDs, including diclofenac, allergic reactions including anaphylactic/ anaphylactoid reactions can also occur if diclofenac had not previously been used.

In the following situations, caution is recommended and/or Voltaren Acti-Go Liquid Gelcaps must be taken according to prescription and under medical supervision:

- Caution is required in elderly patients for basic medical considerations. Above all, for fragile elderly patients or those with low body weight, it is recommended to use the lowest effective dose.
- In patients with asthma, seasonal allergic rhinitis, swelling of the nasal mucosa (i.e. nasal polyps), chronic obstructive lung disease or chronic infections of the upper respiratory tract (especially if associated with allergic rhinitis-like symptoms), reactions to NSAIDs such as exacerbations of the asthma (so-called analgesic intolerance/analgesic asthma), Quincke's oedema or urticaria are more frequent than in other patients. Particular caution is therefore required for these patients (emergency preparedness). This also applies to patients with hypersensitivity reactions to other substances with, for example, skin rash, pruritus or urticaria.
- For gastrointestinal disorders, a history of ulcers or inflammatory bowel disease as well as liver function disorders. Gastrointestinal haemorrhages, ulcerations or perforations may appear during treatment, especially in elderly patients, at any time even without warning symptoms or a medical history of these disorders. Diclofenac should be discontinued immediately in the event of these rare complications. To reduce the risk of gastrointestinal toxicity in patients with a history of ulcers, especially associated with additional complications of bleeding or perforation, and in elderly patients, the treatment should be

started and maintained at the lowest effective dose. Combination treatment with protective substances (e.g. proton-pump inhibitors or misoprostol) should be considered for these patients, as well as for patients concurrently requiring drugs which contain low doses of acetylsalicylic acid (ASA) or other drugs which may increase the gastrointestinal risk (e.g. oral corticosteroids, anticoagulants or platelet aggregation inhibitors).

- For renal insufficiency.
- For cardiac insufficiency.
- For liver function disorders or hepatic insufficiency.
- Careful monitoring is required for patients with coagulation disorders as diclofenac can temporarily inhibit platelet aggregation.
- The use of Voltaren Acti-Go Liquid Gelcaps in the above indications is generally recommended only for short-term treatment lasting a few days only. However, if Voltaren Acti-Go Liquid Gelcaps is used for a longer time against the recommended usage, it is advisable to monitor the blood count regularly, as with all NSAIDs.

Owing to its pharmacodynamic properties, Voltaren Acti-Go Liquid Gelcaps can mask the symptoms of an infection – as with other non-steroidal antiphlogistics.

Hepatic effects: As with other non-steroidal antiphlogistics, including diclofenac, the levels of one or more hepatic enzymes may increase during the treatment. This has been observed in clinical studies with doses of diclofenac from 50–150 mg/day and can occur in around 15% of patients; however, it is rarely accompanied by clinical symptoms. The clinical significance of this phenomenon is not known. In the majority of cases, this concerned elevations close to the normal limits. Moderate elevations (≥3–<8× the upper limit of normal) were observed occasionally (2.5%), while the incidence of significant elevations (≥8× the upper limit of normal) remained approx. 1%. In the above clinical study, 0.5% of subjects had hepatic enzyme elevations with clinically relevant liver damage. The hepatic enzyme elevations were generally reversible after discontinuation of the product. Regular monitoring of the liver function is recommended in the event of a longer-term treatment with diclofenac.

Voltaren Acti-Go Liquid Gelcaps should be discontinued immediately in the event of a persistent or worsening liver function disorder and if clinical signs and symptoms of a liver disorder (e.g. hepatitis) or other manifestations (e.g. eosinophilia, skin rash, etc.) occur. In addition to elevated liver enzymes, rare cases of severe liver reactions have been reported, including icterus and, in isolated cases, fatal fulminant hepatitis.

Hepatitis can occur during treatment with diclofenac without prodromal symptoms. Therapy with Voltaren Acti-Go Liquid Gelcaps should be used with caution in patients with hepatic porphyria as the drug can trigger an attack.

Information on the other components:

Voltaren Acti-Go Liquid Gelcaps contain sorbitol. This drug must therefore not be used in patients with rare hereditary fructose intolerance.

4.5 Interactions

Lithium, phenytoin, digoxin: When administered concurrently, diclofenac can increase the plasma concentrations of lithium, phenytoin or digoxin. It is recommended to monitor the lithium, phenytoin or digoxin levels in the serum.

