SUMMARY OF PRODUCT CHARACTERISTICS

1. NAME OF THE MEDICINAL PRODUCT

Fastum 2.5% gel

2. QUALITATIVE AND QUANTITATIVE COMPOSITION

100 g of gel contains:
active substance: ketoprofen 2.50 g.

Excipients with known effect: citral, citronellols, coumarin, farnesol, geraniol, d-Limonene and linalool.
1 g gel contains 307 mg ethanol.

For the full list of excipients, see section 6.1.

3. PHARMACEUTICAL FORM

Gel

4. CLINICAL PARTICULARS

4.1. Therapeutic indications

Local treatment of painful affections of rheumatic or traumatic origin of the osteo-articular and muscular apparatus: contusions, sprains, muscle strain, torticollis, lower back pain.

4.2. Posology and method of administration

Apply a thin layer of the gel to the affected skin area once or twice a day, massaging lightly to facilitate absorption.

4.3. Contraindications

FASTUM is contraindicated in the following cases:

Hypersensitivity to the active substance or to any of the excipients listed in section 6.1
History of hypersensitivity.
History of photosensitivity reactions.
Known hypersensitivity reactions, such as asthma symptoms, allergic rhinitis and urticaria, to ketoprofen, fenofibrate, tiaprofenic acid, acetylsalicylic acid or other NSAIDs.
History of skin allergy to ketoprofen, tiaprofenic acid, fenofibrate, UV blockers or perfumes.

Sun exposure, even in case of hazy sun, including UV light from solarium, during the treatment and 2 weeks after its discontinuation (see section 4.4).

Application to pathologically altered skin, such as dermatosis, eczema or acne, around the eyes, to infected skin or to open wounds.
Third trimester of pregnancy (see section 4.6).

4.4. Special warnings and precautions for use

FASTUM should be used with caution in patients with reduced heart, liver or kidney function: isolated cases of systemic adverse reactions affecting the kidneys have been reported.
The gel should not be used with occlusive dressings.
The gel must not come into contact with the mucous membranes and with the eyes.
The use of large quantities of products for topical use can give rise to systemic effects, such as hypersensitivity and asthma.
The use, especially if prolonged, of products for topical use can give rise to sensitisation phenomena or local irritation.
Treatment should be interrupted if redness appears.
Treatment should be discontinued immediately upon development of any skin reactions, including cutaneous reactions after co-application of octocrylene containing products (octocrylene is an excipient used to prevent photodegradation in various cosmetics and personal care products such as shampoos, aftershaves, shower and bath gels, skin creams, lipsticks, anti-ageing creams, make-up removers and hair sprays).

It is recommended to protect treated areas by wearing clothing during treatment with the product and for the two weeks following its discontinuation to avoid the risk of photosensitisation.

Hands should be washed thoroughly after each application of the product.
The recommended treatment length should not be exceeded due to the risk of developing contact dermatitis and of an increase in photosensitivity reactions over time.
Patients with asthma associated with chronic rhinitis, chronic sinusitis and/or nasal polyposis have a higher risk of allergies to aspirin and/or NSAIDs than the rest of the population.
FASTUM is not habit-forming.
Children: the safety and efficacy of ketoprofen gel in children have not been established.
FASTUM contains neroli oil in turn containing the allergens
citral, citronellols, farnesol, geraniol, d-Limonene and linalool and lavandin oil in turn containing the allergens coumarin, geraniol, d-Limonene and linalool. This allergens may cause allergic reactions.
FASTUM contains ethanol that may cause burning sensation on damaged skin.

4.5. Interaction with other medicinal products and other forms of interaction

No interactions between FASTUM and other drugs have been observed. Interactions are unlikely as serum concentrations after topical administration are low. It is, however, advisable to monitor patients under treatment with coumarinic substances.

4.6. Fertility, pregnancy and lactation

In the absence of clinical data with the form for topical use on the skin, the information is based on the forms for systemic use:

Pregnancy

<u>During the first and second trimester</u>

The safety of ketoprofen in pregnancy has not been evaluated, hence the use of ketoprofen during the first and second trimester of pregnancy should be avoided.

<u>During the third trimester</u>

During the third trimester of pregnancy, all prostaglandin-synthesis inhibitors, including ketoprofen, may cause cardiopulmonary and renal toxicity in the foetus.

At the end of the pregnancy, bleeding time may be prolonged in both the mother and the child.

Therefore, ketoprofen is contraindicated during the last trimester of pregnancy.

NSAIDs can also delay delivery.

<u>Lactation</u>

No data are available on the excretion of ketoprofen in breast milk. After systemic administration, traces of ketoprofen have been found in breast milk. Ketoprofen is not recommended in nursing women.

During the first and second trimester of pregnancy and while breast-feeding, FASTUM should only be used after consultation with the doctor and after a joint evaluation of the risk/benefit ratio of the individual case. Speak to your doctor if you think you may be pregnant or are planning to have a baby.

4.7. Effects on ability to drive and use machines

Not relevant

4.8. Undesirable effects

Like all medicines, FASTUM can cause side effects, although not everybody gets them.

