NOVARTIS

Catafast D

Dispersible Tablets

Professional Information

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PROPRIETARY NAMES (AND DOSAGE FORMS)

CATAFAST® D Tablets

COMPOSITION

CATAFAST D Tablets

The active substance is sodium-[o[(2,6-dichlorophenyl)-amino]-phenyl]-acetate (= diclofenac free acid).

One CATAFAST D tablet contains 46,5 mg of diclofenac free acid, which is equivalent to 50 mg diclofenac sodium.

Excipients:

Microcrystalline cellulose; sodium starch glycollate; croscarmellose sodium; silica, colloidal anhydrous; castor oil, hydrogenated; talc.

PHARMACOLOGICAL CLASSIFICATION

A 3.1 Antirheumatics (anti-inflammatory agents)

PHARMACOLOGICAL ACTION

Diclofenac is a non-steroidal compound with antirheumatic, anti-inflammatory, analgesic and antipyretic properties. *In vitro* its active substance strongly inhibits prostaglandin-synthetase and also has an inhibitory effect on platelet aggregation. Inhibition of prostaglandin biosynthesis, is regarded as having an important bearing on its mechanism of action. Prostaglandins play a major role in the causation of inflammation, pain and fever.

Pharmacokinetics:

Absorption

Diclofenac is absorbed after passage through the stomach.

Absorption of diclofenac from CATAFAST D tablets sets in rapidly after administration. The plasma concentrations show a linear relationship to the size of the dose. Peak levels are attained in 20 to 60 minutes after ingestion on an empty stomach.

The active substance is subject to first pass metabolism.

Protein binding

99,7 % .

The mean terminal elimination half life of the unchanged medicine is 1 to 2 hours.

Excretion

Approximately 60 % of the dose administered is excreted via the kidneys in the form of metabolites, and less than 1 % in unchanged form. About 30 % of the dose is excreted in metabolised form in the faeces.

INDICATIONS

Emergency treatment of acute gout attacks with a maximum daily dose of 150 mg for a maximum treatment period of 3 days

CONTRAINDICATIONS

- Gastric or intestinal ulcer, bleeding or perforation.
- Known hypersensitivity to the active substance or to any of the excipients.
- CATAFAST is also contra indicated in asthmatic patients in whom attacks of asthma, urticaria, or acute rhinitis are precipitated by acetylsalicylic acid or by other NSAIDs.
- CATAFAST should not be used in patients with porphyria.
- Pregnancy and lactation (see section Pregnancy and lactation)
- Hepatic, renal or cardiac failure (see sections Warnings and Special Precautions).

WARNINGS

Gastrointestinal bleeding, ulceration or perforation, which can be fatal, have been reported with CATAFAST and may occur at any time during treatment, with or without warning symptoms or a previous history of serious gastrointestinal events. They generally have more serious consequences in the elderly. If gastrointestinal bleeding or ulceration occurs in patients receiving CATAFAST, the medicinal product should be withdrawn.

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, including CATAFAST (see section Side-effects and Special precautions).

Patients appear to be at highest risk of 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. CATAFAST should be discontinued at the first appearance of skin rash, mucosal lesions or any other sign of hypersensitivity.

Allergic reactions, including anaphylactic/anaphylactoid reactions, can also occur in rare cases without earlier exposure to diclofenac.

CATAFAST may mask the signs and symptoms of infection due to its pharmacodynamic properties.

INTERACTIONS

The following interactions include those observed with CATAFAST and/or other pharmaceutical forms of diclofenac.

Lithium: If used concomitantly, CATAFAST may raise plasma concentrations of lithium. Monitoring of the serum lithium level is recommended.

Digoxin: If used concomitantly, CATAFAST may raise plasma concentrations of digoxin. Monitoring of the serum digoxin level is recommended.

