Complicated and symptomatic sider rates were 0.78% at nine months for all patients in the CLASS trial, and 2.19% for the subgroup on low-dose ASA. Patients 65 years of age and older had an incidence of 1.40% at nine months, 3.06% when also taken 0.54% of the complication of the complin

Carefully consider the potential benefits as celecoxib capsules. Use the lowest effective .2 Osteoarthritis

2.4 Submitterinterintalization from:
For JRA, the dosage for pediatric patients (age 2 years and older) is based on weight. For patients >10 kg to <25 kg the recommended dose is 50 mg thrited tally. For patients >25 kg the recommended dose is 100 mg twice daily. For patients who have difficulty swallowing capsules, the contents of a celecosib capsule can be added to applesauce. The entire capsule contents are cartelly emplied onto a level teappoon of cool or morn temperature applesauce and ingested immediately with water. The spinited capsule contents on applesauce are stable for up to 6 hours under refrigerated conditions (CT-LORE'D' 20° to 44° F).

.6 Management of Acute Pain and Treats For management of Acute Pain and Treatment of Primary Dysamenorhea, the dosage is 400 mg listially, followed by an additional 200 mg dose if needed on the first day, On ashboquent days, the recommended doze is 200 mg hal

Poor Metabolizers of CYP2C9 Substrates in adult patients who are known or suspected to be poor CYP2C9 metabolizers based on genetype or previous historical-veneration with other CYP2C9 substrates (such as wartaris, phenybin), initiate treatment with half of the lowest historical-veneration with half of the lowest.

1.4 Ankylosing Spendylitis (AS)
For the management of the signs and sy 1.5 Acute Pain

2.3 Rheumatoid Arthritis For RA, the dosage is 100 mg to:

coed acquisite an contrastication in the flowing patients.

Novem hypermethic (e.g., analyticat constant and extress side residency) to decould, any components of the disappointed later illumings and Presidence (§ 7, 5, 5).

In the contrastication of t

randomized controlled trial entitled the Prospective Randomized Evaluation of Celecoxib Integrated Safety vs. Ibuprofen O

Avoid diministration of more Phasone NSAD at a time. Avoid use in policies in all perior less interests benefits are operated to outvieigh the increased risk of blending. For such patients, us well as those with adult of ID benefits, crossed at letterable therapies, when the MSADDs. Herman after its prisant dispreparts of sile deration and benefit owing MSADD therapies. If it is selected to a selection of the sile of the control of th

If a serious ful adverse event is suspected, promptly initiate evaluation and treatment, and discontinue executor capsules until asertious El adverse event is nited out. In the setting of concernitant use of low-dose aspirin for cardiac prophylaxis, monitor patients more closely for evidence of it il herelion is one final infractions of III.

concentration of the Contract Additionally, that intention and edema have been observed in some patients treated with NSAIDs. Use of celecoxib may blant the CV effects of several therapeatic agents used to treat these medical conditions (e.g., disretics, ACE inhibitors, or anglotestion receptor beckers, IARSI) [see Origin Intention CVIII]. In the CLASS study [see Clinical Studies (14.7)], the Kaplan-Melier currulative rates at 9 months of peripheral edema in patients on celecoxib capsules 400 mg haloe daily (4-hold and 2-hold the recommended DA and BA doses, respectively),

Avoid the use of celecoxib capsules in patients with severe heart failure unless the benefits are expected to outweigh the risk of worsening heart failure. If celecoxib capsules are used in patients with severe heart failure, monitor patients for signs of worsening heart failure. 5.6 Renal Toxicity and Hyperkalemia Renal Toxicity Logo-term administration of NSAIDs has result

syntamino a canna.

5. 8 Series Skie Reactions
Scrious skie reactions have occured following treatment with celecuoth capsales, including erytherm multithome, edolative
demantatis, Skewes-lahonso Syndrome (SLS), tools epidermal necrolysis (TEN), drug reaction with cosinophilia and
systems symptoms (IPESS), and acute generalized exanthematous pustulosis (AEEP). These serious events may occur
without warmingsand can be total.

