PROFESSIONAL INFORMATION FOR

K-FENAK OTC TABLETS

SCHEDULING STATUS

S2

1. NAME OF THE MEDICINE

K-FENAK OTC 50 mg, film coated tablets

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Each film-coated tablet contains 50 mg diclofenac potassium

Contains sugar: lactose monohydrate 81,00 mg/tablet.

For the full list of excipients, **see section 6.1**

3. PHARMACEUTICAL FORM

White, circular, biconvex, film-coated tablets plain on both sides.

4. CLINICAL PARTICULARS

4.1 Therapeutic indications

K-FENAK OTC is indicated for:

- The emergency treatment of acute gout attacks, for a maximum treatment period of 3 days.
- The treatment of fever or mild to moderate pain of inflammatory origin, for a maximum period of 5 days.

4.2 Posology and method of administration

Posology

USE THE LOWEST EFFECTIVE DOSE FOR THE SHORTEST POSSIBLE DURATION OF TREATMENT.

Adults:

- For the emergency treatment of acute gout attacks:

  100 mg to 150 mg (2 to 3 tablets) in two to three divided doses, with a maximum daily dose of 150 mg (3 tablets).

THE MAXIMUM TREATMENT PERIOD OF 3 DAYS SHOULD NOT BE EXCEEDED.

- For the treatment of fever or mild to moderate pain of inflammatory origin:

  75 mg (1,5 tablets) daily.

THE MAXIMUM TREATMENT PERIOD OF 5 DAYS SHOULD NOT BE EXCEEDED.

4.3 Contraindications

K-FENAK OTC is contraindicated in:

- Patients with known hypersensitivity to diclofenac or to any of the excipients in K-FENAK OTC (see **section 6.1**)
- Patients with hypersensitivity to other NSAIDs, including aspirin.
- Patients with gastric or intestinal ulcer.
- Patients with a history of gastrointestinal perforation, ulceration or bleeding (PUBs) related to previous NSAIDs, including K-FENAK OTC.
- Patients with active or history of recurrent ulcer / haemorrhage / perforations.

- Asthmatic patients in whom asthma attacks, acute rhinitis or urticaria are precipitated by acetylsalicylic acid (aspirin) or by other medicines which inhibit prostaglandin synthetase (NSAIDs).
- Pregnancy and lactation (see **section 4.6**).
- Patients with porphyria.
- Patients with renal, or hepatic failure (see **section 4.4**).
- Patients with heart failure, established ischaemic heart disease and/or cerebrovascular disease (stroke) and peripheral arterial disease.

4.4 Special warnings and precautions for use

- Caution is required in patients with a history of hypertension and/or heart failure as fluid retention and oedema have been reported in association with K-FENAK OTC therapy. In view of K-FENAK OTC's inherent potential to cause fluid retention, heart failure may be precipitated in some compromised patients.
- Caution is required in patients with significant risk factors for cardiovascular events (e.g. hypertension, hyperlipidaemia, diabetes mellitus, smoking) and should only be treated with K-FENAK OTC after careful consideration.
- K-FENAK OTC is contraindicated in pregnancy and lactation (see **section 4.3**).
- Risk of renal tubular acidosis and hypokalaemia are associated with non-steroidal anti-inflammatory medicine (NSAID) usage.

Gastrointestinal effects:

- The elderly have an increased frequency of adverse reactions to NSAIDs including K-FENAK OTC, especially gastrointestinal perforation, ulceration and bleeding (PUBs) which may be fatal.

- The risk of gastrointestinal perforation, ulceration or bleeding (PUBs) is higher with increasing doses of K-FENAK OTC, in patients with a history of ulcers, and the elderly.
- When gastrointestinal bleeding or ulceration occurs in patients receiving K-FENAK OTC, treatment with K-FENAK OTC should be stopped.
- K-FENAK OTC should be given with caution to patients with a history of gastrointestinal disease (e.g. ulcerative colitis, Crohn's disease, hiatus hernia, gastroesophageal reflux disease, angiodysplasia) as the condition may be exacerbated.

