

**CELEBEX**<sup>®</sup>  
(CELECOXIB CAPSULES)



**CAN'T STOP.**

CELEBEX alleviates pain as early as

**22 MINUTES<sup>1</sup>**

**WON'T STOP.**

CELEBEX provides pain relief that lasts for

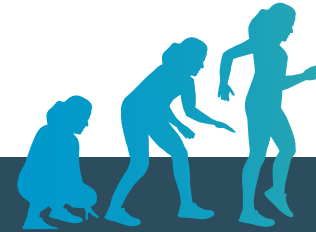
**24 HOURS<sup>1</sup>**

CELEBEX<sup>®</sup> is indicated for the relief of the signs and symptoms of osteoarthritis, ankylosing spondylitis, rheumatoid arthritis, low back pain and for the management of acute pain.<sup>2</sup>

**GETS PEOPLE MOVING.**



# CAN'T STOP?



When life is busy there's no time for pain

CELEBREX acts fast to **RELIEVE PAIN**\*<sup>1</sup>

CELEBREX acted as early as **22 MINUTES**  
with sustained pain relief up to **24 HOURS**<sup>1</sup>

CELEBREX controlled post-surgical pain as early as  
**1 HOUR** after administration<sup>13</sup>



And return patients to normal **PHYSICAL DAILY FUNCTIONING**<sup>4</sup>

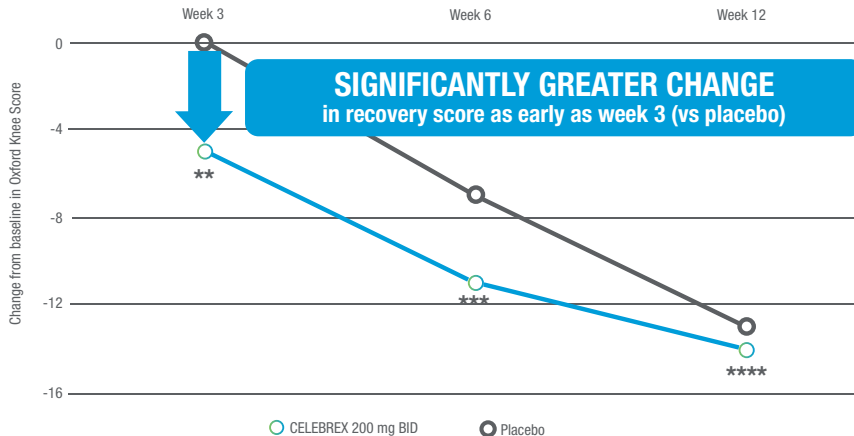
**CELEBREX REDUCED**

median time to return to normal function (or to improved function by  $\geq 2$  grades) by:<sup>14</sup>

**1 day (vs ibuprofen; NS  $p=0.821$ ) and 3 days (vs placebo;  $p=0.001$ )**



CELEBREX showed faster recovery after total knee arthroplasty (TKA) surgery<sup>55</sup>



**PLUS:** Significant improvement in knee function seen at 6 weeks with CELEBREX treatment versus placebo in patients with TKA ( $p=0.009$ )<sup>55</sup>



<sup>1</sup>In patients with moderate-to-severe pain following third molar extraction.

<sup>14</sup>In patients with moderate-to-severe pain after orthopedic surgery.

<sup>4</sup>In a 10-day multicenter, randomized trial comparing efficacy and safety of CELEBREX vs ibuprofen in 445 patients with ankle sprain and moderate-to-severe pain. Patients were randomized to receive CELEBREX 200 mg BID (n=148), ibuprofen 800 mg TID (n=155), or placebo (n=142).

<sup>55</sup>A double-blind, placebo-controlled study of CELEBREX 200 mg BID administered for 6 weeks after total knee arthroplasty was done to determine any benefits. All patients received CELEBREX preoperatively and during hospitalization. At hospital discharge, patients were randomized to receive CELEBREX (n=53) or placebo (n=54) for 6 weeks. Knee Society Score and Oxford Knee Score were determined preoperatively and at postoperative intervals to 1 year. BID=twice a day; NS=not significant; TID=three times a day.

