

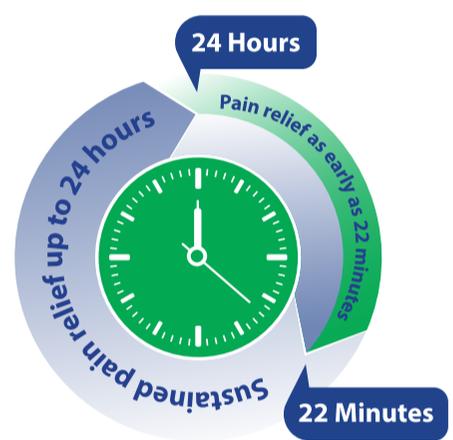
FAST POWERFUL & SUSTAINED PAIN RELIEF¹⁻⁵

CELEBRESX[®] provides a rapid onset of action for treating:

- Acute pain: CELEBRESX[®] acted as early as 22 minutes (median onset is about **28 minutes**; range 22-33 minutes)^{1*}
- Post - surgical pain: CELEBRESX[®] controlled pain as early as **1 hour** postdose^{2†}

CELEBRESX[®] provides powerful and sustained pain relief

- Sustained pain relief up to 24 hours^{1*}
- Powerful acute pain relief
 - Significant improvement in pain scores³⁻⁵
 - Rapid return to functioning in patients with ankle sprain⁶



When patients need fast pain relief, think CELEBRESX[®]

Acute Pain

Loading dose on Day 1⁷



400 mg

After 12 hours



200 mg
(if needed)

2 convenient capsule strengths⁷



CELEBRESX[®] 200mg



CELEBRESX[®] 400mg

Capsule not actual size

Subsequently, 200 mg twice daily, as needed

¹In patients with moderate to severe pain following third molar extraction.
[†]In patients with moderate to severe pain after orthopaedic surgery.

References:

1. Cheung R, Krishnaswami S, Kowalski K. Analgesic efficacy of celecoxib in postoperative oral surgery pain: a single-dose, two-center, randomized, double-blind, active- and placebo-controlled study. *Clin Ther.* 2007;29:2498–2510. [Accessed on 26 Aug 2021] Available at: <https://pubmed.ncbi.nlm.nih.gov/18164917/> | 2. Gimbel JS, Brugger A, Zhao W, Verburg KM, Geis GS. Efficacy and tolerability of celecoxib versus hydrocodone/acetaminophen in the treatment of pain after ambulatory orthopedic surgery in adults. *Clin Ther.* 2001;23:228–241. [Accessed on 26 Aug 2021] Available at: <https://pubmed.ncbi.nlm.nih.gov/11293556/> | 3. Cardenas-Estrada E, Oliveira LG, Abad HL, Elayan F, Khalifa N, El-Husseini T. Efficacy and safety of celecoxib in the treatment of acute pain due to ankle sprain in a Latin American and Middle Eastern population. *J Int Med Res.* 2009;37:1937–1951. [Accessed on 26 Aug 2021] Available at: <https://pubmed.ncbi.nlm.nih.gov/20146894/> | 4. Petri M, Huffman SL, Waser G, Cui H, Snabes MC, Verburg KM. Celecoxib effectively treats patients with acute shoulder tendinitis/bursitis. *J Rheumatol.* 2004;31:1614–1620. [Accessed on 26 Aug 2021] Available at: <https://pubmed.ncbi.nlm.nih.gov/15290743/> | 5. White PF, Sacan O, Tufanogullari B, Eng M, Nuangchamhong N, Ogunnaik B. Effect of short-term postoperative celecoxib administration on patient outcome after outpatient laparoscopic surgery. *Can J Anaesth.* 2007;54(5):342–348. [Accessed on 26 Aug 2021] Available at: <https://pubmed.ncbi.nlm.nih.gov/17470884/> | 6. Ekman EF, Fiechtner JJ, Levy S, Fort JG. Efficacy of celecoxib versus ibuprofen in the treatment of acute pain: a multicenter, double-blind, randomized controlled trial in acute ankle sprain. *Am J Orthop.* 2002;31(8):445–461. [Accessed on 26 Aug 2021] Available at: <https://pubmed.ncbi.nlm.nih.gov/12216965/> | 7. CELEBRESX[®] HSA Approved Prescribing Information May 2021.

