Anticox®

دار الدواء
Dar Al Dawa

Meloxicam

DESCRIPTION:
Anticox® (meloxicam) is a preferential cyclo-oxygenase-2 (COX-2) inhibitor, which has shown anti-inflammatory, analgesic and antipyretic properties.
Inactive Ingredients:
Tablets: Magnesium stearate, microcrystalline cellulose, povidone, sodium starch glycolate, sodium lauril sulfate, lactose monohydrate.
Suppositories: Dioctyl sodium sulphosuccinate, silica colloidal anhydrous, polysorbate 80, waxy solid.

PHARMACOLOGY:
Meloxicam is a non-steroidal anti-inflammatory drug that has shown anti-inflammatory, analgesic and anti-pyretic activity which may be contributed to the ability of meloxicam to inhibit the biosynthesis of prostaglandins, known mediators of inflammation. It has a greater in-vitro and in-vivo inhibitory action against COX-2, which is implicated in the inflammatory response, relative to COX-1, inhibition of which (COX-1) is associated with gastric, renal and other adverse effects. Meloxicam has been demonstrated to have no effect on either platelet aggregation or bleeding time at recommended doses ex-vivo, while indomethacin, diclofenac, ibuprofen and naproxen significantly inhibited platelet aggregation and prolonged bleeding.

INDICATIONS:
Anticox® is indicated in the following conditions:
- Symptomatic treatment of rheumatoid arthritis.
- Symptomatic treatment of painful osteoarthritis (arthrosis, degenerative joint disease).
- Symptomatic treatment of ankylosing spondylitis.

CONTRAINDICATIONS:
Meloxicam is contraindicated in the following conditions:
- Patients with known hypersensitivity to the drug.
- There is a potential for cross-sensitivity to acetyl salicylic-acid and other non-steroidal anti-inflammatory drugs (NSAIDs).
- Meloxicam should not be used in patients who have developed signs of asthma, nasal polyps, angio-oedema or urticaria following the administration of acetyl salicylic acid or other NSAIDs.
- Meloxicam should never be used right before or after a heart-surgery called a "coronary artery bypass graft (CABG)".
- Active peptic ulceration.
- Severe hepatic insufficiency.
- Non-dialyzed severe renal insufficiency.
- Children and adolescents aged less than 15 years.
- Pregnant and lactating women.

SIDE EFFECTS:
The following adverse events have been reported with meloxicam:
- Gastrointestinal: Dyspepsia, nausea, vomiting, abdominal pain, constipation, flatulence, and diarrhea. Transitory abnormalities of liver function parameters e.g. raised transaminases or bilirubin eructation, oesophagitis, gastro-duodenal ulcer, occult or macroscopic gastrointestinal bleeding, gastrointestinal perforation, colitis, hepatitis and gastritis.
- Hematological: Anemia, disturbances of blood count, including differential white blood cells count, leucopenia and thrombocytopenia.
  Concomitant administration of a potentially myelotoxic drug, in particular methotrexate, appears to be a predisposing factor to the onset of a cytopenia.
- Dermatological: Pruritus, skin rash, stomatitis, urticaria and photosensitivity. On rare occasions bullous reactions, erythema multiforme, Stevens Johnson Syndrome and Toxic Epidermal Necrolysis may develop.
- Respiratory: Onset of acute asthma in certain individuals following the administration of aspirin or other NSAIDs.
- Central nervous system: Lightheadedness, headache, vertigo, tinnitus, drowsiness, confusion, disorientation and alteration of mood.
- Cardiovascular: Oedema, increase of blood pressure, palpitations, and flushes.
- Genitourinary: Abnormal renal function parameters, increased serum creatinine and/or serum urea and acute renal failure.
- Vision disorders: Conjunctivitis, visual disturbances including blurred vision.
- Hypersensitivity reactions: Angio-oedema and immediate hypersensitivity reactions, including anaphylactoid/anaphylactic reactions.