Diuretics and antihypertensives: As with other NSAIDs, the concurrent use of diclofenac with diuretics or antihypertensives (e.g. beta blockers, angiotensin converting enzyme (ACE) inhibitors) can lead to a reduction of their antihypertensive effects. A combination should thus be used with caution and the blood pressure monitored regularly, especially in elderly patients. Patients should be appropriately hydrated and attention paid to kidney function after beginning the combination therapy, and regularly thereafter, especially for diuretics and ACE-inhibitors as there is an increased risk of nephrotoxicity in this regard (see section 4.4 "Warnings and precautions").

Non-steroidal anti-inflammatory drugs and corticosteroids: The concurrent administration of diclofenac with other systemic NSAIDs or corticosteroids can increase the frequency of adverse gastrointestinal effects (see section 4.4 "Warnings and precautions").

Anticoagulants and antithrombotics: Although clinical studies appear to give no indication that diclofenac has an effect on anticoagulants, there have been isolated reports of an increased risk of bleeding for concurrent use of diclofenac and anticoagulants. Careful monitoring is thus recommended in these cases.

Selective serotonin reuptake inhibitors (SSRIs): The concurrent administration of systemic NSAIDs (including diclofenac) and SSRIs can increase the risk of gastrointestinal haemorrhages (see section 4.4 "Warnings and precautions").

Antidiabetics: Clinical studies have shown that diclofenac can be given together with oral antidiabetics without affecting their clinical effect. However, there have been isolated reports of hypoglycaemic and hyperglycaemic reactions after the administration of diclofenac which required an adjustment of the dose of the antidiabetic drug. Glycaemia control during combination therapy is therefore recommended.

Methotrexate: Caution is recommended if NSAIDs (including diclofenac) are administered 24 hours before or after treatment with methotrexate, as the level of methotrexate in the blood can rise and increase the methotrexate toxicity.

Hyperkalaemia-inducing drugs: The concurrent treatment with potassium-sparing diuretics, cyclosporin, tacrolimus or trimethoprim can lead to an increased level of potassium in the serum which should be monitored regularly (see section 4.4 "Warnings and precautions").

Cyclosporin: The nephrotoxic effect of cylcosporin may be amplified by the effect of the NSAIDs (including diclofenac) on renal prostaglandin. Diclofenac should therefore be administered at lower doses than to patients who receive no cyclosporin.

Quinolone antibiotics: There have been isolated reports of convulsions which may have been attributed to the concurrent use of quinolones and NSAIDs.

Potent CYP2C9 inhibitors: Caution is recommended for the concurrent administration of diclofenac with potent CYP2C9 inhibitors (such as sulfinpyrazone and voriconazole). The suppression of the biotransformation of diclofenac can lead to significantly increased peak plasma concentrations and thus to an increased diclofenac exposure.

4.6 Pregnancy, Lactation and Fertility

Pregnancy

The inhibition of prostaglandin synthesis can negatively affect pregnancy and/or embryo-foetal development. Data from epidemiological studies indicate an increased risk of miscarriages, cardiac malformations and gastroschisis following the use of a prostaglandin synthesis inhibitor in early pregnancy. It can be assumed that the risk increases with the dose and duration of the therapy.

In animals, the administration of a prostaglandin synthesis inhibitor has been shown to lead to increased pre- and post-implant loss and embryo-foetal mortality. Furthermore, increased incidences of various deformations, including cardiovascular deformations, were reported in animals receiving a prostaglandin synthesis inhibitor during the organogenesis phase.

During the first and second trimester of pregnancy, diclofenac should only be given if absolutely necessary. If diclofenac is used by a woman trying to become pregnant or during the first or second trimester of pregnancy, the dose should be kept as low as possible and the duration of treatment as short as possible.

Diclofenac is contraindicated during the third trimester of pregnancy. All prostaglandin synthesis inhibitors can:

- expose the foetus to the following risks:

    - cardiopulmonary toxicity (with premature closure of the arterial duct and pulmonary hypertension);
    - renal dysfunction that can progress to renal failure with oligohydroamniosis
- expose the mother and child to the following risks:
    - possible prolongation of bleeding time, a platelet aggregation inhibiting effect that can occur even at very low doses;
    - inhibition of uterine contractions, resulting in delayed or prolonged birth.

Rarely, the use of nonsteroidal anti-inflammatory drugs (NSAIDs) after 20 weeks gestation in pregnancy may cause fetal renal dysfunction leading to oligohydramnios.

These effects are seen after days to weeks of treatment. Although oligohydramnios has been infrequently reported as soon as 48 hours after NSAID initiation. Oligohydramnios is often, but not always, reversible with treatment discontinuation.

The use of NSAIDs after week 20 of gestation should be restricted. If the benefit of NSAID treatment is considered greater than the risk, limit use to the lowest effective dose and shortest duration possible.

Consider ultrasound monitoring of amniotic fluid if NSAID treatment of this medicine at the full treatment dosage extends beyond five days. Discontinue the NSAID if oligohydramnios occurs.