5.14 Laboratory Monitoring Decourse serious G bleeding, Repaintoxicity, and renal injury can occur without warning symptoms or signs, consider monitoring patients on long-term MSAID teatment with a CRC and a chemistry profile periodically (see Mannings and control of the CRC of the

1.15 Disseminated Intravascular Coagulation (DIC) Recuse of the risk of disseminated intravascular coagulation with use of colocoolb capsules in pedatric patients with systemic conset.PA, monitor patients for signs and symptoms of abnormal clotting or bleeding, and inform patients and their givers to report symptoms as soon as possible.

ADVERSE REACTIONS

following adverse reactions are discussed in greater detail in of

CBX Placebo NAP DCF IBU N+4146 N+1864 N+1366 N+387 N+345 4.1% 2.8% 5.6% 3.8% 8.8% 6.2% 2.2% 1.0% 23% 23% 29% 1.3% 1.4%

The APC and PreSAPT risks
Afterser reactions from long-term, placebo-controlled polyp prevention studies: Exposure
and PorSAPT risks was 4000 to 000 mp daily for up to 3 years I see clinical Studies / 14.7%.

The following and execution contributed in the contributed of the Statistics. Confirmation Strong contributed in the State section of the State state of the Sta

Juvenile Rheumatoid Arthritis Study In a 12-week, double-blind, active-controlle

Bidd Summary Use of MSATUs, including celeco dysfunction leading to oligohydra duration of celec cub capsades use uwelsk of certation and later in now

Oligohydramnics Neonatal Renal Impairment Use of NSAIDs at about 20 weeks gestation or later in pregnanc

Oligohydramnios Neonatal Renal Impairment. Published studies and postmarketing reports describe maternal NSAID use at ab associated with fetal renal distunction leading to oligohydramnios, and in sor

Diarrhea Gastroesophage Nausea Vomiting Dyspinea Hypertension Nephrolithiasis

The concentrant use of Detections—
compared to the use of other drug alone.
Compared is used by the state of the stag alone.
Control epidemiological studies showed that concent with serobonin respirate and an NSAID may potential with serobonin respirate and an NSAID may potential.

\*\*Transpirate\*\*

ACE Inhibitors, Angidensi blockers (including propriancial).

In gallerts who are elderly, volume depicted (including those on diuretic therapy), or have renal impairment, co-administration of an NSAID with ACE inhibitors or ARRs may exait in deterioration of renal function, including possible acute renal failure. These effects

They result years to the content of who are elderly, volume- depieted, or have impaired renal function, monitor for signs of worsening renal function [see Warmings and Pracautions (5.6)].

When these drugs are administered concomitantly, patients should be adequately

oncomitant use of celecoxib capsules and lithium, monitor patients for signs of li

NSAIDs and Salis

adverse outcomes are sen, on average, after days to weeks of treatment, although eligin-lyst amnics has been infrequently exposted as some add hours after Richald Initiation. In many cases, but not all, the descripcion in amnicio fluid was transient and neverable with consider of the drug. There have been all initiated number of case reports of material RSAFD use and secondar necessaries with consideration of the drug. There have been all initiated number of case reports of material RSAFD use and secondary cases are considered to the consideration of the consideration o

Lactation Risk Summary Limited data from 3 out

Intertitity Females

mine (PT) durind professional (PT), with a particular incoming relieful for signal symptoms of abnormal cictling or bleeding, due coagulation. Patients with systemic onset JRA should be monitored for the development of the

Limital Studies (14.3)].

Alternative therapies for treatment of JRA should be consider metabolizers [see Poor Metabolizers of CYP2C9 substrates (8.8)].

he daily recommended dose of celecoxib capsules in patients with mod e reduced by 50%. The use of celecoxib capsules in patients with s

Clinical Pharmacology (12.3).

