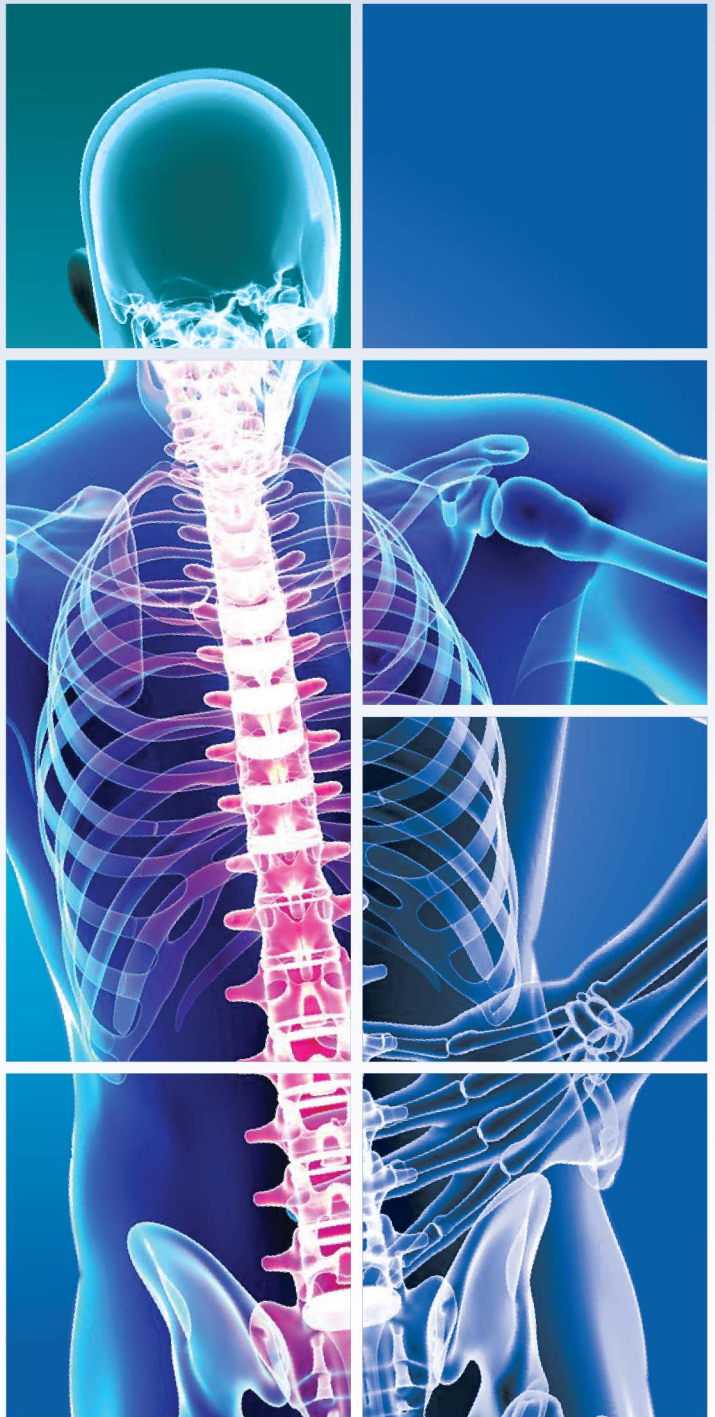
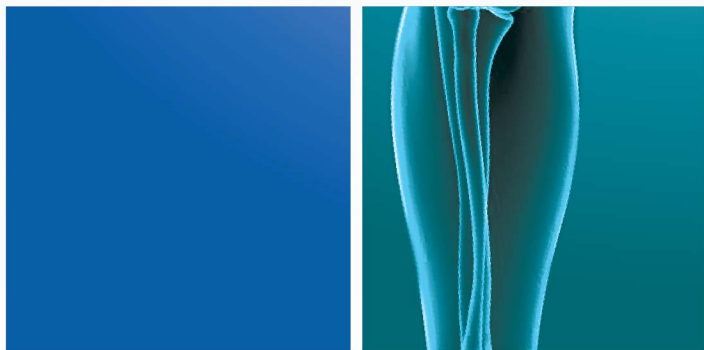


hovid-Celecoxib



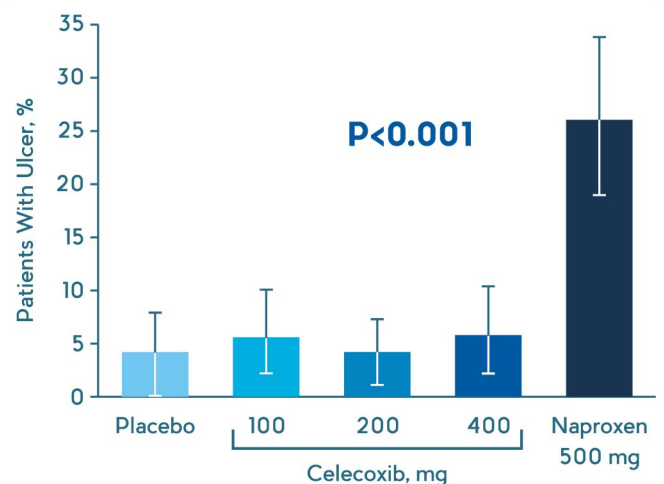
MANAGE ACUTE PAIN & CHRONIC INFLAMMATORY CONDITIONS