As for other medicines for cutaneous use, undesirable effects may occur on the skin. Localised skin reactions have been reported (e.g. erythema, pruritus and burning sensation) which may subsequently spread beyond the area of application and, in some cases, be severe and generalised (e.g. bullous or phlyctenular eczema), in addition to hypersensitivity reactions and skin reactions (photosensitivity).

The frequency and extent of these effects are significantly reduced if,

during treatment and in the two weeks following treatment, exposure to sunlight, including the solarium, is avoided.

Other systemic effects of NSAIDs: these depend on the transdermal diffusion of the active ingredient, and thus on the amount of gel applied, the area involved, the degree of skin integrity, the duration of treatment and the use of occlusive dressings (digestive and kidney effects).

The following CIOMS frequencies have been used: very common (≥1/10); common (≥1/100, <1/10); uncommon (≥1/1000, <1/100); rare (≥1/10,000, <1/1000); very rare (<1/10,000); not known (the frequency cannot be established based on the available data).

Immune system disorders
Not known: anaphylactic reactions, including anaphylactic shock, angioedema, hypersensitivity reactions.

Gastrointestinal disorders
Very rare: peptic ulcer, gastrointestinal bleeding, diarrhoea.

Skin and subcutaneous tissue disorders
Uncommon: localised skin reactions such as erythema, eczema, pruritus and burning sensation.
Rare: dermatological reactions (photosensitisation, bullous eruptions and urticaria). Cases of more severe adverse reactions, such as bullous or phlyctenular eczema which may spread beyond the area of application or become generalised, have occurred rarely.
Very rare: contact dermatitis
Not known: bullous dermatitis

Renal and urinary disorders
Very rare: new cases or worsening of existing cases of renal insufficiency. There have also been reports of isolated cases of systemic adverse reactions such as renal disorders.

Elderly patients are particularly susceptible to the adverse effects of non-steroidal anti-inflammatory drugs.

Reporting of suspected adverse reactions
Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions.

4.9. Overdose

Overdose is unlikely with topical administration. Given the low plasma levels of ketoprofen when applied percutaneously, overdose phenomena can be ruled out. If accidentally ingested, the gel may cause systemic undesirable effects depending on the amount ingested. However, if this

occurs, treatment will be symptomatic and supportive as in cases of overdose of oral anti-inflammatories.

5. PHARMACOLOGICAL PROPERTIES

5.1. Pharmacodynamic properties

Pharmacotherapeutic group: non-steroidal anti-inflammatory drugs for topical use
ATC code: M02AA10
Ketoprofen, in a suitable excipient, reaches the sites of inflammation via a transcutaneous route, thus enabling local treatment of the painful affections of the joints, tendons, ligaments and muscles.

5.2. Pharmacokinetic properties

After oral administration of a single dose, peak blood concentrations are reached within 2 hours.
The plasma half-life of ketoprofen varies from one to 3 hours; plasma protein binding is 60-90%. The product is essentially eliminated through the urine and as glucuronide conjugate; approximately 90% of the dose administered is excreted within 24 hours.
On the other hand, absorption through the skin is very low. In fact, the percutaneous application of 50-150 mg of ketoprofen results in plasma levels of the active ingredient of 0.08-0.15 µg/mL approximately 5-8 hours after application.

5.3. Preclinical safety data

In animal studies, no embryopathic effects have been found, while there is no epidemiological evidence of the safety of ketoprofen in human pregnancy. Pre-clinical and clinical trials with ketoprofen gel have not shown the appearance of serious adverse events, although anecdotal cases of systemic adverse reactions have been described.

6. PHARMACEUTICAL PARTICULARS

6.1. List of excipients

carbomer, ethanol, neroli oil, (containing citral, citronellols, farnesol, geraniol, d-Limonene and linalool), lavandin oil (containing coumarin, geraniol, d-Limonene and linalool), trolamine, purified water.

6.2. Incompatibilities

Not applicable.

6.3. Shelf life

60 months

6.4. Special precautions for storage

Keep out of the reach and sight of children.
Store below 30°C.
Replace the cap after use.
Keep the gel away from naked flames.
Do not use this medicine after the expiry date which is stated on the carton and tube/tube with dispenser. The expiry date refers to the last day of that month.

Do not throw away any medicines via wastewater or household waste. Ask your pharmacist how to throw away medicines you no longer use. These measures will help to protect the environment.

6.5. Nature and contents of container

Soft aluminium tube, treated on the inside with non-toxic epoxy paint.
Tube with dispenser (mechanical gas-free pump) composed of a cylindrical polypropylene container, a polyethylene piston (pump), a polyacetal valve (on the dispenser cap) and a polypropylene cap.
Each pack contains 20 g or 50 g of colourless, nearly transparent gel.

6.6. Special precautions for disposal and other handling

Opening of soft aluminium tube: unscrew the cap and puncture the aluminium membrane with the tip on the outside of the cap.
Priming of dispenser tube: press the dispenser cap a few times or push the bottom of the tube forwards until gel appears; it is recommended to use the tube in the horizontal position.

Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

7. MARKETING AUTHORISATION HOLDER

A. Menarini Industrie Farmaceutiche Riunite s.r.l. - Via Sette Santi 3, Florence, Italy

8. MARKETING AUTHORISATION NUMBER

AMN/ITA/002

9. DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 02/11/2016

10. DATE OF REVISION OF THE TEXT

September 2021