8.8 Per Metabolizers of CYPCD Substrates
In patients who are known or suspected to be poor CYP2DS metabolize
history/experience with other CYP2DS substrates (such as warfarin, p
half the bowest recommended does. Alternative management should it
poor metabolizers, I see Design and Administrations CT\_I and Clinical II.

18 OVERDOSACE
Symptoms following auch NSACO over dosages have been typically limited to fethary, drowsiness, rausea, vorniling, are elegiater, past, which have been generally reservable with supportive care. East-notestinal bleeding has occurred Hypertension, acute rental failtant, respiratory depression, and come have occurred, but were rare [see Warnings an Phenatonoria, 2.5.4.58]: Manage patients with symptomatic and supportive care following an NSAID overdosage. There are no specific antidots Consider emesis and/or activated charcoal (60 to 100 crams in adults. 1 to 2 crams per knot body weight in pediatric catient

rry. ut overdosage treatment contact a poison control center (1-800-222-1222). Celecutio capsale are a nonsteroidal arti-inflammatory drug, available as capsules containing 50 mg, 100 mg, 200 mg and 400 mg selecutidh or call admiristration. The chemical rame is 4-51-54 methylphengi-3-piliosomethlyli-114 prazazi-1-yil benzemesuthosamide and is a dianyi-substituted pyrasole. The molecular weight is 381.38. Its molecular formula is C.H.F.X.B.O.S. and this she following chemical structure.



Lithium in a study conducted in healthy subjects, mean steady-state lithium plasma levels increased approximately 17% in subjects receiving lithium 450 mg bixice daily with celecoxib capsules 200 mg hvice daily as compared to subjects receiving lithium street and reference of the contractive of 201.

Drug Interaction Studies In vitro studies indicate that or

Delectorib is a white or almost white, crystalline powder with a pika of 11.1 (sulfo

## (BREC) \$ \$1.00 \ \$1

Table 1. Samonay of the Applicated APIC Conjuscence\*

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in the ITT analysis population through 30 months, all-cause mortality was 1.6% in the celecoxib group, 1.8% in the ibuprol group, and 2.0% in the nagrowen group. Ambulatory Blood Pressure Monitoring (ABPM) Substardy

supplicate difference of Eu (2)— 11 (f) consist placement recombinate conservation.

1.3. Special Public

Communities of the State of Communities of Communi

considered potentially associated with this risk.

Delecoub Long-Term Arthritis Safety Study (CLASS)

This was a prospective, long-term, safety outcome stus
2,000 RA patients. Patients received celecoubic appaire
doses, respectively), lauprofes 800 mg/tree times daily
exposures for celecoubic appaire; (in = 3,957) and disk
month. The notions and patient of this entire out.

Patients on oriecosib capsules and concomitant low-dose ASA (N-882) experienced 4-told higher rates of complicated six esc compared to those notion ASA (N-8105). The Kaptan-Meier rate for compilicated subcreast 9 months was 1.12% versus 0.32% for those on low-dose ASA art this section ASA. Respectively Less Wighmons and Planca-view-of Ex-The estimated cumulative rates at 9 months of complicated and symptomate usens for patients treated with execute praguises 400 mg bride cally are described in Table 7 rabble 7 also despits presults for patients less than or greater than 65 mg. The difference in rates between order oxido capsules alone and celecoxido capsules with ASA groups may be due to the higher risk for it oversits IASA suppose may be due to the higher risk for it oversits IASA suppose may be due to the higher risk for it oversits IASA suppose may be due to the higher risk for it oversits IASA suppose may be due to the higher risk for it oversits IASA suppose may be due to the higher risk for it oversits IASA suppose may be due to the higher risk for its oversit IASA suppose may be due to the risk of the

All Patients	
celecoxib alone (n=3105)	0.78
celecoxib with ASA (n+882)	2.19
Patients <65 Years	
celecoxib alone (n=2025)	0.47
celecoxib with ASA (n=403)	126
Patients :65 Years	
celecoxib alone (n=1080)	1.40
celecoxib with ASA (n=479)	3.06

