Part II

Summary of Product Characteristics

1 NAME OF THE MEDICINAL PRODUCT

Vologen Retard Capsules 75 mg.

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each capsule contains diclofenac sodium 75 mg.

For excipients, see 6.1.

3 PHARMACEUTICAL FORM

Modified release capsule hard.

Yellow, opaque, hard gelatin capsule marked VR75.

4 CLINICAL PARTICULARS

4.1 Therapeutic Indications

Vologen and Vologen Retard are indicated in the management of rheumatoid arthritis, osteoarthrosis, ankylosing spondylitis, psoriatic arthropathy, low back pain, and acute musculoskeletal disorders including periarthritis, tendinitis, tenosynovitis, bursitis, sprains, strains, dislocations, relief of pain in fractures, and in acute gout.

In the management of dysmenorrhoea and associated menorrhagia, post operative pain and inflammation in orthopaedic, dental and other minor surgery.

4.2 Posology and method of administration

Adults
One 75mg capsule once or twice daily, taken whole with a little water at mealtime.

Elderly
Although the pharmacokinetics of diclofenac are not impaired to any clinically relevant extent in elderly patients, non-steroidal anti-inflammatory drugs should be used with particular caution in such patients who generally are more prone to adverse reactions. In particular, it is recommended that the lowest effective dosage be used in frail elderly patients or those with a low body weight (see also Section 4.4 'Precautions').

Children
Not recommended.

4.3 Contraindications

Use in patients who are hypersensitive to diclofenac or those in whom attacks of asthma, urticaria, acute rhinitis, or other signs of hypersensitivity are precipitated by aspirin or other non-steroidal anti-inflammatory agents.

Use in patients with active or suspected peptic ulceration, or gastrointestinal bleeding.

4.4 Special warnings and precautions for use

The product should be used with great caution in patients with a history of peptic ulcer, gastrointestinal bleeding, hepatic or renal insufficiency, bleeding diathesis, or haematological abnormalities, or intestinal inflammation, including ulcerative colitis or Crohn's disease.

The importance of prostaglandins in maintaining renal blood flow should be taken into account in patients with impaired cardiac or renal function, those being treated with diuretics or recovering from major surgery. Effects on renal function are usually reversible on withdrawal of diclofenac.

All patients on long term non-steroidal anti-inflammatory treatment should be kept under regular surveillance with monitoring of renal and hepatic function, and of haematological parameters. This is particularly important in the elderly. Any evidence of progressive deterioration in function should be regarded as a reason for discontinuing therapy.

Diclofenac, in common with other NSAIDs, can reversibly inhibit platelet aggregation.

Use of diclofenac in patients with hepatic porphyria may trigger an attack.

Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicine.

4.5 Interaction with other medicinal products and other forms of interaction

Concurrent use with aspirin results in reduced serum levels of diclofenac and of aspirin.

This product is strongly protein bound. Although studies to date show no potentiation of oral hypoglycaemic or anti-coagulant drugs, close monitoring is recommended if these drugs are used concomitantly with diclofenac. Diclofenac sodium may increase plasma levels of concurrently administered digoxin or lithium.

The activity of some diuretics (loop type) may be inhibited. The potassium retaining diuretics should be avoided since non-steroidal anti-inflammatory drugs will increase potassium retention.

Concurrent use with corticosteroids or other non-steroidal anti-inflammatory drugs may increase the risk of gastrointestinal haemorrhage and the frequency of side effects generally.

Caution should be exercised if non-steroidal anti-inflammatory drugs and methotrexate are administered within 24 hours of each other, since non-steroidal anti-inflammatory drugs may increase methotrexate plasma levels, resulting in increased toxicity.

Cyclosporin nephrotoxicity may be increased by the effect of non-steroidal anti-inflammatory drugs on renal prostaglandins.

4.6 Pregnancy and lactation

The product should not be used in pregnancy or lactation unless considered essential by the physician. No evidence of teratogenesis was seen in animal studies. There are insufficient reports of use during pregnancy.

Use of prostaglandin synthetase inhibitors in the third trimester may result in premature closure of the ductus arteriosus or uterine inertia; such drugs are therefore not recommended during the last trimester of pregnancy.

The drug can only be detected in breast milk in trace amounts likely to be of no clinical significance to the infant.

4.7 Effects on ability to drive and use machines

Patients who experience dizziness or other central nervous system disturbances while taking NSAIDs should refrain from driving or operating machinery until these symptoms have cleared.

4.8 Undesirable effects

Side effects include gastrointestinal disturbances, skin rashes and rarely gastrointestinal bleeding, irritability, fluid retention, hepatitis, renal dysfunction, anaphylaxis, blood dyscrasias, bronchospasm and erythema multiforme.

4.9 Overdose

There is no typical clinical picture associated with acute overdosage, and treatment should be symptomatic and supportive. The stomach should be emptied by aspiration and lavage; activated charcoal may be given to reduce the absorption of diclofenac.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Vologen and Vologen Retard contain diclofenac sodium, a non-steroidal anti-inflammatory analgesic agent. It is an inhibitor of prostaglandin synthetase (cyclo-oxygenase).

Diclofenac sodium *in vitro* does not suppress proteoglycan biosynthesis in cartilage at concentrations equivalent to the concentrations reached in humans.

5.2 Pharmacokinetic properties

Diclofenac sodium is well absorbed from the gut and is subject to first-pass metabolism. Peak plasma concentrations occur after approximately 2.5 hours and plasma half-life for the terminal elimination phase is 1 - 2 hours.

The active substance is 99.7% protein bound. It is extensively metabolised in the liver and approximately 60% of the administered dose is excreted via the kidneys in the form of metabolites and less than 1% in unchanged form. The remainder of the dose is excreted via the bile in metabolised form. In patients with impaired renal function, accumulation of diclofenac has not been reported.

5.3 Preclinical safety data

No further relevant information other than that which is contained in other sections of the Summary of Product Characteristics.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Sucrose
Maize Starch
Purified Stearic Acid
Polyethylene glycol 6000
Ammonio Methacrylate Copolymer Type A
Talc
Lactose
Polysorbate 80

Capsule shell
Gelatin
Titanium Dioxide E171
Iron OxideYellow E172

Ink
Shellac
Iron Oxide Black E172
Soya Lecithin
Polydimethylsiloxane
2-ethoxyethanol

6.2 Incompatibilities

Not applicable.

6.3 Shelf Life

2 years.

6.4 Special precautions for storage

Do not store above 25°C.

Store in the original package in order to protect from moisture.

6.5 Nature and contents of container

White opaque PVC blister packs with aluminium hard tempered foil. Pack sizes 14, 28 and 56 capsules (14x1, 14x2 and 14x4).

Not all pack sizes may be marketed.

6.6 Special precautions for disposal of a used medicinal product or waste materials derived from such medicinal product and other handling of the product

No special requirements.

7 MARKETING AUTHORISATION HOLDER

Antigen Pharmaceuticals Ltd.
Roscrea
County Tipperary.

8 MARKETING AUTHORISATION NUMBER

PA 0073/133/004

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 28th November 1997

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10 DATE OF REVISION OF THE TEXT

March 2006