



The measurement anti-inflammatory drug that enhibits anti-inflammatory, analgesic, and antisyretic activities. The advanced and the control of elections is believed to be due to inhibition of postaglandin synthesis, primarily via inhibition of cyclosogynease (2007a), and at therapeutic concentrations in humans, exlected before not inhibit the cyclosogeness-1 (COX-1) government. Pharmacoclinetics

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Geleculos is well absorbed reaching peak plasma concentrations after approximately 2-3 hours. Steely state plasma concentrations are exclude within 54 and virtual resultances. The concentrations are excluded within 54 and virtual resultances are concentrations are excluded within 54 and virtual resultances. The concentrations are excluded within 54 and virtual resultances are advanced by the concentrations are excluded within 54 and virtual resultances. The concentrations are excluded within 54 and virtual resultances are concentrations are excluded within 54 and virtual resultances. The concentration of the con

Metabolism:
Celecoxib metabolism is primarily mediated via cytochrome P450 2C9. Three inactive metabolites identified, a primary alcohol, the corresponding carboxylic acid and its glucuronide conjugate.

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Exerction:

Celecuib is mainly eliminated by hepatic metabolism. Less than 1% of the dose is excreted unchanged in urine. Elimination building is 2.9 Taxon.

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Bellife is 9.3 Taxo

Indication	Dosage	Maximum Dose	Duration
Osteoarthritis	200mg/day	400mg/day	2 weeks*
Rheumatoid arthritis	100mg to 200mg twice daily	400mg/day	2 weeks*
Ankylosing spondylitis	200mg/day	400mg/day	2 weeks*
Management of acute pain and treatment of primary dysmenorrhea	400mg initially, followed by an additional 200mg dose if needed on the first day on subsequent days, the recommended dose 400mg/daily	400mg/day	
Familial Adenomatous, Polyposis(FAP)**	400mg twice daily With Food		

** usual moncal unit on upper
Special Populations:
Elderly spatients (55 years)
Doze adjustment in the identity in ond generally necessary. However, for patients of less than 50kg body weight, initiate
therapy at the lowest recommended doze.
Hepatic insufficient patients:
In patients with moderate hepatients (Child Pugh Class B) dozage should be reduced by approximately 50%
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CONTRAINGATIONS:
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Celecació is contraindicated in: Patients with known hypersensitivity to celecació or other sulfonamides. Patients viener de asthma, urticaria, rhinitis or allergic-type reactions after taking acetyl salicylic acid (ASA) or other

- Platents system extra security of the control of

WARNINGS:
Cardiouscular Thrombodic Events:
Chronic use of celecosib may cause an increased risk of serious advense cardiouscular thrombotic events, myocardial infarction and stroke, which can be fatal. To minimize the risk, the lowest effective dose should be used for the shortest

inflaction and stroke, which can be fatal. To minimize the risk, the lowest effective done should be used for the shortest distration possible.

PRECAUTIONS*

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**Terestiment with exclusion in Fair Passar for when the reduced with the risk of speciation accords or the needs for a transmissional in Fair Passar for white continues are of Fair patients should not be altered because of the concurrent administration of celecusib.

Preparancy:

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- The concomitant use of celectods with any dose of a non-aspirin NSAID should be avoided due to the potential for increased risk of abever nearbons.

Pregnancy:

Celectods should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. In late pregnancy, starting at 30 weeks gestation, celecoids should be avoided because it may cause premature closure of the ductor anterious.

Nursing mothers:

Contraindicated during musing.

BRUS INTERACTIONS:

drugs that are known to inhila 7.29 should be done with caution.

ACE inhibitors and Districtis:

Concomitant use with ACE inhibitors or this aides may reduce the antihypertensive or district effects respectively Applier.

Co-administration with appirin increases the rate of GI electration or other complications

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of bleeding complications.

APURSE REACTION APURSE PARACTION
The following adverse drug reactions have been reported during therapy of celecoxite:

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Most Commons. Administration Jain, districted, dyspepsis, flatulence, nausea, dizziness, headache, rhinitis, sinustitis, upper respiratory rate infection, incomain and raish

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flat someoners. Consideration, dysphagia, espohagiatis, gastritis, gastritis, gastritis, gastricesophageal reflux, stomatitis, vomiting, cardioascular

disturbances, branchitis, bronchospann, coughing, depression, increased liver enzymes and allergic reactions.

OVERDOSAGE:

Patients should be managed by symptomatic and supportive care following an over dose

There are no specific antistotes.

NSTRUCTIONS:
- Store below 30℃.
- Protect from light & moisture.
- Keep out of reach of children.