Lactation

NSAIDs pass into the breast milk. As a precaution, diclofenac should therefore not be taken by women who are breastfeeding. If the treatment is essential, the infant should be switched to bottle feeding.

Fertility

The use of diclofenac can impair female fertility and is therefore not recommend for women who wish to become pregnant. The discontinuation of diclofenac should be considered for women who are having difficulty becoming pregnant or undergoing infertility tests.

4.6 Effects on ability to drive and use machines

Diclofenac can impair the reaction time and thus the ability to drive and use tools and machines (see section 4.7 "Undesirable effects").

Patients who experience light headedness, drowsiness, sleepiness or other central nervous system disorders, including visual disorders, should avoid driving or using machines.

4.7 Undesirable effects

Undesirable effects including those which have been reported for the highest dosed form of diclofenac and for long-term use.

Undesirable effects are listed below according to system organ class and frequency of occurrence. The undesirable effects are listed in decreasing order of severity within each frequency group.

Occurrence

Very common (≥1/10), common (<1/10, ≥1/100), uncommon (<1/100, ≥1/1,000), rare (<1/1,000, ≥1/10,000), very rare (<1/10,000).

Blood and lymphatic system disorders

Very rare: thrombocytopenia, leukopenia, anaemia (including haemolytic and aplastic anaemia), agranulocytosis.

Immune system disorders

Rare: hypersensitivity, anaphylactic and anaphylactoid responses (including hypotension and shock).

Very rare: angio-oedema (including facial oedema).

Psychiatric disorders

Very rare: disorientation, depression, insomnia, nightmares, irritability, psychotic disorders.

Nervous system disorders

Common: headaches, light headedness.

Rare: somnolence.

Very rare: paraesthesia, memory disorders, convulsions, anxiety, trembling, aseptic meningitis, disorders of taste, cerebrovascular events.

Eye disorders

Very rare: visual disorders, blurred vision, diplopia.

Ear and labyrinth disorders

Common: vertigo.

Very rare: tinnitus, hearing loss.

Cardiac disorders

Uncommon:* cardiac infarction, cardiac failure, palpitations, chest pain.

Vascular disorders

Very rare: hypertension, vasculitis.

Respiratory, thoracic and mediastinal disorders

Rare: asthma (including dyspnoea).

Very rare: pneumonitis.

Gastrointestinal disorders

Common: nausea, vomiting, diarrhoea, dyspepsia, abdominal pain, bloating, decreased appetite.

Rare: gastritis, gastrointestinal haemorrhage, haematemesis, bloody diarrhoea, melaena, gastrointestinal ulcer (with or without haemorrhage or perforation).

Very rare: colitis (including haemorrhagic colitis and exacerbation of the ulcerative colitis or Crohn's disease), constipation, stomatitis, glossitis, oesophageal disorders, intestinal diaphragmatic disorders, pancreatitis.

Hepatobiliary disorders

Common: transaminases increased.

Rare: hepatitis, jaundice, liver function disorder.

Very rare: fulminant hepatitis, hepatic necrosis, hepatic failure.

Skin and subcutaneous tissue disorders

Common: skin rash.

Rare: urticaria.

Very rare: bullous dermatitis, eczema, erythema, erythema multiforme, Stevens-Johnson syndrome, Lyell's syndrome, exfoliative dermatitis, alopecia, photosensitivity reaction, purpura, Henoch-Schonlein purpura, pruritus.

Renal and urinary disorders

Very rare: acute renal insufficiency, haematuria, proteinuria, nephrotic syndrome, tubulo-interstitial nephritis, renal papillary necrosis.

General disorders and administration site conditions

Rare: oedema.

* The frequency reflects data from long-term treatment at high dose (150 mg/day).

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

4.8 Overdose

The treatment of acute intoxications with NSAIDs, including diclofenac, is essentially supportive and symptomatic. There is no known typical symptomology after overdose with diclofenac. The following occur as symptoms: Disorders of the CNS (light headedness, headache, hyperventilation, tinnitus, clouded consciousness, in children also myoclonic seizures), of the gastrointestinal tract (nausea, vomiting, diarrhoea, abdominal pain, haemorrhages), as well as functional disorders of the liver and kidneys.

The therapeutic measures for overdose are as follows: After ingestion, absorption should be prevented as quickly as possible using a gastric lavage and treatment with activated charcoal.

The treatment of complications such as hypotension, renal failure, cramps, gastrointestinal irritations and respiratory depression is supportive and symptomatic.

Specific therapies such as forced diuresis, dialysis or haemoperfusion are probably not helpful for the elimination of NSAIDs, including diclofenac, owing to their high protein binding and extensive metabolisation.

