DICLOFENAC SODIUM OPHTHALMIC SOLUTION, 0.1%

Sterile

DESCRIPTION:
Diclofenac sodium ophthalmic solution, 0.1% solution is a sterile, topical, nonsteroidal, anti-inflammatory product for ophthalmic use. Diclofenac sodium is designated chemically as 2-[(2,6-dichlorophenyl)amino]benzeneacetic acid, monosodium salt, with an empirical formula of C_{14}H_{10}Cl_{2}NO_{2}Na.
The structural formula of diclofenac sodium is:

![Structural formula of diclofenac sodium]

Diclofenac Sodium Ophthalmic Solution is available as a sterile solution which contains diclofenac sodium 0.1 % (1 mg/mL).
Inactive Ingredients: polyoxyl 35 castor oil, boric acid, tromethamine, sorbic acid (2 mg/mL), edetate disodium (1 mg/mL), and water for injection. Diclofenac sodium is a faintly yellow-white to light-beige, slightly hygroscopic crystalline powder. It is freely soluble in methanol, sparingly soluble in water, very slightly soluble in acetonitrile, and insoluble in chloroform and in 0.1N hydrochloric acid. Its molecular weight is 318.14. Diclofenac Sodium Ophthalmic Solution 0.1% is an iso-osmotic solution with an osmolality of about 300 mOsmol/1000g, buffered at approximately pH 7.2. Diclofenac Sodium Ophthalmic Solution has a faint characteristic odor of castor oil.

CLINICAL PHARMACOLOGY:
Pharmacodynamics
Diclofenac is one of a series of phenylacetic acids that has demonstrated anti-inflammatory and analgesic properties in pharmacological studies. It is thought to inhibit the enzyme cyclooxygenase, which is essential in the biosynthesis of prostaglandins.
**Animal Studies**
Prostaglandins have been shown in many animal models to be mediators of certain kinds of intraocular inflammation. In studies performed in animal eyes, prostaglandins have been shown to produce disruption of the blood-aqueous humor barrier, vasodilation, increased vascular permeability, leukocytosis, and increased intraocular pressure.

**Pharmacokinetics**
Results from a bioavailability study established that plasma levels of diclofenac following ocular instillation of two drops of Diclofenac Sodium Ophthalmic Solution to each eye were below the limit of quantification (10 ng/mL) over a 4-hour period. This study suggests that limited, if any, systemic absorption occurs with Diclofenac Sodium Ophthalmic Solution.

**Clinical Trials:**
**Postoperative Anti-inflammatory Effects:**
In two double-masked, controlled, efficacy studies of postoperative inflammation, a total of 206 cataract patients were treated with Diclofenac Sodium Ophthalmic Solution and 103 patients were treated with vehicle placebo. Diclofenac Sodium Ophthalmic Solution was favored over vehicle placebo over a 2-week period for the clinical assessments of inflammations measured by anterior chamber cells and flare.

In double-masked, controlled studies of corneal refractive surgery (radial keratotomy (RK) and laser photorefractive keratectomy (PRK)) patients were treated with Diclofenac Sodium Ophthalmic Solution and/or vehicle placebo. The efficacy of Diclofenac Sodium Ophthalmic Solution given before and shortly after surgery was favored over vehicle placebo during the 6-hour period following surgery for the clinical assessments of pain and photophobia. Patients were permitted to use a hydrogel soft contact lens with Diclofenac Sodium Ophthalmic Solution for up to three days after PRK.

**INDICATIONS AND USAGE:**
Diclofenac Sodium Ophthalmic Solution is indicated for the treatment of postoperative inflammation in patients who have undergone cataract extraction and for the temporary relief of pain and photophobia in patients undergoing corneal refractive surgery.

**CONTRAINDICATIONS**
Diclofenac Sodium Ophthalmic Solution is contraindicated in patients who are hypersensitive to any component of the medication.

**WARNINGS:**
The refractive stability of patients undergoing corneal refractive procedures and treated with Diclofenac has not been established. Patients should be monitored for a year following use in this setting.

With some non-steroidal anti-inflammatory drugs, there exists the potential for increased bleeding time due to interference with thrombocyte aggregation. There have been reports that ocularily applied non-steroidal anti-inflammatory drugs may cause increased bleeding of ocular tissues (including hyphemas) in conjunction with ocular surgery. There is the potential for cross-sensitivity to acetylsalicylic acid, phenylacetic acid derivatives, and other non-steroidal anti-inflammatory agents. Therefore, caution should be used when treating individuals who have previously exhibited sensitivities to these drugs.
PRECAUTIONS:
General
It is recommended that Diclofenac Sodium Ophthalmic Solution, like other NSAIDs be used with caution in surgical patients with known bleeding tendencies or who are receiving other medications which may prolong bleeding time.