ABBREVIATED PRESCRIBING INFORMATION

CELEBRESX[®]

Contents: Celecoxib **Indications:** Symptomatic treatment of osteoarthritis (OA) and rheumatoid arthritis (RA). Management of acute pain in adults and chronic low back pain. Primary dysmenorrhoea. Relief of signs and symptoms of ankylosing spondylitis (AS). **Dosage: Adult OA** 200 mg as a single dose or 100 mg twice daily. **RA** 100 or 200 mg twice daily. **AS** 200 mg as a single dose or 100 mg twice daily. Maximum (OA, RA, AS): 400 mg. **Acute pain and primary dysmenorrhoea** Initially 400 mg followed by 200 mg if needed on the first day. Subsequently, 200 mg twice daily as needed. **Chronic low back pain** 200 or 400 mg daily, administered as a 200 mg single dose or 100 or 200 mg twice daily. Total daily dose: 400 mg/day. **Administration:** Doses up to 200 mg twice daily can be taken with or without food. For patients with difficulty swallowing, the entire contents of the capsule can be carefully emptied onto a level teaspoon of cool/room temp applesauce/rice gruel/yogurt/mashed banana and should be ingested immediately with water. **Contraindications:** Hypersensitivity to celecoxib or sulfonamides. Active peptic ulceration or gastrointestinal (GI) bleeding. Patients who have experienced asthma, urticaria or allergic-type reactions after taking acetylsalicylic acid or other nonsteroidal anti-inflammatory drugs (NSAIDs) including other cyclooxygenase-2 (COX-2) specific inhibitors. Treatment of peri-operative pain in the setting of coronary bypass graft (CABG) surgery. Congestive heart failure (CHF) (NYHA II-IV); established ischaemic heart disease, peripheral arterial disease and/or cerebrovascular disease. **Special Precautions:** Increased risk of serious cardiovascular (CV) thrombotic events, myocardial infarction (MI) and stroke. Monitor blood pressure during initiation and throughout the course of therapy in patients with hypertension (HTN); preexisting CHF, edema or other conditions predisposing to or worsened by fluid retention including those taking diuretics or otherwise at risk of hypovolemia. Risk of developing GI complications in patients with CV disease, concomitant use with glucocorticoids, antiplatelet drugs (such as aspirin) or other NSAIDs, alcohol; history of active GI disease eg, ulceration, GI bleeding or inflammatory conditions; concurrent therapy with anticoagulants including warfarin/coumarin-type and novel oral anticoagulants (eg, apixaban, dabigatran and rivaroxaban). Dehydration. Closely monitor patients with advanced renal disease. Severe hepatic impairment. Anaphylactoid reactions. Serious skin reactions, some of them fatal, including drug reaction with eosinophilia and systemic symptoms (DRESS syndrome), exfoliative dermatitis, Stevens-Johnson syndrome, and toxic epidermal necrolysis, have been reported very rarely in association with the use of celecoxib. Discontinue at the first appearance of skin rash, mucosal lesions or any other signs of hypersensitivity. Galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption. Avoid concomitant use with non-aspirin NSAIDs. Pregnancy and lactation. Children less than 18 years. **Elderly. Adverse Reactions:** Bronchitis, sinusitis, upper respiratory tract infection, urinary tract infection; insomnia; dizziness; HTN (including aggravated HTN); cough; vomiting, abdominal pain, diarrhea, dyspepsia, flatulence; pruritus (including generalized pruritus), rash; peripheral oedema; ear and fungal infection, MI, angina pectoris; dyspnea, increased hepatic enzyme; muscle spasms; nephrolithiasis, vaginal haemorrhage, prostatitis, benign prostatic hyperplasia; increased blood creatinine, prostatic specific antigen and weight. **Drug Interactions:** Increased plasma concentration with CYP2C9 inhibitors, fluconazole and ketoconazole. Decreased plasma concentration with CYP2C9 inducers eg, rifampicin, carbamazepine and barbiturates. Increased risk of bleeding with oral anticoagulants. May diminish antihypertensive effects of angiotensin-converting enzyme inhibitors, angiotensin receptor blockers, diuretics and beta-blockers. Increased risk of nephrotoxicity with cyclosporine. Increased plasma concentration of dextromethorphan and metoprolol. Reduced natriuretic effect of furosemide and thiazides. Increased plasma levels of lithium. **Presentation and Packing: Capsule** 200 mg x 10's, 30's, 100's. 400 mg x 10's. **Pregnancy Safety (US):** C,D (in third trimester or near delivery). API-CEL-SIN-0321/0

Full Prescribing Information is available on request

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As front-liners, we recognize your dedication and sacrifices in the battle against COVID-19; continuing to selflessly work around the clock to provide care to our patients, risking it all to keep us safe during this difficult time. We want you to know that your health and safety is our first priority and as always, we provide this service to you pursuant to our commitment to provide updated information that you may need to serve your patients during this difficult and unprecedented time

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