The most frequently observed adverse events are gastrointestinal in nature.
Other adverse reactions include nausea, vomiting, diarrhoea, flatulence, constipation, dyspepsia, abdominal pain, melaena, haematemesis, ulcerative stomatitis, exacerbation of colitis and Crohn's disease, and gastritis (see section 4.8)
Treatment with K-FENAK OTC should be started and maintained at the lowest effective dose to reduce the risk of gastrointestinal toxicity in elderly patients and in patients with a history of ulcer, especially if complicated with perforation or haemorrhage (see **section 4.2**).

Patients with a history of gastrointestinal toxicity, especially elderly patients, should be instructed to report any unusual abdominal symptoms, in particular gastrointestinal bleeding. Caution is advised in patients taking K-FENAK OTC concurrently with medicines that may increase the risk of bleeding or ulceration, including anticoagulants, systemic corticosteroids, selective serotonin reuptake inhibitors (SSRIs) or antiplatelet medicines (see **section 4.5**).

Allergic reactions:

Serious skin reactions, some of them fatal, including exfoliative dermatitis, Stevens-Johnson syndrome, and toxic epidermal necrolysis have been reported. K-FENAK OTC should be discontinued at the first appearance of skin rash, mucosal lesions, or any other sign of hypersensitivity (see **section 4.8**).

Hypersensitivity reactions (such as bronchospasm, anaphylactic / anaphylactoid reactions, including hypotension), vasculitis and pneumonitis may occur less frequently without prior exposure to K-FENAK OTC. Discontinue treatment immediately.

General:

Due to its pharmacodynamic properties, K-FENAK OTC may mask the signs and symptoms of infection.

The bioavailability of both K-FENAK OTC and acetylsalicylic acid (aspirin) may be reduced if used concurrently. Due to the potential for increased side effects and the absence of synergistic benefits, the use of two or more NSAIDs concomitantly, including cyclo-oxygenase-2 selective inhibitors, should be avoided (see **section 4.5**).

Concomitant use of K-FENAK OTC and methotrexate could result in serious interactions (see **section 4.5**).

Caution is required in elderly patients on basic medical grounds. A reduction in dosage may be required in the elderly, especially in the very frail or those with a low body mass.

Pre-existing asthma:

Reactions to K-FENAK OTC, such as asthma exacerbations (so-called analgesics-asthma / intolerance to analgesics), urticaria or angioedema, may occur more frequently

in patients with asthma, swelling of the nasal mucosa / nasal polyps, seasonal allergic rhinitis, chronic infections of the respiratory tract (especially if linked to allergic rhinitis-like symptoms) or chronic obstructive pulmonary diseases, than in other patients. Special precaution (readiness for emergency) is therefore required in these patients and in patients with allergies to other substances, e.g. with pruritus, skin reactions or urticaria (see **section 4.3**)

Hepatic effects:

K-FENAK OTC is contraindicated in patients with hepatic failure (see **section 4.3**).

There may be an increase in the values of one or more liver enzymes. Regular monitoring of liver function is required as a precautionary measure during prolonged treatment with K-FENAK OTC. If abnormal hepatic function tests continue and symptoms of hepatic disease develop, or if other manifestations such as rash or eosinophilia occur, discontinue K-FENAK OTC. Hepatitis may develop with the use of K-FENAK OTC in the absence of prodromal symptoms.

Renal effects:

K-FENAK OTC is contraindicated in patients with renal failure. Heart failure may be precipitated in some compromised patients, due to the inherent potential of K-FENAK OTC to cause fluid retention and oedema (see **section 4.3** and **section 4.8**).