\*\* $p=0.004$ . \*\*\* $p=0.04$ . \*\*\*\* $p$ =not significant. CELEBREX baseline score: 36. Placebo baseline score: 34. Adapted from Schroer WC et al. 2011.<sup>5</sup>



# WON'T STOP.

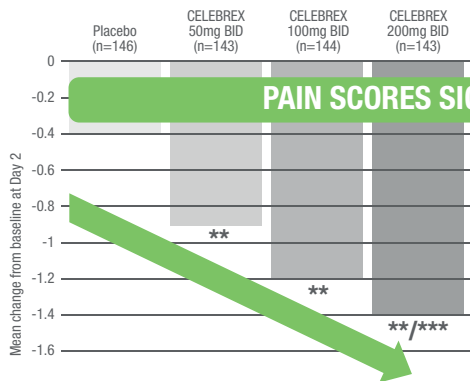
Because life is too short to put up with pain

## When pain is acute:

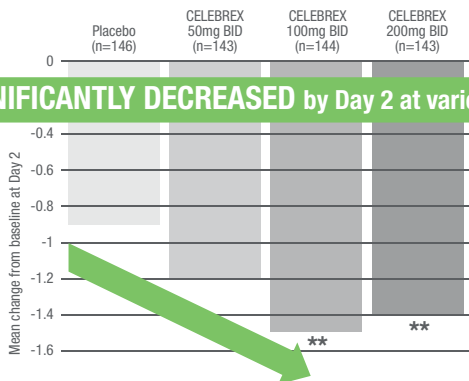
- CELEBREX provides sustained pain relief up to 24 hours<sup>^1</sup>
- With significant improvement in acute pain scores<sup>5-8</sup>

In chronic osteoarthritis pain, CELEBREX significantly reduced OA flare pain within 24-48 hours<sup>9</sup>

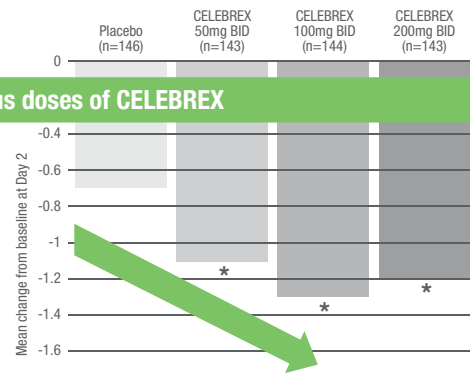
## HOW MUCH PAIN ARE YOU HAVING RIGHT NOW?



## WORST PAIN IN PAST 24 HOURS



## AVERAGE PAIN IN PAST 24 HOURS



**PAIN SCORES SIGNIFICANTLY DECREASED by Day 2 at various doses of CELEBREX**

\*\*p<0.05 vs placebo; \*\*\*p<0.05 vs CELEBREX 50 mg BID. Adapted from Bensen WG, et al. 1999.<sup>9</sup>

<sup>^1</sup>In patients with moderate-to-severe pain following third molar extraction.

<sup>9</sup>This 12-week, double-blind, randomized, placebo-controlled study was designed to assess the efficacy of CELEBREX vs. naproxen in patients with knee OA. A total of 1,003 patients were randomized to 1 of 5 groups: CELEBREX 50 mg BID, CELEBREX 100 mg BID, CELEBREX 200 mg BID, naproxen 500 mg BID, or placebo. Arthritis assessments were made at baseline, Week 2, Week 6, and Week 12. BID=twice a day; OA=osteoarthritis.

