

**MELOXICAM: meloxicam tablet**  
**NuCare Pharmaceuticals, Inc.**

**HIGHLIGHTS OF PRESCRIBING INFORMATION**  
These highlights do not include all of the information needed to use Meloxicam Tablets USP, safety and effectiveness. See full prescribing information for Meloxicam Tablets USP.

Meloxicam Tablets USP, for oral use  
Initial U.S. Approval: 2000

**WARNING: RISK OF SERIOUS CARDIOVASCULAR AND GASTROINTESTINAL EVENTS**  
See full prescribing information for complete boxed warning.  
• **Nonsteroidal anti-inflammatory drugs (NSAIDs) cause an increased risk of serious cardiovascular thrombotic events, including myocardial infarction and stroke, which can be fatal. This risk may occur early in treatment and may increase with duration of use. [See Warnings and Precautions (5.1).]**  
• **NSAIDs cause an increased risk of serious gastrointestinal (GI) 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 and patients with a prior history of peptic ulcer disease and/or GI bleeding are at greater risk for serious GI events. [See Warnings and Precautions (5.2).]**

**RECENT MAJOR CHANGES**  
Warnings and Precautions, Juvenile Rheumatoid Arthritis (JRA) Pauciarthral and Polyarthral Course (1.3) (2.0)  
Dosage and Administration, General Dosing Instructions (2.1) (2.0)  
Dosage and Administration, Juvenile Rheumatoid Arthritis (JRA) Pauciarthral and Polyarthral Course (1.3) (2.0)  
Warnings and Precautions, Cardiovascular Thrombotic Events (5.1) (2.0)  
Warnings and Precautions, Heart Failure and Edema (5.5) (2.0)

**INDICATIONS AND USAGE**  
Meloxicam tablets are a nonsteroidal anti-inflammatory drug indicated for:  
• Osteoarthritis (OA) (1.1)  
• Rheumatoid Arthritis (RA) (1.2)  
• Juvenile Rheumatoid Arthritis (JRA) pauciarthral and polyarthral (1.3)

**DOSE AND ADMINISTRATION**  
The recommended dosage for the shortest duration consistent with individual patient treatment goals is:  
• OA (1.1) and RA (1.2):  
Starting dose: 7.5 mg once daily.  
Dose may be increased to 15 mg once daily.

• JRA (1.3):  
7.5 mg once daily in children aged 6 to 12.  
Meloxicam Tablets are not interchangeable with approved formulations of oral meloxicam even if the total meloxicam strength is the same (2.6).

**DOSE FORMS AND STRENGTHS**  
• Meloxicam Tablets USP: 7.5 mg and 15 mg oral tablets (1.1, 1.2, 1.3)

**CONTRAINDICATIONS**  
• Known hypersensitivity to meloxicam or any components of the formulation (6)  
• History of asthma, urticaria, or other allergic-type reactions after taking aspirin or other NSAIDs (4)  
• In the setting of CABG surgery (8)

**WARNINGS AND PRECAUTIONS**  
• **Cardiovascular Thrombotic Events**  
NSAIDs cause an increased risk of serious cardiovascular thrombotic events, including myocardial infarction and stroke, which can be fatal. This risk may occur early in treatment and may increase with duration of use. [See Warnings and Precautions (5.1).]  
• **GI Bleeding, Ulceration, and Perforation**  
NSAIDs cause an increased risk of serious gastrointestinal (GI) 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 and patients with a prior history of peptic ulcer disease and/or GI bleeding are at greater risk for serious GI events. [See Warnings and Precautions (5.2).]  
• **Renal Impairment**  
The use of NSAIDs during the third trimester of pregnancy increases the risk of premature closure of the fetal ductus arteriosus. Avoid use of NSAIDs in pregnant women starting at 30 weeks gestation. [See Warnings and Precautions (5.3).]  
• **Use in Specific Populations**  
• **Use in Pregnancy**  
NSAIDs are associated with reversible infertility. Consider withdrawal of Meloxicam in women with the greatest concern for fertility. [See Warnings and Precautions (5.3).]

