Joflam®

Film-coated tablets
Jordan River Pharmaceutical Industries (L.L.C)
Analgesic, anti-inflammatory agent.

Composition
Active Ingredient: Diclofenac potassium (phenylacetic acid derivative)
Excipients: Dibasic calcium Phosphat, Povidone, Sodium starch glycolate, Colloidal Silicone Dioxide, Magnesium stearate, Purified water, Opadry red.
Pharmaceutical form and quantity of active substance per unit: one tablet contains 50 mg diclofenac potassium.

Properties/ Actions
Mechanism of action
Diclofenac, the active ingredient of **Joflam®** , is a non-steroidal compound with analgesic, anti-inflammatory and antipyretic properties.
Inhibition of prostaglandin biosynthesis by diclofenac has been demonstrated experimentally and this is considered fundamental to its mechanism of action.
Prostaglandins play a major causative role in inflammation, pain and fever.
In vitro at concentrations equivalent to those attained in humans, diclofenac does not suppress proteoglycan biosynthesis in cartilage.

Therapeutic effect
On account of their rapid absorption, **Joflam®** tablets are suitable for use in the treatment of acute painful and inflammatory conditions in which a rapid onset of action (within 30 minutes) is desired. In post-traumatic and postoperative inflammatory conditions, diclofenac rapidly relieves both spontaneous pain and pain on movement, and reduces inflammatory swelling and wound oedema.
In addition, the active substance is capable of relieving the pain and reducing the extent of bleeding in primary dysmenorrhoea. Diclofenac has also been found to exert an analgesic effect in other moderately and severely painful states.
In migraine attacks **Joflam®** has been shown to be effective in relieving the headache and in improving the accompanying symptoms nausea and vomiting.

Indications/ Potential Uses:
Short-term treatment (maximum 2 weeks) of the following acute conditions:
- Postoperative inflammation and pain, e.g. following dental or orthopaedic surgery.
- Painful post-traumatic inflammatory states, e.g. due to sprains.
- Painful and/or inflammatory gynaecological conditions, e.g. primary dysmenorrhoea or adnexitis.
- Migraine attacks.
- As an adjunct in severe painful inflammatory infections of the ear, nose or throat e.g. pharyngotonsillitis, otitis.
- Painful syndromes of the vertebral column.
- Non-articular rheumatism.

In keeping with standard therapeutic principles, the underlying disease should be treated with specific therapy as appropriate. Fever alone is not an indication.

Dosage/Administration
Adults: The usual dosage is 2-3 **Joflam®** tablets (100-150 mg) daily. In milder cases, as well as for adolescents over 14 years of age, 2 **Joflam®** tablets daily are usually sufficient.
The total daily amount should normally be given in 2-3 divided doses. In primary dysmenorrhoea the daily dosage should be individually adjusted and is generally 1-3 **Joflam®** tablets. Initially a dose of 1-2 tablets should be prescribed. If necessary, this may be raised over the course of several menstrual cycles up to a maximum of 4 tablets daily. Treatment should be started at the onset of the first symptoms and continued for a few days, depending on the response.
Migraine: An initial dose of 50mg is recommended at the first sign of an impending attack. In cases where pain relief is inadequate approx. 2 hours after ingestion of the first dose a further dose of 50mg may be taken. If necessary, further 50mg doses may be taken at intervals of 4-6 hours, although a total dose of 200mg must not be exceeded within a 24-hours period.
Children: Because of their strength, **Joflam®** tablets are not recommended for use in children below 14 years of age. At present there are no data on the use of **Joflam®** to treat migraine attacks in children.

Administration
The tablets should be swallowed whole with liquid, preferably before meals.

Restrictions on use/
Contraindications
Peptic ulcer
Known hypersensitivity to the active substance and/or any of the excipients.
Like other non-steroidal anti-inflammatory drugs (NSAIDs), **Joflam®** is contraindicated in patients in whom attacks of asthma, urticaria or acute rhinitis are precipitated by acetylsalicylic acid or other drugs with prostaglandin-synthetase-inhibiting activity.

