Summary of Product Characteristics

1 NAME OF THE MEDICINAL PRODUCT

Etoflam 10% w/w gel

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each gram of Etoflam 10% w/w gel contains 100 mg of etofenamate as active substance.

For the full list of excipients, see section 6.1.

3 PHARMACEUTICAL FORM

Gel
Gel translucent white to almost white with homogeneous appearance.

4 CLINICAL PARTICULARS

4.1 Therapeutic indications

Etoflam 10% w/w gel is indicated in adults for the local treatment of:

- Mild to moderate muscle pains;
- Bruises;
- Post-traumatic pain;
- Mild to moderate rheumatic pain (osteoarthrosis/osteoarthritis);
- Mild to moderate joint pain;
- Topical treatment of synovitis, (non-infectious) arthritis, bursitis, tendinitis;
- Moderate inflammation of musculoskeletal origin namely post-traumatic or rheumatic origin.

4.2 Posology and method of administration

Posology
Etoflam 10% w/w gel should be applied three to four times daily, for up to 14 days. The applied dose should correspond to 2.5 to 5 cm of gel.
In the case of rheumatic disorders, with longer periods of treatment, the number of applications should be reduced to two or three daily applications.

Treatment duration should be reviewed after 14 days for soft tissues injuries and/or rheumatism, or 21 days for arthritis pains.

Significant pain reductions were seen after 3 or 4 days of cutaneous application of Etoflam 10% w/w gel.

No studies have been carried out on the use of etofenamate in the elderly or in patients with renal or hepatic impairment. Therefore, specific recommendations for such special populations cannot be made.

Paediatric population
The use of Etoflam 10% w/w gel is not recommended in children, since there are no specific studies.

Method of administration

This medicinal product is meant for cutaneous application The gel should be applied by a gentle massaging motion to a facilitate absorption into the affected area.

4.3 Contraindications

Etoflam 10% w/w gel is contraindicated in the following situations:

- Hypersensitivity to etofenamate or to any of the excipients listed in section 6.1;
- Eczematous surfaces, open wounds, areas with ulcers or with injured or damaged skin.

4.4 Special warnings and precautions for use

Etoflam 10% w/w gel should not be applied to mucous membranes or to the eyes.

Hypersensitivity due to the risk of cross reaction with other anti-inflammatories may occur.

Sun exposure of the application site should be avoided due to the risk of contact photosensitivity.

As there is a possibility of cutaneous absorption of the active substance, etofenamate, it is not possible to exclude the occurrence of systemic effects. The risk of occurrence of these effects depends, among other factors, on the exposed surface, quantity applied and exposure time.

Severe cutaneous adverse reactions: very rarely severe skin reactions, some of them fatal, including exfoliative dermatitis, Stevens-Johnson syndrome and toxic epidermal necrolysis, have been reported associated with the administration of non-steroidal anti-inflammatory drugs (see section 4.8). The risk of occurrence of these reactions is greater at the beginning of the treatment and in most cases these reactions are manifested during the first month of treatment. Etoflam 10% w/w gel should be discontinued at the first signs of *rash*, mucosa injuries or other hypersensitivity manifestations.

4.5 Interaction with other medicinal products and other forms of interaction

Since Etoflam 10% w/w gel is associated with low systemic exposure when used in accordance with its authorised posology, it is unlikely to interact with concomitant medicines. If significant systemic exposure is achieved, where the product is used at higher doses or over a prolonged period, there is a chance that Etoflam 10% w/w gel may interact with certain concomitant medicines.

Concomitant use of Etoflam 10% w/w gel with:

- enoxaparin can increase its haemorrhagic effect.
- hydrochlorothiazide can decrease its diuretic action and antihypertensive efficacy.
- lithium may increase plasma levels of lithium, with the potential for lithium toxicity.
- triamterene can reduce its efficacy and produce nephrotoxicity.

Diuretics, Angiotensin Converting Enzyme Inhibitors (ACEI) and Angiotensin II Antagonists (AIIA): The non-steroidal anti-inflammatory drugs (NSAIDs) may decrease the effectiveness of diuretics and other antihypertensive medicines. In some patients with impaired renal function (e.g., dehydrated patients or elderly with impaired renal function) the co-administration of an ACEI or AIIA and cyclooxygenase inhibitors may result in the progression of renal function deterioration, including the possibility of acute renal insufficiency, which is usually reversible. The occurrence of these interactions should be considered in patients applying etofenamate, particularly if in large areas of the skin and for prolonged periods, in combination with ACEI or AIIA. Consequently, this drug combination should be used with caution, especially in elderly patients. Patients should be properly hydrated and the need to monitor the renal function after the beginning of the concomitant therapy, and periodically thereafter, should be analysed.

4.6 Fertility, pregnancy and lactation

Pregnancy
There are no adequate data on the use of etofenamate in pregnant women.
Animal studies, with topic administration of etofenamate, did not reveal foetotoxic or teratogenic potential. The potential risk for humans is unknown.
Etoflam 10% w/w gel is not recommended to be used during pregnancy.