Diuretics and antihypertensive agents: Concomitant use of CATAFAST with diuretics or antihypertensive agents (e.g. beta-blockers, angiotensin convertingenzyme (ACE) inhibitors) may cause a decrease in their antihypertensive effect. Therefore, the combination should be administered with caution and patients, especially the elderly, should have their blood pressure periodically monitored. Patients should be adequately hydrated and consideration should be given to monitoring of renal function after initiation of concomitant therapy and periodically thereafter, particularly for diuretics and ACE inhibitors due to the increased risk of nephrotoxicity. Concomitant treatment with potassium-sparing drugs may be associated with increased serum potassium levels, which should therefore be monitored frequently (see sections Warnings and Special Precautions).

Other NSAIDs and corticosteroids: Concomitant administration of CATAFAST and other systemic NSAIDs or corticosteroids may increase the frequency of gastrointestinal undesirable effects (see sections Warnings and Special Precautions).

Anticoagulants and anti-platelet agents: The bioavailability of CATAFAST is reduced by acetylsalicylic acid, and that of acetylsalicylic acid by CATAFAST, when the two agents are

administered together. Caution is recommended since concomitant administration could increase the risk of bleeding (see sections Warnings and Special precautions.

There are reports of an increased risk of haemorrhage in patients receiving CATAFAST and anticoagulants concomitantly. Close monitoring of such patients is therefore recommended.

Selective serotonin reuptake inhibitors (SSRIs): Concomitant administration of systemic NSAIDs and SSRIs may increase the risk of gastrointestinal bleeding (see sections Warnings and Special Precautions).

Antidiabetics: Clinical studies have shown that diclofenac can be given together with oral antidiabetic agents without influencing their clinical effect. However, there have been isolated reports of both hypoglycaemic and hyperglycaemic effects necessitating changes in the dosage of the antidiabetic agents during treatment with CATAFAST. For this reason, monitoring of the blood glucose level is recommended as a precautionary measure during concomitant therapy.

Methotrexate: Caution is recommended when CATAFAST is administered less than 24 hours before or after treatment with methotrexate, since blood concentrations of methotrexate may rise and the toxicity of this substance be increased.

Ciclosporin: CATAFAST, may increase the nephrotoxicity of ciclosporin due to the effect on renal prostaglandins. Therefore, it should be given at doses lower than those that would be used in patients not receiving ciclosporin.

Quinolone antibacterials: There have been isolated reports of convulsions which may have been due to concomitant use of quinolones and NSAIDs.

PREGNANCY AND LACTATION

Pregnancy

CATAFAST should not be used during pregnancy. Use during the third trimester of pregnancy is contraindicated owing to the possibility of uterine inertia and/or premature closure of the ductus arteriosus (see section Contraindications).

Lactation

CATAFAST passes into the breast milk in small amounts. Therefore, CATAFAST should not be administered during breast feeding in order to avoid undesirable effects in the infant.

Fertility

The use of CATAFAST 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 CATAFAST should be considered.

DOSAGE AND DIRECTIONS FOR USE

Children and adolescents

Because of their dosage strength, CATAFAST D tablets should not be used in children and adolescents under 14 years of age. For adolescents aged 14 or over, a daily dose of 50 to 100 mg is usually sufficient. The total daily dose should generally be divided in 2 to 3 doses.

The maximum daily dose of 150 mg should not be exceeded.

Adults

As a general recommendation, the dose should be individually adjusted and the lowest effective dose given for the shortest possible duration.

The recommended initial daily dose is 100mg to 150 mg. In milder cases 50 to 100 mg daily is usually sufficient. The total daily dosage should generally be divided into 2 to 3 separate doses. The maximum daily dose is 150 mg for a period of 3 days.

Administration

CATAFAST D tablets should preferably be taken on an empty stomach. CATAFAST D tablets should be dropped into a glass of water and the liquid stirred to aid dispersion before swallowing. Since a proportion of the active substance may remain in the glass after swallowing, it is advisable to rinse the glass with a small amount of water and to swallow again. The tablets must not be divided or chewed.

