



EFFICACY

Effective and powerful control of pain and inflammation^{1,9,10}



CV SAFETY

Evidence of similar CV incidences to ibuprofen and naproxen in PRECISION¹²



Significantly lower GI risk vs ns-NSAID with or without PPI^{13,14}

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. Celebrex® 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-con-trolled 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. elecoxib 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).

CELE-2023-0162 MY-21FEB2023

Viatris Sdn. Bhd.

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For Healthcare Professionals only.

MORE THAN OF SAFETY & EFFICACY 1,9-15

> Scan QR Code for Celebrex Abbreviated Prescribing Information



http://viatrismvapi-celebrex.com





CELEBREX alleviates pain as early as

22 MINUTES¹

CELEBREX provides pain relief that lasts for

24 HOURS¹

CELEBREX® 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.²



CAN'T STOP?



WON'T STOP.

When life is busy there's no time for pain

Because life is too short to put up with pain

CELEBREX acts fast to RELIEVE PAIN*1

CELEBREX acted as early as **22 MINUTES** with sustained pain relief up to **24 HOURS**

CELEBREX controlled post-surgical pain as early as **1 HOUR** after administration^{†3}



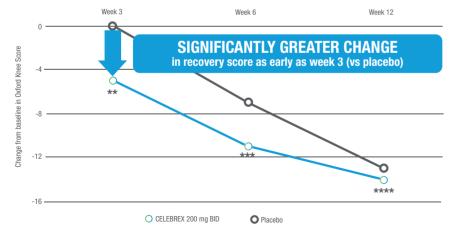
And return patients to normal PHYSICAL DAILY FUNCTIONING⁴

CELEBREX REDUCED

median time to return to normal function (or to improved function by ≥ 2 grades) by:^{‡4}

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^{§5}



p=0.004. *p=0.04. ****p=not significant. CELEBREX baseline score: 36. Placebo baseline score: 34. Adapted from Schroer WC et al. 2011.5

PLUS: Significant improvement in knee function seen at 6 weeks with CELEBREX treatment versus placebo in patients with TKA (p=0.009)§5



BID=twice a day: NS=not significant: TID=three times a day.

⁴A 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.

When pain is acute:

- CELEBREX provides sustained pain relief up to 24 hours^{^1}
- With significant improvement in acute pain scores⁵⁻⁸

In chronic osteoarthritis pain, CELEBREX significantly reduced OA flare pain within 24-48 hours¹⁹



^{**}p<0.05 vs placebo; ***p<0.05 vs CELEBREX 50 mg BID. Adapted from Bensen WG, et al. 1999.9

^{*}In patients with moderate-to-severe pain following third molar extraction.

[†]In patients with moderate-to-severe pain after orthopedic surgery.

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).

[^]In patients with moderate-to-severe pain following third molar extraction.

^{*}This 12-week, double-blind, randomized, placebo-controlled study was designed to assess the efficacy of CELEBREX vs. naproxen in patients with knee 0A. A total of 1,003 patients were randomized to 1 of 5 groups: CELEBREX 50 mg BID, CELEBREX 100 mg BID, naproxen 500 mg BID, or placebo. Arthritis assessments were made at baseline, Week 2, Week 6, and Week 12.

BID=Wice a day: OA=solecarthritis.



DOSING FOR MULTIPLE INDICATIONS

For patients with ankylosing spondylitis

Flexible dosing frequency based on PATIENT RESPONSE

200 mg 0D



200 ma

OR

200mg BID (For some patients)





200 ma

For patients with acute pain and primary dysmenorrhea

Flexible dosing frequency based on PATIENT NEEDS

Loading dose on day 1



200 ma (if needed)

Day 2 onwards







For patients with rheumatoid arthritis

Day 2 onwards







(if needed)

For patients with low back pain / osteoarthritis

200 mg 0D



200 ma

BID=twice a day: OD=once daily.

Scan QR Code for Celebrex® Abbreviated Prescribing Information



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