#### SUMMARY OF PRODUCT CHARACTERISTICS

#### 1. NAME OF THE MEDICINAL PRODUCT

#### DAFLON 500 mg, film-coated tablet

### 2. QUALITATIVE AND QUANTITATIVE COMPOSITION

Micronised purified flavonoid fraction	500 mg
Corresponding to:	
Diosmin: 90 per cent	450 mg
Flavonoids expressed as hesperidin: 10 per cent	50 mg
Mean humidity	20 mg

For one film-coated tablet.

For a full list of excipients, see section 6.1.

#### 3. PHARMACEUTICAL FORM

Film-coated tablet.

#### 4. CLINICAL DATA

## 4.1. Therapeutic indications

- Treatment of symptoms related to venolymphatic insufficiency (heavy legs, pain, early morning restless legs),
- Treatment of functional symptoms related to acute hemorrhoidal attack.

## 4.2. Posology and method of administration

- Usual dosage: 2 tablets daily in two divided doses, midday and evening at meal times.
- Acute hemorrhoidal attack: 6 tablets per day for the first 4 days, then 4 tablets per day for 3 days.

## 4.3. Contra-indications

Hypersensitivity to the active substance or to any of the excipients (see section 6.1).

### 4.4. Special warnings and precautions for use

### Acute hemorrhoidal attack:

The administration of this product for the symptomatic treatment of acute haemorrhoids does not preclude treatment for other anal conditions.

If symptoms do not subside promptly, a proctological examination should be performed and the treatment should be reviewed.

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

No interaction studies have been performed. No clinically relevant drug interaction has been reported to date from post marketing experience on the product.

## 4.6. Fertility, pregnancy and breastfeeding

#### **Pregnancy:**

There are no or limited amount of data from the use of Micronised Purified Flavonoid Fraction in pregnant women.

Animal studies do not indicate reproductive toxicity (see section 5.3).

As a precautionary measure, it is preferable to avoid the use of Daflon during pregnancy.

## **Breast-feeding:**

It is unknown whether the active substance/metabolites are excreted in human milk.

A risk to the newborns/infants cannot be excluded.

A decision must be made whether to discontinue breast-feeding or to discontinue/abstain from Daflon therapy taking into account the benefit of breast feeding for the child and the benefit of therapy for the woman.

## **Fertility:**

Reproductive toxicity studies showed no effect on fertility in male and female rats (see section 5.3)

## 4.7. Effects on ability to drive and use machines

No specific studies on the effects of flavonoid fraction on the ability to drive and use machines have been performed. However, on the basis of the overall safety profile of flavonoid fraction, DAFLON has nor or negligible influence on these abilities.

#### 4.8. Undesirable effects

The following adverse effects or events have been reported and are ranked using the following frequency:

very common ( $\geq$ 1/10); common ( $\geq$ 1/100 to <1/10); uncommon ( $\geq$ 1/1,000 to <1/100); rare ( $\geq$ 1/10,000 to <1/1,000); very rare (<1/10,000), not known (cannot be estimated form the available data).

## **Nervous system disorders:**

Rare effects: dizziness, headache, malaise

#### **Gastrointestinal disorders:**

Common effects: diarrhoea, dyspepsia, nausea, vomiting

Uncommon effects: colitis

Not known: abdominal pain

## Skin and subcutaneous tissue disorders:

Rare effects: rash, pruritus, urticaria

Not known: isolated face, lip, eyelid oedema. Exceptionally Quincke's oedema

### Reporting of side effects

If you experience any undesirable effect, consult your doctor or pharmacist. This includes any possible side effects not listed in this leaflet.

You can also declare the undesirable effects directly via the national declaration system.

By reporting side effects, you can help provide more information on the safety of this medicine.

#### 4.9. Overdose

## **Symptoms**

There is limited experience with Daflon overdose. The most frequently reported adverse events in overdose cases were gastrointestinal events (such as diarrhoea, nausea, abdominal pain) and skin events (such as pruritus, rash).

## <u>Management</u>

Management of overdose should consist in treatment of clinical symptoms.

#### 5. PHARMACOLOGICAL PROPERTIES

## 5.1. Pharmacodynamic properties

Pharmacotherapeutic group: VASCULOPROTECTIVE / CAPILLARY STABILIZING AGENTS / BIOFLAVONOIDS (C05CA53: cardiovascular system)

#### **Pharmacology**

It is active upon the return vascular system in the following way:

- it reduces venous distensibility and stasis,
- in the microcirculation, it normalises capillary permeability and increases capillary resistance.

## Clinical pharmacology

Double blind controlled studies using methods by which the effects of the product on venous haemodynamics could be demonstrated and quantified have confirmed the above pharmacological properties in man.

Dose-effect relationship:

A statistically significant dose-effect relationship was established with respect to venous plethysmographic parameters: capacitance, distensibility and rate of emptying. The optimum dose-effect ratio was obtained with 2 tablets.

Venous tonic activity:

DAFLON 500 mg increases venous tone: venous occlusion plethysmography with a mercury stress gauge demonstrated a decrease in the rate of emptying.

Microcirculatory activity:

Double-blind controlled studies showed a statistically significant difference between placebo and the drug. In patients presenting with signs of capillary fragility, DAFLON 500 mg increases capillary resistance, as measured by angiosterrometry.

### **Clinical trials**

Double-blind placebo-controlled trials have demonstrated the activity of the drug in phlebology, in the treatment of chronic venous insufficiency of the lower limbs (both functional and organic).

## 5.2. Pharmacokinetic properties

In man, following oral administration of the substance containing 14C Diosmin:

- Excretion is mainly faecal; a mean of 14% of the dose administered is excreted in the urine
- The elimination half-life is 11 hours.
- The drug is extensively metabolised as evidenced by the presence of various phenol acids in the urine.

### 5.3. Preclinical safety data

Non-clinical data from conventional studies of repeated toxicity administration, genotoxicity and reproductive function toxicity studies do not show any specific risk for humans.

### 6. PHARMACEUTICAL PARTICULARS

### 6.1. List of excipients

Sodium starch glycolate, microcrystalline cellulose, gelatine, magnesium stearate, talc, titanium

<u>Film-coating</u>: dioxide (E 171), glycerol, sodium lauryl sulphate, macrogol 6000, hypromellose, yellow iron oxide (E 172), red iron oxide (E 172).

## 6.2. Incompatibilities

Not applicable.

## 6.3. Shelf life

4 years

## 6.4. Special precautions for storage

Below 30°C

# 6.5. Nature and contents of outer packaging

15 or 30 tablets in blister packs (PVC-Aluminium).

Not all pack sizes may be marketed.

## 6.6. Special precautions for disposal and other handling

No special requirements.

## 7. MARKETING AUTHORISATION HOLDER

LES LABORATOIRES SERVIER - FRANCE

## 8. DATE OF REVISION OF THE TEXT

January 2019