Diclofenac may slow or delay healing.

Results from clinical studies indicate that Diclofenac Sodium Ophthalmic Solution has no significant effect upon ocular pressure; however, elevations in intraocular pressure may occur following cataract surgery.

Information for Patients
Except for the use of a bandage hydrogel soft contact lens during the first 3 days following refractive surgery, Diclofenac Sodium Ophthalmic Solution should not be used by patients currently wearing soft contact lenses due to adverse events that have occurred in other circumstances.

Carcinogenesis, Mutagenesis, Impairment of Fertility
Long-term carcinogenicity studies in rats given Diclofenac in oral doses up to 2 mg/kg/day (approximately the human oral dose) revealed no significant increase in tumor incidence. There was a slight increase in benign rat mammary fibroadenomas in mid-dose females (high-dose females had excessive mortality) but the increase was not significant for this common rat tumor. A 2-year carcinogenicity study conducted in mice employing oral Diclofenac up to 2 mg/kg/day did not reveal any oncogenic potential. Diclofenac did not show mutagenic potential in various mutagenicity studies including the Ames test. Diclofenac administered to male and female rats at 4 mg/kg/day did not affect fertility.

PREGNANCY:
Teratogenic Effects
Pregnancy Category C. Reproduction studies performed in mice at oral doses up to 5,000 times (20 mg/kg/day) and in rats and rabbits at oral doses up to 2,500 times (10 mg/kg/day) the human topical dose have revealed no evidence of teratogenicity due to Diclofenac despite the induction of maternal toxicity and fatal toxicity. In rats, maternally toxic doses were associated with dystocia, prolonged gestation, reduced fetal weights and growth, and reduced fetal survival. Diclofenac has been shown to cross the placental barrier in mice and rats.

There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Non-teratogenic Effects
Because of the known effects of prostaglandin biosynthesis-inhibiting drugs on the fetal cardiovascular system (closure of ductus arteriosus), the use of Diclofenac Sodium Ophthalmic Solution during late pregnancy should be avoided.

Pediatric Use
Safety and effectiveness in pediatric patients have not been established.
ADVERSE REACTIONS:
Ocular: Transient burning and stinging were reported in approximately 15% of patients across studies with the use of Diclofenac Sodium Ophthalmic Solution. In cataract surgery studies, keratitis was reported in up to 28% of patients receiving Diclofenac Sodium Ophthalmic Solution, although in many of these cases keratitis was initially noted prior to the initiation of treatment. Elevated intraocular pressure following cataract surgery was reported in approximately 15% of patients undergoing cataract surgery. Lacrimation complaints were reported in approximately 30% of case studies undergoing incisional refractive surgery.

The following adverse reactions were reported in approximately 5% or less of the patients: abnormal vision, acute elevated IOP, blurred vision, conjunctivitis, corneal deposits, corneal edema, corneal opacity, corneal lesions, discharge, eyelid swelling, injection, iritis, irritation, itching, lacrimation disorder and ocular allergy.

Systemic: The following adverse reactions were reported in 3% or less of the patients: abdominal pain, asthenia, chills, dizziness, facial edema, fewer, headache, insomnia, nausea, pain, rhinitis, viral infection, and vomiting.

OVERDOSAGE:
Over dosage will not ordinarily cause acute problems. If Diclofenac Sodium Ophthalmic Solution is accidentally ingested, fluids should be taken to dilute the medication.

DOSAGE AND ADMINISTRATION:
Cataract Surgery: One drop of Diclofenac Sodium Ophthalmic Solution should be applied to the affected eye, 4 times daily beginning 24 hours after cataract surgery and continuing throughout the first 2 weeks of the post operative period.

Corneal Refractive Surgery: One or two drops of Diclofenac Sodium Ophthalmic Solution should be applied to the operative eye within the hour prior to corneal refractive surgery. Within 15 minutes after surgery, one or two drops should be applied to the operative eye and continued 4 times daily for up to 3 days.

HOW SUPPLIED:
Diclofenac Sodium Ophthalmic Solution 0.1% (1 mg/mL) Sterile Solution is supplied in dropper-tip, plastic, squeeze bottles in the following sizes:

Bottles of 2.5 mL  NDC 14789-200-02
Bottles of 5 mL  NDC 14789-200-05

Store at 20°-25°C (68°-77°F); [See USP Controlled Room Temperature]
Protect from light. Dispense in original container. Do not use if seal on the bottle is broken.

Manufactured in India
For
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