Celecoxib, a selective COX-2 inhibitor, has improved gastrointestinal safety profile compared to conventional NSAIDs. ^{1,2,3}

- NSAID-associated GI side effects markedly increase health care costs, with up to 31% of cost of managing arthritis patients accounted for through the management of GI side effects. ¹
- Simon et al. (1999) demonstrated significant decrease in gastroduodenal ulcer incidence with the use of Celecoxib as compared with Naproxen (conventional NSAIDs), with rates approaching those of placebo at three months. ³

Incidence of Gastroduodenal Ulcers Over 12 Weeks of Treatment



INDICATIONS



OSTEOARTHRITIS



RHEUMATOID ARTHRITIS



ANKYLOSING SPONDYLITIS

CONTRAINDICATIONS

- Hypersensitivity to sulphonamides or other active substance/ excipients.
- Active peptic ulceration or gastrointestinal (GI) bleeding.
- Patients who have experienced asthma, acute rhinitis, nasal polyps, angioneurotic oedema, urticaria or other allergic-type reactions after taking acetylsalicylic acid (aspirin) or other NSAIDs including COX-2 inhibitors.
- Pregnant & breast feeding woman.
- Severe hepatic dysfunction (serum albumin <25 g/l or Child-Pugh score ≥10).
- Patients with estimated creatinine clearance <30 ml/min.
- Inflammatory bowel disease.
- Congestive heart failure (NYHA II-IV).
- Established ischaemic heart disease, peripheral arterial disease and/or cerebrovascular disease.
- Contraindication for patients who have increased risk of cardiovascular disease (*ischemic heart disease and stroke*).

DOSAGE & ADMINISTRATION

Treatment of Osteoarthritis (OA), Rheumatoid Arthritis (RA) & Ankylosing Spondylitis (AS): The recommended dose of celecoxib is 200 mg administered as a single dose or as 100 mg twice per day. The maximum recommended daily dose is 400 mg for above indications. In the absence of an increase in therapeutic benefit after two weeks, other therapeutic options should be considered.

As the cardiovascular risks of celecoxib may increase with dose and duration of exposure, the shortest duration possible and the lowest effective daily dose should be used.

Elderly, CYP2C9 poor metabolisers, patients with hepatic impairment and renal impairment should be treated with caution.

(Dose adjustment please refer to product insert for detailed information.)

STORAGE

Store below 30°C.

Bioequivalent graph comparing Celebrex and hovid-Celecoxib

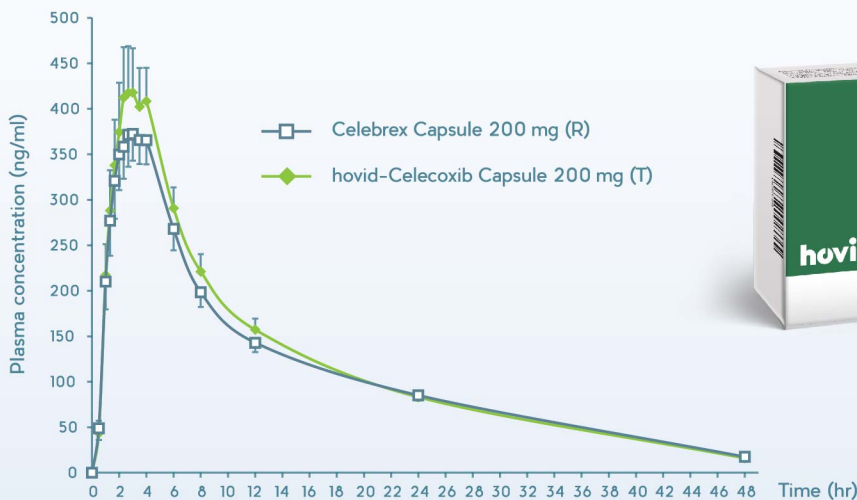


Figure 1(A). Mean plasma celecoxib concentration versus time profiles of Celebrex Capsule 200 mg and hovid-Celecoxib Capsule 200 mg

Mean ± SEM. N = 33

For Healthcare Professionals only.

References: 1. Laine L. Gastrointestinal Effects of NSAIDs and Coxibs. *Journal of Pain and Symptom Management* (2003). 25(2):32-40 2. Shi S & Klotz U. Clinical use and pharmacological properties of selective COX-2 inhibitors. *European Journal of Clinical Pharmacology* (2008) 64:253-252 3. Simon LS, Weaver AL, Graham DY, et al. Antiinflammatory and upper gastrointestinal effects of celecoxib in rheumatoid arthritis. A randomized controlled trial. *JAMA* 1999;282:1921-1928.