Precautions
Joflam® tablets have no gastro-resistant coating.
Release of the active substance in the stomach may cause local irritation of the gastric mucosa.
Joflam® tablets should only be given to patients with gastrointestinal symptoms, evidence or a history of peptic ulcer, ulcerative colitis, Crohn's disease, or impaired hepatic function in compelling circumstances and under close medical supervision.
Gastrointestinal bleeding or ulceration/perforation generally have even more serious consequences in the elderly. They can occur at any time during treatment, without warning symptoms or a previous history. In the rare event of gastrointestinal bleeding or ulceration in a patient receiving **Joflam®** , the drug should be withdrawn. Owing to the importance of prostaglandins in maintaining renal blood flow, particular caution is called for in patients with impaired cardiac or renal function, the elderly, patients being treated with diuretic, and patients with extracellular volume depletion of whatever cause (e.g. peri/post-operative phases of major surgery). Monitoring of renal function is recommended as a precautionary measure when using **Joflam®** in such cases. Withdrawal is usually followed by a return to the pre-treatment state.
Caution is indicated in very elderly patients on basic medical grounds. In particular, it is recommended that the lowest effective dosage be used in frail elderly patients or those with a low body weight.
As with other NSAIDs, values of one more liver enzymes may increase during treatment with **Joflam®** .
Although this has been observed in clinical studies with diclofenac and may occur in around 15% of patients, it is rarely accompanied by symptoms and its clinical significance is unknown. Increases are borderline in the majority of cases, occasionally (2.5% moderate (3-8 times the upper limit of normal), and marked (8 times the upper limit of normal) in only around 1% of cases. Raised liver enzyme values were accompanied by clinically manifest liver damage in 0.50% of cases in the above mentioned clinical studies. Values generally returned to normal after discontinuation of the drug, however, it should be noted, that **Joflam®** is only recommended for short-term use (maximum 2 weeks).
Joflam® should be discontinued if liver function disturbance persists or worsens, if clinical signs or symptoms consistent with liver disease (e.g.hepatitis) develop, or if other manifestations occur (e.g. eosinophilia, rash, etc.), in addition to raised liver enzyme values, there have been a few reports of severe hepatic reactions, including jaundice, and isolated cases of fulminant hepatitis with fatal outcome.
Hepatitis may develop without prodromal symptoms. Caution is called for when using **Joflam®** in patients with hepatic porphyria , since it may trigger an attack.
Use of **Joflam®** in the indications listed above is normally necessary for a limited period only. However, if it is given for a longer period contrary to the recommendations for use , it is advisable as with other highly potent NSAIDs to perform blood counts at regular intervals.
Like other NSAIDs, **Joflam®** may temporarily inhibit platelet aggregation. Patients with coagulation disorders should be closely supervised.
Its pharmacodynamic properties mean that, like other NSAIDs,**Joflam®** may mask the signs and symptoms of infection.
As with other NSAIDs, allergic reactions, including anaphylactic /anaphylactoid reactions, can also occur in the absence of previous exposure.

Special warnings:
patients experiencing dizziness or other central nervous system disturbances, including visual disturbances should not drive or use machines.

Pregnancy and lactation
First and second trimesters: Pregnancy category B
Studies in animals have not shown any evidence of fetal risk but no controlled studies have been carried out in pregnant women.
Third trimester: Pregnancy category D
Joflam® should not be used owing to the possibility of premature closure of the ductus arteriosus and/or uterine inertia.
With oral doses of 50mg every 8 hours, the amount of active substance excreted in breast milk is so small that adverse effects in the infant are unlikely.