SIDE EFFECTS AND SPECIAL PRECAUTIONS

Adverse reactions (Table 1) are ranked under heading of frequency, the most frequent first, using the following convention: common (≥ 1/100, < 1/10); uncommon (≥ 1/1,000, < 1/100); rare (≥ 1/10,000, < 1/1,000); very rare (< 1/10,000), including isolated reports.

The following undesirable effects include those reported with CATAFAST tablets and/or other pharmaceutical forms of diclofenac, with either short-term or long-term use.

Table 1

Blood and lymphatic system disorders	
Very rare:	Thrombocytopenia, leucopenia, anaemia (including haemolytic and aplastic anaemia), agranulocytosis.
Immune system disorders	
Rare	Hypersensitivity reactions, anaphylactic and anaphylactoid reactions (including hypotension and shock).
Very rare:	Angioneurotic oedema (including face oedema).
Psychiatric disorders	
Very rare:	Disorientation, depression, insomnia, nightmare, irritability, psychotic disorder.
Nervous system disorders	
Common:	Headache, dizziness.
Rare:	Somnolence.
Very rare:	Disturbances of sensation, paraesthesia, memory impairment, convulsion, anxiety, tremor, aseptic meningitis, taste disturbances, cerebrovascular accident.
Eye disorders	
Very rare:	Visual disturbance, vision blurred, diplopia
Ear and labyrinth disorders	
Common:	Vertigo.
Very rare:	Tinnitus, hearing impaired.
Cardiac disorders	
Very rare:	Palpitations, chest pain, cardiac failure, myocardial infarction.
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, flatulence, anorexia.
Rare	Gastritis, gastrointestinal haemorrhage, haematemesis, diarrhoea haemorrhagic, melaena, gastro-intestinal ulcer (with or without bleeding or perforation).
Very rare:	Colitis (including haemorrhagic colitis and exacerbation of ulcerative colitis or Crohn's disease), constipation, stomatitis, glossitis, oesophageal disorder, diaphragm-like intestinal strictures, pancreatitis.
Hepatobiliary disorders	
Common:	Transaminases increased (ALT, AST).
Rare:	Hepatitis, jaundice, liver disorder.
Very rare:	Fulminant hepatitis.

Skin and subcutaneous tissue disorders	
Common :	Rash.
Rare:	Urticaria.
Very rare:	Bullous eruptions, eczema, erythema, erythema multiforme, Stevens-Johnson syndrome, toxic epidermal, necrolysis (Lyell's syndrome), dermatitis exfoliative, loss of hair, photosensitivity reaction, purpura, allergic purpura, pruritus.
Renal and urinary disorders	
Very rare :	Acute renal failure, haematuria, proteinuria, nephrotic syndrome, interstitial nephritis, renal papillary necrosis.
General disorders and administration site conditions	
Common:	Injection site reactions, injection site pain, injection site induration,
Rare:	Oedema.

Precautions

General

The concomitant use of CATAFAST with systemic NSAIDs including cyclooxygenase-2 selective inhibitors, should be avoided due to the absence of any evidence demonstrating synergistic benefits and the potential for additive undesirable effects.

Caution is indicated in the elderly on basic medical grounds. In particular, it is recommended that the lowest effective dose be used in frail elderly patients or those with a low body weight.

Pre-existing asthma

In patients with asthma, seasonal allergic rhinitis, swelling of the nasal mucosa (i.e. nasal polyps), chronic obstructive pulmonary diseases or chronic infections of the respiratory tract (especially if linked to allergic rhinitis-like symptoms), reactions to CATAFAST like asthma exacerbations (so-called intolerance to analgesics / analgesics-asthma), Quincke's oedema or urticaria are more frequent than in other patients. Therefore, special precaution is recommended in such patients (readiness for emergency). This is applicable as well for patients who are allergic to other substances, e.g. with skin reactions, pruritus or urticaria.