WARNINGS AND PRECAUTIONS:

Cardiovascular Risk:
NSAIDs may cause an increased risk of serious cardiovascular thrombotic events, myocardial infarction and stroke, which can be fatal. This risk may increase with duration of use. Patients with cardiovascular disease or risk factors for cardiovascular disease may be at greater risk.
NSAIDs are contraindicated for the treatment of peri-operative pain in the setting of coronary artery bypass graft (CABG) surgery.

Gastrointestinal Risk:
NSAIDs cause an increased risk of serious gastrointestinal adverse events including bleeding, ulceration, and perforation of the stomach or intestines, which can be fatal. These events can occur at any time during use and without warning symptoms. Elderly patients are at greater risk for serious gastrointestinal events.

- Gastrointestinal: Caution should be exercised when treating patients with a history of upper gastrointestinal diseases and in patients receiving treatment with anticoagulants. **Anticox®** should be withdrawn if peptic ulceration or gastrointestinal bleeding occurs.
- Renal impairment: NSAIDs inhibit the synthesis of renal prostaglandins, which play a supportive role in the maintenance of renal perfusion. In patients whose renal blood flow and blood volume is decreased, administration of NSAIDs may precipitate over the renal decompensation, which is typically followed by recovery to pretreatment state upon discontinuation of non-steroidal anti-inflammatory therapy.
  Patients at greatest risk of such a reaction are dehyrdrated patients, those with congestive heart failure, liver cirrhosis, nephrotic syndrome and overt renal disease, those receiving a diuretic or those having undergone major surgical procedures which led to hypovolaemia. In such patients the volume of diuresis and the renal function should be carefully monitored at the beginning of therapy.
  In rare instances NSAIDs may be the cause of interstitial nephritis, glomerulonephritis, renal medullary necrosis or nephrotic syndrome. The dose of **Anticox®** in patients with end stage renal failure on hemodialysis should not exceed 7.5 mg. No dose reduction is required in patients with mild or moderate renal impairment.
  Caution should be used when initiating treatment with meloxicam in patients with considerable dehydration. It is advisable to rehydrate patients first and then start therapy with meloxicam. Hemodialysis did not lower the total drug concentration in plasma; therefore, additional doses are not necessary after hemodialysis. Meloxicam is not dialyzable.
- Liver function tests: As with other NSAIDs, occasional elevations of serum transaminases or other parameters in liver function test have been reported. In most cases, these have been in small and transient increase above normal range. If the abnormality is significant or persistent, **Anticox®** should be stopped and follow-up tests carried out.
  No dose reduction is required in patients with clinically stable liver cirrhosis.
- Patients receiving meloxicam who may be adversely affected by alterations in platelet function, such as those with coagulation disorders or patients receiving anticoagulants, should be carefully monitored.
- Frail or debilitated patients may tolerate side effects less well and such patients should be carefully supervised.
- Elderly patients: Caution should be used in the treatment of elderly patients who are more likely to be suffering from impaired renal, hepatic or cardiac function.
- Induction of sodium, potassium and water retention and interference with the natriuretic effects of diuretics may occur with NSAIDs. As a result, cardiac failure or hypertension may be precipitated or exacerbated in susceptible patients.
- **Anticox®** suppositories should not be used in patients with any inflammatory lesions of the rectum or anus, or in patients with a recent history of rectal or anal bleeding.
- There are no specific studies about effects on the ability to drive vehicles and to use machinery. Patients who experience visual disturbances, drowsiness or other central nervous system disturbances should refrain from these activities.
- Pregnancy and Lactation: Although no tetratogenic effects were seen in preclinical testing, **Anticox®** should not be used during pregnancy and breastfeeding.

Anticox® tablets contain:
Lactose monohydrate: If the patient has been told by the doctor that he has intolerance to some sugars, he should contact his doctor before taking this medicinal product.