Patients suffering from renal or cardiac impairment, patients with a history of hypertension, the elderly, patients being treated with diuretics or medicines that can significantly affect renal function, or patients who have extracellular volume depletion from any cause, e.g. before or after major surgery, should be carefully monitored because of the role of prostaglandins in maintaining renal blood flow. In such cases, monitoring of

kidney function is recommended as a precautionary measure when using K-FENAK OTC. Recovery to the pre-treatment state usually follows discontinuation of treatment.

Haematological effects:

Monitoring of blood counts is indicated during prolonged treatment with K-FENAK OTC. K-FENAK OTC may inhibit aggregation of platelets temporarily. Patients who have defects of haemostasis require careful monitoring.

Lactose:

K-FENAK OTC contains lactose. Patients with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption should not take this medicine.

4.5 Interaction with other medicines and other forms of interaction

Methotrexate

When K-FENAK OTC is administered less than 24 hours before or after treatment with methotrexate, caution is required, since concurrent administration of methotrexate with K-FENAK OTC may result in increased methotrexate blood concentrations and toxicity (see **section 4.4**).

Lithium or digoxin

Raised plasma concentrations of lithium or digoxin may occur if taken together with K-FENAK OTC. It is recommended to monitor the serum levels of lithium or digoxin.

Diuretics and antihypertensive medicines

Co-administration of K-FENAK OTC with antihypertensive medicines [e.g. angiotensin converting enzyme (ACE) inhibitors, beta-blockers] or diuretics may cause a decrease

the antihypertensive effect. The combination should, therefore, be given with caution and the patient's blood pressure, particularly that of the elderly, should be monitored periodically. Due to the increased risk of nephrotoxicity, patients should be adequately hydrated and monitoring of renal function should be considered after initiation of concurrent treatment and periodically thereafter, especially for ACE inhibitors and diuretics. Increased serum potassium levels may be associated with concurrent treatment with potassium-sparing medicines; therefore, serum potassium levels should be monitored frequently (see **section 4.4**).

Glucocorticoids and other NSAIDs

Gastrointestinal adverse effects may be exacerbated by the concomitant administration of K-FENAK OTC. Concurrent treatment with two or more NSAIDs may increase the risk of adverse effects (see **section 4.4**).

Antidiabetic medicines

Oral antidiabetic medicines can be co-administered with K-FENAK OTC without influencing the clinical effects of antidiabetic medicines. K-FENAK OTC may cause both hypo- and hyperglycaemia. Therefore, the dosage of antidiabetic medicines may need to be changed during co-administration with K-FENAK OTC, and blood glucose levels should be monitored as a precautionary measure.

Anticoagulants and antiplatelet medicines

The bioavailability of both K-FENAK OTC and acetylsalicylic acid (aspirin) are reduced if used concurrently (see **section 4.4**). As there is an increased risk of gastrointestinal bleeding, caution is recommended.

K-FENAK OTC may enhance the effects of anti-coagulants, such as warfarin. There is an increased risk of haemorrhage if K-FENAK OTC is used concurrently with any anticoagulants. Careful monitoring is necessary.

Selective serotonin reuptake inhibitors (SSRIs)

Caution is recommended since there is an increased risk of gastrointestinal bleeding when these medicines are co-administered with K-FENAK OTC.

Ciclosporin

Nephrotoxicity of ciclosporin may be increased by the effects of K-FENAK OTC on renal prostaglandins. Therefore, in patients receiving ciclosporin K-FENAK OTC should be administered at lower doses than for patients not receiving ciclosporin.

Quinolone antibiotics

Cases of convulsions have been reported, which may be due to concurrent use of NSAIDs, such as K-FENAK OTC, and quinolone antibiotics.

4.6 Fertility, pregnancy and lactation

Pregnancy

K-FENAK OTC should not be used during pregnancy, as safety and efficacy in pregnancy and lactation has not been established (see **section 4.3**).

Use of NSAIDs during the third trimester of pregnancy may result in premature closure of the foetal ductus arteriosus *in utero* and possibly in persistent pulmonary hypertension of the newborn. The onset of labour may be delayed and its duration increased (see **section 4.3**).