5. Pharmacological properties

5.1 Pharmacodynamic properties

ATC code: M01AB05

Mechanism of action/Pharmacodynamics

Voltaren Acti-Go Liquid Gelcaps contain diclofenac potassium, a non-steroidal active substance with analgesic, antipyretic and anti-inflammatory properties.

The inhibition of the prostaglandin biosynthesis is considered as essential for the mechanism of action. Prostaglandins play an important role in the development of inflammation, pain and fever.

In concentrations corresponding to those achieved in humans, diclofenac potassium did not suppress the biosynthesis of proteoglycans in the cartilage in vitro.

5.2 Pharmacokinetic properties

Absorption

Diclofenac is absorbed rapidly and nearly completely. Average maximum plasma concentrations of 3.79 µmol/l (1,123 ng/ml) are achieved approx. (median T_{max}) 25 minutes after ingestion (on an empty stomach) of 2 Voltaren Acti-Go Liquid Gelcaps of 12.5 mg.

Ingestion with a meal has no effect on the quantity of the absorbed active substance, however, the start and speed of the absorption may be delayed.

There is a linear relationship between the absorbed and administered quantity. As approximately half of the absorbed active substance is metabolised by the liver during the first pass (first pass effect), the area under the concentration curve (AUC) after oral administration is around half as large as after parenteral administration.

The kinetics do not change with repeated administration. Maintaining the recommended dosing intervals does not lead to accumulation.

Distribution

Diclofenac is 99.7% bound to serum proteins, mainly albumin (99.4%). The apparent distribution volume is 0.12–0.17 l/kg. Diclofenac passes into the synovial fluid, where the highest concentrations were measured 2–4 hours after the maximum plasma values were achieved. The apparent elimination half-life from the synovial fluid is 3–6 hours. Only 2 hours after achieving the maximum plasma concentration, the concentration of the active substance in the synovial fluid was higher than in the plasma and remained so for up to 12 hours.

Biotransformation

The biotransformation of diclofenac takes place partly by glucuronidation of the intact molecule, but primarily by single or multiple hydroxylation and methoxylation. This produces several phenolic metabolites which are then largely conjugated to glucoronic acid. Two of these phenolic metabolites are pharmacologically active, but to a much lesser extent than diclofenac.

Elimination

Diclofenac is eliminated from the plasma with a total systemic clearance of 263 ± 56 ml/min (mean ± SD). The terminal half-life is 1–2 hours. Four of the metabolites, including the two active ones, also have a short half-life of 1–3 hours. The practically inactive metabolite 3'-hydroxy-4'-methoxy-diclofenac, has a substantially longer half-life.

Approx. 60% of the applied dose is eliminated in the form of metabolites renally, less than 1% of this as untransformed substance. The rest is eliminated with the bile in the faeces.

Kinetics of specific patient groups

Age-related relevant differences in absorption, biotransformation and elimination have not been observed.

For patients with impaired renal function, no accumulation of unchanged active substance for the standard dosing scheme can be derived from the kinetics of a single dose. For a creatinine clearance of less than 10 ml/min, the theoretical steady state plasma level of the metabolites is approx. four-fold higher than in healthy humans (see section 4.3 "Contraindications"). The metabolites are then excreted via the bile.

In patients with impaired liver function (chronic hepatitis, compensated liver cirrhosis), the kinetics and biotransformation of diclofenac are the same as in patients with healthy livers.

5.3 Preclinical Safety data

Preclinical data from acute toxicity and toxicity studies with repeated doses of diclofenac as well as from genotoxicity, mutagenicity and carcinogenicity studies do not show any specific risk to humans when the intended therapeutic dose is used. There was no evidence that diclofenac has a teratogenic potential in mice, rats or rabbits.

Diclofenac had no effect on the fertility of adult rats. The prenatal, perinatal and postnatal development of the offspring was not impaired.

6. Pharmaceutical particulars

6.1 List of excipients

Macrogol 600 (Polyethylene Glycol 600), Glycerol 85%, Purified Water, Gelatin, Polysorb 85/70/00 (dry substance), Quinoline yellow 70% E104.

6.2 Incompatabilities

Not applicable.

6.3 Shelf life

The expiry date of the product is indicated on the packaging materials.

6.4 Special precautions for storage

Store below 30°C.

6.5 Nature and contents of container

PVC/PVDC-Aluminum white opaque or transparent blisters.
Pack size: 10, 20 capsules.
Not all pack sizes may be marketed.

6.6 Special precautions for disposal and other handling

No special requirements.

Manufacturer:
GSK Consumer Healthcare SARL, Nyon, Swizerland.

License Holder and Importer:
GSK Consumer Healthcare, Israel Ltd., P.O.B 3256, Petach Tikva

License number:
150-99-33771