Annex I

Scientific conclusions and grounds for the variation to the terms of the Marketing Authorisation(s)

Scientific conclusions

Taking into account the PRAC Assessment Report on the PSUR(s) for diclofenac (topical formulations), the scientific conclusions are as follows:

Considering the available data regarding topical diclofenac and adverse pregnancy outcomes, and in view of information about medicinal products of the same therapeutic class, the Lead Member State recommends to amend the SmPC and PIL for all topical diclofenac products to include the wording on the risks of use during pregnancy, in line with the one adopted for topical ketoprofen, flurbiprofen, piroxicam, and ibuprofen, ibuprofen lysine (not indicated in ductus arteriosus), ibuprofen/caffeine.

Having reviewed the PRAC recommendation, the CMDh agrees with the PRAC overall conclusions and grounds for recommendation.

Grounds for the variation to the terms of the marketing authorisation(s)

On the basis of the scientific conclusions for diclofenac (topical formulations) the CMDh is of the opinion that the benefit-risk balance of the medicinal product(s) containing diclofenac (topical formulations) is unchanged subject to the proposed changes to the product information

The CMDh recommends that the terms of the marketing authorisation(s) should be varied.

Annex II

Amendments to the product information of the nationally authorised medicinal product(s)

Amendments to be included in the relevant sections of the Product Information (new text **underlined and in bold**, deleted text ~~strike through~~)

The wording below is to be adapted, at a national level, to the existing wordings in the product information. In case the product information already includes a similar or stricter advice on use in pregnancy, the similar or stricter advice remains valid and should remain.

In case the product information contains statements indicating no teratogenic effects or no relevant systemic exposure these statements should be deleted.

For all topical formulations except ophthalmic solutions:

Summary of Product Characteristics

- Section 4.3

- third trimester of pregnancy

- Section 4.6

Pregnancy

There are no clinical data from the use of [product name] during pregnancy. Even if systemic exposure is lower compared with oral administration, it is not known if the systemic [product name] exposure reached after topical administration can be harmful to an embryo/fetus. During the first and second trimester of pregnancy, [product name] should not be used unless clearly necessary. If used, the dose should be kept as low and duration of treatment as short as possible.

During the third trimester of pregnancy, systemic use of prostaglandin synthetase inhibitors including diclofenac may induce cardiopulmonary and renal toxicity in the fetus. At the end of the pregnancy prolonged bleeding time in both mother and child may occur, and labour can be delayed. Therefore, [product name] is contraindicated during the last trimester of pregnancy (see Section 4.3).

Package Leaflet

Section 2. What you need to know before you <take/use> [product name]

Do not use <product>

If you are in the last 3 months of pregnancy.

Pregnancy, breast-feeding and fertility

If you are pregnant or breast-feeding, think you may be pregnant, or are planning to have a baby, ask your doctor or pharmacist for advice before taking this medicine.

Do not use [product name] if you are in the last 3 months of pregnancy. You should not use [product name] during the first 6 months of pregnancy unless clearly necessary and advised by your doctor. If you need treatment during this period, the lowest dose for the shortest time possible should be used.

Oral forms (e.g. tablets) of [product name] can cause adverse effects in your unborn baby. It is not known if the same risk applies to [product name] when it is used <on the skin>/<in the mouth>.

For ophthalmic formulations:

Summary of Product Characteristics

- Section 4.6

Pregnancy

There are no clinical data from the use of [product name] during pregnancy. Even if systemic exposure is lower compared with oral administration, it is not known if the systemic [product name] exposure reached after topical administration can be harmful to an embryo/fetus. During the first and second trimester of pregnancy, [product name] should not be used unless clearly necessary. If used, the dose should be kept as low and duration of treatment as short as possible.

During the third trimester of pregnancy, systemic use of prostaglandin synthetase inhibitors including diclofenac may induce cardiopulmonary and renal toxicity in the fetus. At the end of the pregnancy prolonged bleeding time in both mother and child may occur, and labour can be delayed. Therefore, [product name] is not recommended during the last trimester of pregnancy.

Package Leaflet

Section 2. What you need to know before you <take/use> [product name]

Pregnancy, breast-feeding and fertility

If you are pregnant or breast-feeding, think you may be pregnant, or are planning to have a baby, ask your doctor or pharmacist for advice before taking this medicine.

[Product name] should not be used if you are in the last 3 months of pregnancy. You should not use [product name] during the first 6 months of pregnancy unless clearly necessary and advised by your doctor. If you need treatment during this period, the lowest dose for the shortest time possible should be used.

Oral forms (e.g. tablets) of [product name] can cause adverse effects in your unborn baby. It is not known if the same risk applies to [product name] when it is used in the eye.

Annex III

Timetable for the implementation of this position

Timetable for the implementation of this position

Adoption of CMDh position:	May 2024 CMDh meeting
Transmission to National Competent Authorities of the translations of the annexes to the position:	14 July 2024
Implementation of the position by the Member States (submission of the variation by the Marketing Authorisation Holder):	12 September 2024