Breast-feeding

In the absence of controlled studies in breastfeeding women, Etoflam 10% w/w gel should not be used on the breasts of nursing mothers, nor should it be applied to large areas of skin or used for extended periods.

Fertility
There is no information concerning potential adverse effects in fertility (see section 5.3). The potential risk for humans is unknown.

4.7 Effects on ability to drive and use machines

No studies on the effect on the ability to drive and use machines have been performed. However, and due to the fact that it is a non-steroidal anti-inflammatory drug for cutaneous application, the use of Etoflam 10% w/w gel is not expected to change your ability to drive and use machines.

4.8 Undesirable effects

Adverse events are given below, listed by system organ class and frequency.
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)
Within each frequency grouping, adverse events are presented in order of decreasing seriousness.

Skin and subcutaneous tissue disorders:

Common (≥1/100 to <1/10)

- Pruritus
- Erythema
- Local irritation

Rare (≥1/10,000 to <1/1,000)

- Contact dermatitis
- Allergic dermatitis
- Photosensitive dermatitis

Very rare (<1/10,000)

- Urticaria
- Bullous reactions including Stevens-Johnson syndrome
- Toxic epidermal necrolysis

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. Healthcare professionals are asked to report any suspected adverse reactions via HPRA Pharmacovigilance
Website: www.hpra.ie

4.9 Overdose

No cases of overdose have been reported.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Antiinflammatory preparations, non-steroids for topical use, ATC code: M02AA06.

The large experience of etofenamate use for cutaneous use, as well as the different studies performed, showed the efficiency of Etoflam 10% w/w gel in the treatment of rheumatic disturbances and closed and muscle traumas. The studies performed showed improvement in the efficacy parameters being evaluated (pain relief, mobility and oedema decrease).

Etoflam 10% w/w gel has the mechanism of action of the non-steroidal anti-inflammatory drugs with inhibition of cyclooxygenase, with consequent decrease of prostaglandins and inhibition of lipoxygenase. Thus, it inhibits the histamine release from mast cells.

5.2 Pharmacokinetic properties

In studies performed with humans, etofenamate proved to be a well-absorbed medicinal product, both orally and cutaneously possessing a huge tendency for specific accumulation in the inflamed tissue. After cutaneous application and due to weak metabolisation, the tissue concentrations of etofenamate, active substance of Etoflam 10% w/w gel, correspond mainly to the intact molecule.

Absorption: After the application of etofenamate as gel on the skin of the human back in a quantity of 6 grams (equivalent to the administration of 300 mg of etofenamate), maximum plasma concentrations of 150 µg/L are found after two hours, which corresponds to a residual cutaneous absorption, when compared with the maximum plasma concentrations of 10 mg/l, after oral administration of the same dose.

Distribution: After the cutaneous absorption, etofenamate has an evident tendency for specific accumulation in the inflamed tissue in its intact form, being marked its presence in synovial fluid.
Its half-life, after oral administration, is of about 1.6 hours, while, after cutaneous application, is of approximately 3.3 hours.

Metabolism: Etofenamate is metabolised in the liver in flufenamic acid that still has anti-inflammatory activity.

Elimination: The elimination of etofenamate is done mainly renally, still during the first day after administration. Within a two-day period, the elimination decreases in a 10-time potency. The sum of all the metabolites in urine, after a period of three days, after the oral administration of etofenamate is 55 ± 4.2%.

5.3 Preclinical safety data

Non-clinical data, concerning the topic administration of etofenamate, reveal no especial hazard for humans, based on conventional studies of repeated dose toxicity, genotoxicity, carcinogenic potential, fetotoxicity and teratogenicity.

Local tolerance studies in the rabbit revealed adverse effects in the application site, reversible, whose severity increases when the application is made on injured skin.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

- Isopropyl alcohol;
- Glycerol (E422);
- Trolamine;
- Carbomers;
- Purified water.

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

3 years.
After the first opening use the medicinal product in a maximum period of 6 months.

6.4 Special precautions for storage

This medicinal product does not require any special temperature storage conditions.
Store in the original package in order to protect from light.

6.5 Nature and contents of container

50 g or 100 g aluminium tubes, with internal coating of epoxy-phenolic golden varnish and white high-density polyethylene screw-cap which has a piercing tip to puncture open the aluminium membrane on the neck of the tube.

Not all pack sizes may be marketed.

6.6 Special precautions for disposal and other handling

Any unused medicinal product or waste material should be disposed of following local requirements.

7 MARKETING AUTHORISATION HOLDER

Phoenix Labs
Suite 12, Bunkilla Plaza
Bracetown Business Park
Clonee
Co. Meath.
Ireland

8 MARKETING AUTHORISATION NUMBER

PA1113/034/001

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 2nd May 2025

10 DATE OF REVISION OF THE TEXT