Cardiovascular safety outcomes were also evaluated in the CLASS trial. Kapian-Meier cumulative rates reported serious cardiovascular thromboembolic adverse events (including ML, pulmonary embolis thromboest, unstable angina, transient ischemic attacks, and ischemic cenebrovascular accidents) of thromboe between the celection floascules dividence or the incurse between the celection floascules dividence or the incurse of the celebrated dividence that the celebrated dividence is the celebrated dividence and the celebrated dividence an

and the dose of celecoxib capsules (50 mg to 40 17.6% in the two studies, for placebo was 2.0 ar 2.7%-5.9%. There have been no targe, clinical cassales and macrosen.

NDC Number 60290-016-02 60290-016-01 60290-016-03

NDC Number 60290-017-02 60290-017-01 60290-017-03 Size bottle of 100 carton of 100 unit dose bottle of 500

Inform patients of the warning signs and symptoms of hepatotoxicity (e.g., nausea, tatigue, lethargy, pruntus, diarrhea jaundice, right upper quadrant tendemess, and "the-like" symptoms). If these occur, instruct patients to stop celecosib paracises and receipt immediate more indicatable exercises. An experimental processing of a 1 feet inspection of a 1 feet inspection of the processing of a 1 feet inspection.

Size bottle of 60 carton of 100 unit dose bottle of 500

HDC Number 60290-018-02 60290-018-01 60290-018-03 Celec codo capsule black ink supplied NDC Number 60290-019-02 60290-019-03

The continues of the co

in Ankylosing Spondylltis response criteria (ASAss zu). The ASAS zu unmine a response as any over seat 20% and an absolute improvement of all least 10 mm, on all to 100 mm scale, in at least three of the 1 domains: patier (solota) pain, 8th Ankylosing Spondyllis Functional Index, and inflammation. The responder fermount-stand on channe in the responder rates beyond 5 weeks.

14.6 Cardiovascular Outcomes Trial: Prospective Ran Or Nannave (PRFCISION: NCTM346216)

Additionally, there was a 4-month substudy assessing the effects of the three drugs on blood pressure as measured by ambulatory monitoring.

Benution subjects with CIA, only g.2%; (17/7259) excisited colorons is fine 200 mp twice daily does, wherean \$4.1%, GMH-7250) excellance buprolem is 800 mg three limes daily, and \$4.9%; (855/7175) proclated may see this 550 mg twice (1846/7250) excellance buprolem is 800 mg three limes daily, and \$4.9%; (855/7175) proclated may receive the 550 mg twice proclated buprofem is 800 mg time times daily, and \$4.9%; (825/791) excellance purposes to the 500 mg twice daily doze, because the \$4.9% position accountable control (Vivi) for the first population (Vivi) for the first population accountable control (Vivi) for the first population

Because relatively two celecosis patients overall (5.5% [4709072] dose-scalated to 200 mg twice daily, the results of the PRECISION that are not exhabite for determining the relative CV salety of celecosis at 200 mg twice daily compared to humaniferand management affectives.

intent-ti-breat population (ITT): Comprised of all randomized subjects followed for a max menths

Modified Intent-to-treat population (mITT): Comprised of all randomized subjects who received at least one dose of study medication and had at least one post-baseline visit followed until the earlier of treatment discontinuation plus 30 days, or 43 months

Information and Control of the Contr Medication Guide available at www.amedicables.com or call 1-105 g5 577.

What is the next important information stock! know about medicines called Nexteroidal Acti-Inflammatory Drags (SASID);

NEADIScan cause serious side effects, injudies;

- Increased risk or a beset stack or stroke that can lead to death. This risk may happen early in treatment and

Increased risk of another heart attack it you take IRSAIDs after.

I remased risk of bleefiles, idences, and tears (perfectable the shorack), iteranch and inhestines:

anything descriptions

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thin the start of the

NSAIDs are used to treat pain types of arthritis, menstrual or Who should not take NSAIDs Do not take NSAIDs:

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