Gastrointestinal effects

Close medical surveillance is imperative and particular caution should be exercised when prescribing CATAFAST in patients with symptoms indicative of gastrointestinal (GI) disorders or with a history suggestive of gastric or intestinal ulceration, bleeding or perforation (see section Side-Effects). The risk of GI bleeding is higher with increasing

NSAID doses and in patients with a history of ulcer, particularly if complicated with haemorrhage or perforation and in the elderly.

To reduce the risk of GI toxicity in patients with a history of ulcer, particularly if complicated with haemorrhage or perforation, and in the elderly, the treatment should be initiated and maintained at the lowest effective dose.

Patients with a history of GI toxicity, particularly the elderly, should report any unusual abdominal symptoms (especially GI bleeding). Caution is recommended in patients receiving concomitant medications which could increase the risk of ulceration or bleeding, such as systemic corticosteroids, anticoagulants, anti-platelet agents or selective serotonin-reuptake inhibitors (see section Interactions).

Close medical surveillance and caution should also be exercised in patients with ulcerative colitis or Crohn's disease, as their condition may be exacerbated (see section Side-Effects)

Hepatic effects

Close medical surveillance is required when prescribing CATAFAST to patients with impaired hepatic function, as their condition may be exacerbated.

Values of one or more liver enzymes may increase. During prolonged treatment with CATAFAST , regular monitoring of hepatic function is indicated as a precautionary measure. If abnormal liver function tests persist or worsen, if clinical signs or symptoms consistent with liver disease develop, or if other manifestations occur (e.g. eosinophilia, rash), CATAFAST should be discontinued. Hepatitis may occur without prodromal symptoms.

Renal effects

As fluid retention and oedema have been reported in association with CATAFAST therapy, particular caution is called for in patients with impaired cardiac or renal function, history of hypertension, the elderly, patients receiving concomitant treatment with diuretics or medicinal products that can significantly impact renal function, and in those patients with substantial extracellular volume depletion from any cause, e.g. before or after major surgery (see section Contraindications). Monitoring of renal function is recommended as a precautionary measure when using CATAFAST in such cases. Discontinuation of therapy is usually followed by recovery to the pre-treatment state.

Haematological effects

During prolonged treatment with CATAFAST monitoring of the blood count is recommended.

CATAFAST may temporarily inhibit platelet aggregation. Patients with defects of haemostasis should be carefully monitored .

Effects on ability to drive and use machines

Patients experiencing visual disturbances, dizziness, vertigo, somnolence or other central nervous system disturbances while taking CATAFAST should refrain from driving or using machines.

KNOWN SYMPTOMS OF OVERDOSAGE AND PARTICULARS OF ITS TREATMENT

Symptoms

There is no typical clinical picture resulting from CATAFAST overdosage. Overdosage can cause symptoms such as vomiting, gastrointestinal haemorrhage, diarrhoea, dizziness, tinnitus or convulsions. In the event of significant poisoning, acute renal failure and liver damage are possible.

Therapeutic measures

Management of acute poisoning with CATAFAST 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 haemoperfusion are probably of no help in eliminating CATAFAST 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.

IDENTIFICATION

CATAFAST® D tablets:

White, flat, triangular tablets with bevelled edges. One side bears the imprint “CG”, the other side a raised “V”. Width, measured from flattened vertex: approximately 9 mm. Thickness: approximately 3,9 mm.

PRESENTATION

CATAFAST® D is supplied in packs of 9 tablets.

STORAGE INSTRUCTIONS

CATAFAST D : Store below 25 °C . Protect from moisture.

KEEP OUT OF THE REACH OF CHILDREN.

REGISTRATION NUMBERS

CATAFAST® D: A40/3.1/0240

NAME AND BUSINESS ADDRESS OF THE HOLDER OF CERTIFICATES OF REGISTRATION

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