# CELEBRES<sup>®</sup>

(CELECOXIB CAPSULES)



## EFFICACY

Effective and powerful control of pain and inflammation<sup>1,9,10</sup>



## CV SAFETY

Evidence of similar CV incidences to ibuprofen and naproxen in PRECISION<sup>12</sup>



## GI RISK

Significantly lower GI risk vs ns-NSAID with or without PPI<sup>13,14</sup>

MORE THAN

20<sup>15</sup> YEARS

OF SAFETY & EFFICACY<sup>1,9-15</sup>

PRECISION: CV: Cardiovascular; GI: Gastro-intestinal; ns-NSAID: non selective nonsteroidal anti-inflammatory drugs; PPI: Proton Pump Inhibitors

**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. 2. Celebres<sup>®</sup> Malaysia Prescribing Information dated 6 July 2022. 3. Gimbel JS *et al.* Efficacy and tolerability of celecoxib versus hydrocodone/acetaminophen in the treatment of pain after ambulatory orthopedic surgery in adults. *Clin Ther.* 2001;23(2):228–241. 4. Ekman EF *et al.* 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):445-451. 5. Schroer WC *et al.* Benefits of prolonged postoperative cyclooxygenase-2 inhibitor administration on total knee arthroplasty recovery: a double-blind, placebo-controlled study. *J Arthroplasty.* 2011;26(6 Suppl):2-7. 6. Cardenas-Estrada E *et al.* 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(6):1937–1951. 7. Petri M *et al.* Celecoxib effectively treats patients with acute shoulder tendinitis/bursitis. *J Rheumatol.* 2004;31(8):1614–1620. 8. White PF *et al.* Effect of short-term postoperative celecoxib administration on patient outcome after outpatient laparoscopic surgery. *Can J Anaesth.* 2007;54(5):342–348. 9. Bensen WG *et al.* Treatment of osteoarthritis with celecoxib, a cyclooxygenase-2 inhibitor: a randomized controlled trial. *Mayo Clin Proc.* 1999;74(11):1095-1105. 10. Strand V *et al.* Treatment of osteoarthritis with continuous versus intermittent celecoxib. *J Rheumatol.* 2011;38:2625-2634. 11. Rahla LV *et al.* Efficacy and tolerability of celecoxib versus diclofenac: results of a multicenter, randomized, double-blind, non-inferiority study in subjects with acute low back pain. *Revista Brasileira de Medicina* 2008;65(11):378-387. 12. Nissen SE *et al.* PRECISION Trial Investigators. Cardiovascular Safety of Celecoxib, Naproxen, or Ibuprofen for Arthritis. *N Engl J Med.* 2016;375(26):2519- 2529. 13. Chan FKL *et al.* Celecoxib versus omeprazole and diclofenac in patients with osteoarthritis and rheumatoid arthritis (CONDOR): a randomised trial. *Lancet.* 2010;376(9736):173-179. 14. Cryer B *et al.* GI-REASONS: a novel 6-month, prospective, randomized, open-label, blinded endpoint (PROBE) trial. *Am J Gastroenterol.* 2013;108:392-400. 15. Data On File (20 Years).

## Viatis Sdn. Bhd.

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Tel: 603-7733 8005

Scan QR Code for Celebres Abbreviated Prescribing Information



<http://viatrismyapi-celebres.com>



# DOSING FOR MULTIPLE INDICATIONS

## For patients with ankylosing spondylitis

Flexible dosing frequency based on  
PATIENT RESPONSE

**200 mg OD**



200 mg

OR

**200mg BID (For some patients)**



200 mg

**AFTER 12 HOURS**



200 mg

## For patients with acute pain and primary dysmenorrhea

Flexible dosing frequency based on  
PATIENT NEEDS

**Loading dose on day 1**



400 mg

**AFTER 12 HOURS**



200 mg  
(if needed)

**Day 2 onwards**



200 mg

**AFTER 12 HOURS**



200 mg  
(if needed)

## For patients with rheumatoid arthritis

**Day 2 onwards**



200 mg

**AFTER 12 HOURS**



200 mg  
(if needed)

## For patients with low back pain / osteoarthritis

**200 mg OD**



200 mg

Scan QR Code for Celebrex® Abbreviated Prescribing Information



<http://viatrismyapi-celebrex.com>

**Reference: Celebrex® Malaysia Prescribing Information dated 6 July 2022.**

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For Healthcare Professionals only.