Use of NSAIDs, such as K-FENAK OTC, around 20 weeks gestation or later in pregnancy may cause a rare but serious foetal renal dysfunction leading to oligohyramnios and, in some cases, neonatal renal impairment. Complications of prolonged oligohydramnios include limb contractures and delayed lung maturation, which may require invasive procedures such as exchange transfusion or dialysis, in some cases.

Breastfeeding

A small amount of K-FENAK OTC passes into the breast milk. Therefore, in order to avoid undesirable effects in the infant K-FENAK OTC should not be used during lactation (see **section 4.3**).

Fertility

Administration of K-FENAK OTC is not recommended in women attempting to conceive, as it may impair female fertility. Withdrawal of K-FENAK OTC should be considered in women experiencing difficulties conceiving or who are undergoing investigation of infertility.

4.7 Effects on ability to drive and use machines

Patients who experience dizziness, vertigo, visual disturbances, somnolence, or other central nervous system disturbances while taking K-FENAK OTC, should refrain from driving a vehicle or operating machinery.

4.8 Undesirable effects

Tabulated summary of adverse reactions

MedDRA System organ Class	**Frequency**	**Side Effects**
Blood and lymphatic system disorders	Less frequent	Leucopenia, thrombocytopenia, aplastic

		anaemia, haemolytic anaemia, agranulocytosis.
Immune system disorders	Less frequent	Hypersensitivity reactions, anaphylactic and anaphylactoid reactions (including shock and hypotension), angioedema (including face oedema), bullous reactions, including toxic epidermal necrolysis and Stevens-Johnson syndrome (see "Skin and subcutaneous tissue disorders").
Psychiatric disorders	Less frequent	Disorientation, insomnia, irritability, depression, nightmares, psychotic reactions.
Nervous system disorders	Frequent Less frequent	Headache, dizziness, nervousness. Tiredness, disturbances of sensation (including paraesthesia), memory disturbance, convulsions, anxiety, tremor, aseptic meningitis, somnolence, taste

		disturbances, cerebrovascular accident.
Eye disorders	Less frequent	Disturbances of vision (diplopia, blurred vision).
Ear and labyrinth disorders	Frequent Less frequent	Vertigo Impaired hearing, tinnitus.
Cardiac disorders	Less frequent	Palpitation, chest pain, congestive heart failure, oedema, myocardial infarction.
Vascular disorders	Less Frequent	Vasculitis, hypertension
Respiratory, thoracic and mediastinal disorders	Less frequent	Asthma (including dyspnoea), pneumonitis.
Gastrointestinal disorders	Frequent Less frequent	Epigastric pain, nausea, vomiting, diarrhoea, abdominal cramps, dyspepsia, flatulence, eructation, anorexia, local irritation, abdominal pain. Gastrointestinal bleeding, haematemesis, melaena, bloody diarrhoea, peptic ulcer with or without bleeding or perforation, lower gut

		disorders such as non-specific haemorrhagic colitis, exacerbation of ulcerative colitis or Crohn's proctocolitis, glossitis, aphthous stomatitis, oesophageal lesions, diaphragm-like intestinal strictures, constipation, pancreatitis, alteration in taste, gastritis, Crohn's disease.
Hepatobiliary disorders	Frequent Less Frequent	Elevated transaminase levels (ALT, AST). Hepatitis with or without jaundice, fulminant hepatitis, liver disorder, hepatic necrosis, hepatic failure.
Skin and subcutaneous tissue disorders	Frequent Less Frequent	Rash and skin reactions. Urticaria, bullous eruptions, eczema, erythema multiforme, Stevens-Johnson syndrome, toxic epidermal necrolysis,

		acute toxic epidermolysis (see **"Immune system disorders**"), erythroderma (exfoliative dermatitis), loss of hair, photosensitivity reaction, purpura, including allergic purpura, pruritus.
Renal and urinary disorders	Less frequent	Acute renal failure, urinary abnormalities such as haematuria, proteinuria, interstitial nephritis, nephritic syndrome, papillary necrosis.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicine is important. It allows continued monitoring of the benefit/risk balance of the medicine. Health care providers are asked to report any suspected adverse reactions to SAHPRA via the "6.04 Adverse Drug Reactions Reporting Form", found online under SAHPRA's publications: https://www.sahpra.org.za/Publications/Index/8 or to Cipla Medpro (Pty) Ltd. by email: drugsafetysa@cipla.com or telephone: 080 222 6662 (toll free).