DRUG INTERACTIONS:
- NSAIDs: Concomitant administration of more than one of the NSAIDs including salicylates in high doses may increase the risk of gastrointestinal ulceration and bleeding through synergistic action.
- Oral anticogulants (such as warfarin), ticlopidine, systemically administered heparin, thrombolytics: Increased risk of bleeding. If such co-prescribing cannot be avoided, close monitoring of the effects of anticoagulants is required.
- Lithium: NSAIDs have been reported to increase lithium plasma levels. It is recommended that plasma lithium levels be monitored when initiating, adjusting and discontinuing **Anticox®**.
- Methotrexate: Like other NSAIDs, **Anticox®** may increase the hematologic toxicity of methotrexate, in this condition, strict monitoring of the blood cells count is recommended.
- Contraception: NSAIDs have been reported to decrease the efficacy of the intrauterine devices.
- Diuretics: Treatment with NSAIDs is associated with the potential for acute renal insufficiency in patients who are dehydrated. Patients receiving **Anticox®** and diuretics should be adequately hydrated and be monitored for renal function prior to initiating treatment.
- Antihypertensives (e.g. beta-blockers, ACE-inhibitors, vasodilators, diuretics): A reduced effect of the antihypertensive drug by inhibition of the vasodilating prostaglandins has been reported during treatment with NSAIDs.
- Cholestyramine: cholestyramine binds meloxicam in the gastrointestinal tract, leading to faster elimination of meloxicam.
- Cyclosporine: Nephrotoxicity of cyclosporine may be enhanced by NSAIDs via the renal prostaglandin mediated effects. Therefore, it is recommended to measure the renal function in case of concomitant administration.
- Meloxicam is eliminated almost entirely by hepatic metabolism, of which approximately two thirds are mediated by cytochrome (CYP) P450 enzymes (CYP2C9 major pathway and CYP3A4 minor pathway) and one-third by other pathways, such as peroxidase oxidation. The potential for a pharmacokinetic interaction should be taken into account when meloxicam and drugs known to inhibit, or to be metabolized by, CYP2C9 and/or CYP3A4 are administered concurrently.
- No relevant pharmacokinetic drug-drug interactions were detected with respect to the concomitant administration of antacids, cimetidine, digoxin and furosemide.
- Interactions with oral antidiabetics cannot be excluded.

DOSAGE AND ADMINISTRATION:
- Rheumatiod arthritis: 15 mg/day, the dose may be reduced to 7.5 mg/day according to the therapeutic response.
- Osteoarthritis: 7.5 mg/day. If necessary the dose may be increased to 15 mg/day.
- Ankylosing spondylitis: 15 mg/day.

In patients with increased risk of adverse effects, treatment should be started at the dose of 7.5 mg/day. In dialysis patients with severe renal failure the dose should not exceed 7.5 mg/day.
The maximum recommended dose is 15 mg/day. As a dosage for use in children is yet to be established, usage should be restricted to adults.
Tablets should be swallowed with water or other fluids in conjunction with food.
Rectal administration: One suppository containing 15 mg meloxicam once daily.
Rectal administration should be used for the shortest time possible, in view of the risk of local toxicity added to the risks of oral administration.
Combined administration: The total daily dosage of **Anticox®** administered as tablets and suppositories should not exceed 15 mg/day.

OVERDOSAGE:
In case of overdose, gastric evacuation with other supportive measure should be used, as there is no known antidote. Cholestyramine could be helpful to accelerate the elimination of meloxicam.

PRESENTATIONS:
Anticox® 7.5 Tablets: Packs of 10, 30 tablets. Each tablet contains 7.5 mg Meloxicam.
Anticox® 15 Tablets: Packs of 10, 30 tablets. Each tablet contains 15 mg Meloxicam.
Anticox® 15 Suppositories: Packs of 6 suppositories. Each suppository contains 15 mg Meloxicam.

STORAGE CONDITIONS:
For tablets: Store below 30°C.
For suppositories: Store below 25°C. Do not freeze.

This is a medicament.
- *Medicament is a product which affects your health, and its consumption contrary to instructions is dangerous for you.*
- *Follow strictly the doctor's prescription, the method of use, and the instructions of the pharmacist who sold you the medicament.*
- *The doctor and the pharmacist are experts in medicine, its benefits and its risks.*
- *Do not, by yourself, interrupt the period of treatment prescribed.*
- *Do not repeat the same prescription without consulting your doctor.*

Keep medicament out of reach of children

Manufactured by Dar Al Dawa, Na'ur - Jordan

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