Adverse reaction
Gastrointestinal tract: Occasional: Epigastric pain, other gastrointestinal reactions such as nausea, vomiting, diarrhoea, abdominal cramps, dyspepsia, flatulence and loss of appetite. Rare: Gastrointestinal bleeding (haematemesis, melaena, bloody diarrhoea), peptic ulceration with or without bleeding or perforation. Isolated cases: Aphthous stomatitis, glossitis, oesophageal lesions, diaphragm disease of the gastrointestinal tract, lower gastrointestinal disorders such as non-specific haemorrhagic colitis, exacerbation of ulcerative colitis and Crohn's disease, constipation, pancreatitis.
Central and peripheral nervous system: Occasional: Headache, light-headedness, dizziness. Rare: fatigue. Isolated cases: sensory disturbances including paraesthesias, memory disturbances, disorientation, insomnia, irritability, convulsions, depression, anxiety, nightmares, tremor, psychotic reactions and aseptic meningitis.
Sensory organs: Isolated Cases: Disturbances of vision (impaired visual acuity, diplopia), impaired hearing, tinnitus, taste disturbances.
Skin: Occasional: Rash. Rare: Urticaria.
Isolated cases: Bullous eruptions, eczema, erythema multiforme, Stevents-Johnson syndrome, Lyell's syndrome (toxic epidermal necrolysis) erythroderma (exfoliative dermatitis), hair loss, photosensitivity, purpura including allergic purpura.
Kidneys: Rare: Oedema. Isolated cases: Acute renal failure, haematuria, proteinuria, interstitial nephritis, nephrotic syndrome, papillary necrosis.
Liver: Common: Increase in serum aminotransferase enzyme (SGOT, SGPT) levels, occasionally moderate (3 times the upper limit of normal) or marked (8 times the upper limit of normal). Rare: Hepatitis with or without jaundice, in isolated cases fulminant.
Blood: Isolated cases: Thrombocytopenia, leucopenia, agranulocytosis, haemolytic anaemia, aplastic anaemia.
Hypersensitivity: Rare: Hypersensitivity reactions such as asthma and anaphylactic/anaphylactoid reactions with loss of blood pressure. Isolated cases: Vasculitis, pneumonitis.
Cardiovascular system: Isolated cases: Palpitations, chest pain, hypertension, heart failure.

Interactions
Lithium, digoxin: When given concomitantly, **Joflam®** may increase plasma concentrations of lithium and digoxin.
Diuretics: Like other NSAIDs, **Joflam®** may reduce the efficacy of diuretics. Concomitant treatment with a potassium-sparing diuretic may be associated with increased serum potassium levels, which should therefore be checked at regular intervals.
Non-steroidal anti-inflammatory drugs: Concomitant administration of systemic NSAIDs, may increase the frequency of undesirable effects.
Anticoagulants: Although nothing was seen in clinical investigations to suggest that **Joflam®** affects the action of anticoagulants, there have been isolated reports of an increased risk of hemorrhage in patients receiving **Joflam®** and anticoagulants concomitantly. Close monitoring of such patients is therefore recommended.
Antidiabetic agents: Clinical studies have shown that **Joflam®** can be given together with oral antidiabetic agent without influencing their clinical effect. However, there have been isolated reports of both hyperglycaemic and hypoglycaemic effects during treatment with **Joflam®**, necessitating changes in the antidiabetic dosage.
Methotrexate: Caution is called for when NSAIDs are administered less than 24 hours before or after treatment with methotrexate since blood concentration of methotrexate may rise, increasing its toxicity.
Cyclosporin: The effect of NSAIDs on renal prostaglandins may increase the nephrotoxicity of cyclosporin.
Quinolone antibiotics: There have been isolated reports of convulsions which may have been due to concomitant use of quinolones and NSAIDs.

Overdosage
Management of acute poisoning with NSAIDs consists essentially of supportive and symptomatic measures. There is no typical clinical picture associated with overdosage of diclofenac. The following therapeutic measures should be taken: Prevention of absorption as soon as possible by means of gastric lavage and activated charcoal.
Supportive and symptomatic measures to combat hypotension, renal failure, convulsions, gastrointestinal irritation and respiratory depression.
Specific measures such as forced diuresis and dialysis or haemoperfusion are unlikely to be helpful in accelerating the elimination of NSAIDs because of their high protein-binding and extensive metabolism.

Other information
Store at a temperature not to exceed 30°C, protect from moisture.

Pack sizes
50 mg film - coated tablets: Packs containing 20 or 30 tablets.
Hospital packs containing 500 or 1000 tablets.

This is a medicament:
- A medicament is a product that affects your health, and its consumption contrary to instructions is dangerous for you.
- Follow strictly the doctor's prescription, the method of use and the instructions of the pharmacist who sold the medicament.
- The doctor and the pharmacist are experts in medicine, its benefits and risks.
- Do not by yourself interrupt the period of treatment prescribed for you.
- Do not repeat the same prescription without consulting your doctor.
- Keep out of reach of children.

Council of Arab Health Ministers
Union of Arab Pharmacists

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