4.9 Overdose

K-FENAK OTC overdosage does not result in a typical clinical picture. Overdosage can cause symptoms such as gastrointestinal haemorrhage, vomiting, diarrhoea, tinnitus, dizziness or convulsions. Acute renal failure and liver damage are possible in the event of significant poisoning (see **section 4.4** and **section 4.8**).

Therapeutic measures

Treatment is symptomatic and supportive, especially for convulsions, hypotension, gastrointestinal irritation, renal failure, and respiratory depression.

Absorption should be prevented with activated charcoal as soon as possible after a potentially toxic overdose or by means of vomiting (gastric decontamination) following a potentially life-threatening overdose.

Specific therapies such as forced diuresis, dialysis or haemoperfusion are of little value in eliminating K-FENAK OTC because of its high protein binding and extensive metabolism.

5. PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic classification

Pharmacological classification

A 3.1 Antirheumatics (anti-inflammatory agents).

Pharmacotherapeutic group:

Non-steroidal anti-inflammatory drug (NSAID).

ATC code:

M02AA15

Pharmacodynamic effects

Diclofenac is a non-steroidal anti-inflammatory compound (NSAID) with analgesic, antipyretic and anti-inflammatory activities. It causes decreased formation of prostaglandins and thromboxanes through inhibition of the activity of the enzyme cyclo-oxygenase. Prostaglandins play a major role in the causation of inflammation, pain and fever and the inhibition of prostaglandin synthesis may have an important bearing on diclofenac's mechanism of action. Diclofenac inhibits platelet aggregation *in vitro*.

5.2 Pharmacokinetic properties

Absorption and distribution

Diclofenac is well absorbed after oral administration. Peak plasma concentrations are reached within approximately 1 hour. Administration with food slows the rate but does not alter the extent of absorption. There is a substantial first-pass effect (only 50 % of diclofenac is available systemically). Diclofenac is extensively bound to plasma proteins (99 %) and its plasma half-life is 1 to 2 hours.

Metabolism and elimination

Diclofenac is metabolised in the liver by a cytochrome P450 isozyme of the CYP2C subfamily and excreted in the form of metabolites via the kidneys (approximately 60 %) and faeces (approximately 30 %). Less than 1 % is excreted in unchanged form.

6. PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Tablet Core:

Colloidal anhydrous silica,

Crospovidone,

Lactose monohydrate,

Magnesium stearate,

Microcrystalline cellulose,

Povidone

Tablet Coating (Opadry AMB OY-28920 (White)):

Lecithin (soya),

Partially hydrolysed polyvinyl alcohol,

Talc,

Titanium dioxide

Xanthan gum

6.2 Incompatibilities

Not applicable

6.3 Shelf life

36 Months

6.4 Special precautions for storage

Store in a dry place at or below 25 °C.

6.5 Nature and contents of the container

Aluminium blister strip packed in cartons of 9 tablets.

6.6 Special precautions for disposal and other handling

No special precautions

7. HOLDER OF CERTIFICATE OF REGISTRATION

CIPLA MEDPRO (PTY) LTD.

Building 9

Parc du Cap

Mispel Street

Bellville

7530

RSA

Customer Care 080 222 6662

8. REGISTRATION NUMBER(S)

A38/3.1/0651

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTORISATION

18 March 2005

First Authorisation: 18 March 2005

Latest renewal: Not applicable

10. DATE OF REVISION OF THE TEXT

16 February 2024