NOVARTIS

Voltaren® (diclofenac sodium) medicated plaster

22 May 2015, Version 1.0

Public Summary of Risk Management Plan

VI.2 Elements for a Public Summary

The focus of this RMP is Diclofenac sodium 140 mg plaster which is to be applied to the painful area twice daily, in the morning and in the evening. The maximum daily dose is 2 medicated plasters, even if there is more than one injured area to be treated. Therefore, only one painful area can be treated at a time. The duration of use should not exceed 7 days, unless recommended by a doctor.

If there is no improvement, during the recommended duration of treatment or a worsening of symptoms, a doctor should be consulted.

VI.2.1 Overview of disease epidemiology

Soft-tissue injuries

Soft-tissue injures, a group of musculoskeletal injuries, are of epidemiological concerns placing an enormous burden over society. Predominantly soft-tissue injuries are associated with sports, extraneous physical activities, physical impact, or lifestyle-related factors leading to sprain, strain, contusion, stress, or overuse of a particular body part. Common examples are ankle sprain and soft-tissue knee injuries. Approximately 60% of all sports injuries are soft-tissue injuries.

VI.2.1 Summary of treatment benefits

As evidenced by the reported clinical trials, Diclofenac sodium 140 mg plaster has been demonstrated to be effective in the treatment of acute pain due to soft tissue injuries and inflammatory diseases. Diclofenac sodium plasters are designed to work locally in the soft tissue and on peripheral nerves underlying the site of application and are not designed to be absorbed systemically in an considerable amount.

The efficacy and safety of topical NSAIDs in the treatment of acute, painful musculoskeletal conditions is widely recognized (Vaile and Davis 1998, Heyneman, Lawless-Liday, and Wall et al 2000, Mason, et al 2004, Rainsford, Kean, and Ehrlich 2008, Zacher, et al 2008, Taylor, Fotopoulos, Maibach 2011, Evans, et al 1995, Figueras, et al 1994). Pooled review and analysis of clinical data has provided further convincing evidence regarding treatment benefits of topical NSAIDs and topical diclofenac (Lin, et al 2004, Massey, et al 2010, Derry, Moore, and Rabbie 2012).

VI.2.3 Unknowns relating to treatment benefits

No hepatic, renal, cardiovascular, or cerebrovascular comorbidity-related safety concerns related to Diclofenac sodium 140 mg plaster have been identified during the clinical studies that preclude the use of Diclofenac sodium 140 mg plaster in such conditions. There are no data to suggest that the benefit-risk profile for adolescents aged 16-18 years is markedly different to that of adults, and considering the low systemic absorption, it is reasonable to expect Diclofenac sodium 140 mg plaster to be safe if used by adolescents of age more than 16 years. No specific age-related safety issue is anticipated for use in the elderly and no differences are expected in populations of different racial or ethnic origin.

VI.2.4 Summary of safety concerns

Table 13-3 Important identified risks

Risk	What is known	Preventability
Hypersensitivity such as asthma, angioedema and urticaria	Some patients have experienced allergic reactions including hypersensitivity type responses such as asthma, angioedema and urticaria. Asthma symptoms range from minor to severe and vary from person to person. Symptoms may include shortness of breath, chest tightness or pain, coughing, breathing difficulties (wheezing). Patients suffering from asthma are at risk of experiencing asthma flares when exposed to allergens, which may include certain medications such as anti-inflammatory. Angioedema is the swelling of deep dermis, subcutaneous, or submucosal tissue due to vascular leakage. Acute episodes often involve the lip, eyes, and face; however, angioedema may affect other parts of body, including respiratory and gastrointestinal (GI) mucosa. Laryngeal swelling can be life-threatening. Urticaria involves only the superficial portion of the dermis, presenting as well- circumscribed wheals with erythematous raised serpiginous borders and blanched centers that may coalesce to become giant wheals. Most cases of urticaria are self- limiting and of short duration; the eruption rarely lasts more than several days. The development of urticaria is often an isolated event without systemic reaction. Rarely, it can be a prelude to the development of an anaphylactic reaction.	Do not use the product if medical history is relevant for allergic reactions and / or asthma. Product is contraindicated in patients in whom attacks of asthma, urticaria, or acute rhinitis are precipitated by acetylsalicylic acid or other nonsteroidal anti-inflammatory drugs (NSAIDs)

Table 13-4 Important potential risks

Risk	What is known
Systemic reactions: Cardiovascular disorders, gastrointestinal disorders, hepatic disorders, renal disorders	Patients treated with oral anti-inflammatory drugs, such as NSAIDs, are known to be at risk of experiencing gastrointestinal disorders (vomiting, gastric ulceration or bleeding, diarrhea), cardiovascular disorders (heart attack, stroke), increased liver enzymes, which may be symptomatic of liver disorders), or altered renal function. Topical application of diclofenac results in very low systemic exposure to the drug. However, if treatment duration is extended beyond that which is prescribed, systemic exposure may increase. Thus, a risk of experiencing one or the other of the above-mentioned diseases cannot be, theoretically, completely ruled out.

Risk	What is known
Use in pregnancy and lactation	The use of Diclofenac sodium 140 mg plaster in pregnant women has not been studied; therefore, Diclofenac sodium 140 mg plaster should not be used during pregnancy and is contraindicated during the third trimester of pregnancy owing to the possibility of uterine inertia and/or premature closure of the ductus arteriosus. Additionaly, Diclofenac sodium 140 mg plaster is not recommended during breast-feeding.
Use in paediatric population under 16 years of age	There are no data about the efficacy and safety of Diclofenac sodium 140 mg plaster in children and adolescents below the age of 16. Therefore, the use in this population is contraindicated.

VI.2.5 Summary of additional risk minimization measures by safety concern

No additional risk minimization measures are proposed.

VI.2.6 Planned post authorization development plan

Not applicable. There is no post-authorization development plan.

VI.2.6.1 Studies which are a condition of the marketing authorization

No studies are conditions of the marketing authorization.

VI.2.7 Summary of changes to the Risk Management Plan over time

Not applicable as this is the first RMP for Diclofenac sodium 140 mg plaster.