See 17 for PATIENT COUNSELING INFORMATION and Medication Guide. Revised: 5/2017

**FULL PRESCRIBING INFORMATION: CONTENTS**  
**1 INDICATIONS AND USAGE**  
1.1 Osteoarthritis (OA)  
1.2 Rheumatoid Arthritis (RA)  
1.3 Juvenile Rheumatoid Arthritis (JRA) Pauciarthral and Polyarthral Course  
**2 DOSAGE AND ADMINISTRATION**  
2.1 General Dosing Instructions  
2.2 Osteoarthritis  
2.3 Rheumatoid Arthritis  
2.4 Juvenile Rheumatoid Arthritis (JRA) Pauciarthral and Polyarthral Course  
2.5 Renal Impairment  
2.6 Non-Interchangeability with Other Formulations of Meloxicam  
**3 CONTRAINDICATIONS**  
**4 WARNINGS AND PRECAUTIONS**  
4.1 Cardiovascular Thrombotic Events  
4.2 Gastrointestinal Bleeding, Ulceration, and Perforation  
4.3 Hypotension  
4.4 Hypertension  
4.5 Heart Failure and Edema  
4.6 Renal Toxicity and Hypokalemia  
4.7 Anaphylactic Reactions  
4.8 Exacerbation of Asthma Related to Aspirin Sensitivity  
4.9 Serious Skin Reactions  
4.10 Hematology: Toxicity  
4.11 Masking of Inflammation and Fever  
4.12 Labor and Delivery: Monitoring  
**5 ADVERSE REACTIONS**  
5.1 Clinical Trials Experience  
5.2 Postmarketing Surveillance  
**6 DRUG INTERACTIONS**  
**7 USE IN SPECIFIC POPULATIONS**  
7.1 Lactation  
7.2 Fertility and Reproductive Potential  
7.3 Pediatric Use  
7.4 Geriatric Use  
7.5 Hepatic Impairment  
7.6 Renal Impairment  
**8 OVERDOSAGE**  
**9 DESCRIPTION**  
**10 CLINICAL PHARMACOLOGY**  
10.1 Mechanism of Action  
10.2 Pharmacokinetics  
10.3 Pharmacodynamics  
**11 NONCLINICAL TOXICOLOGY**  
11.1 Carcinogenesis, Mutagenesis, Impairment of Fertility  
11.2 Chromosomal Abnormalities  
11.3 Juvenile Rheumatoid Arthritis (JRA) Pauciarthral and Polyarthral Course  
**12 HOW SUPPLIED/STORAGE AND HANDLING**  
**13 PATIENT COUNSELING INFORMATION**  
Sections 1 through 17 contain full prescribing information see not listed.

**FULL PRESCRIBING INFORMATION**  
**WARNING: RISK OF SERIOUS CARDIOVASCULAR AND GASTROINTESTINAL EVENTS**  
**Cardiovascular Thrombotic Events**  
• **Nonsteroidal anti-inflammatory drugs (NSAIDs) cause an increased risk of serious cardiovascular thrombotic events, including myocardial infarction and stroke, which can be fatal. This risk may occur early in treatment and may increase with duration of use. [See Warnings and Precautions (5.1).]**  
• **Meloxicam tablets are contraindicated in the setting of coronary artery bypass graft (CABG) surgery. [See Contraindications (4) and Warnings and Precautions (5.1).]**

**Gastrointestinal Bleeding, Ulceration, and Perforation**  
• **NSAIDs cause an increased risk of serious gastrointestinal (GI) 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 and patients with a prior history of peptic ulcer disease and/or GI bleeding are at greater risk for serious GI events. [See Warnings and Precautions (5.2).]**

**1 INDICATIONS AND USAGE**  
**1.1 Osteoarthritis (OA)**  
Meloxicam tablets are indicated for relief of the signs and symptoms of osteoarthritis [see Clinical Studies (14.1)].  
**1.2 Rheumatoid Arthritis (RA)**  
Meloxicam tablets are indicated for relief of the signs and symptoms of rheumatoid arthritis [see Clinical Studies (14.2)].  
**1.3 Juvenile Rheumatoid Arthritis (JRA) Pauciarthral and Polyarthral Course**  
Meloxicam tablets are indicated for relief of the signs and symptoms of pauciarthral or polyarthral juvenile rheumatoid arthritis in patients who weigh  $\geq 60$  kg [see Dosage and Administration (2.4) and Clinical Studies (14.2)].

**2 DOSAGE AND ADMINISTRATION**  
**2.1 General Dosing Instructions**  
Carefully consider the potential benefits and risks of Meloxicam tablets and other treatment options before deciding to use Meloxicam tablets. Use the lowest effective dosage for the shortest duration consistent with individual patient treatment goals [see Warnings and Precautions (5)].  
After observing the response to initial therapy with Meloxicam tablets, adjust the dose to suit an individual patient's needs.

In adults, the maximum recommended daily oral dose of Meloxicam tablets is 15 mg, regardless of formulation. In patients with rheumatoid arthritis, a maximum daily dosage of 7.5 mg is recommended [see Use in Specific Populations (8.7) and Clinical Pharmacology (12.2)].  
Meloxicam tablets may be taken without regard to timing of meals.

**2.2 Osteoarthritis**  
For the relief of the signs and symptoms of osteoarthritis the recommended starting and maintenance oral dose of Meloxicam tablets is 7.5 mg once daily. Some patients may receive additional benefit by increasing the dose to 15 mg once daily.

**2.3 Rheumatoid Arthritis**  
For the relief of the signs and symptoms of rheumatoid arthritis, the recommended starting and maintenance oral dose of Meloxicam tablets is 7.5 mg once daily. Some patients may receive additional benefit by increasing the dose to 15 mg once daily.

**2.4 Juvenile Rheumatoid Arthritis (JRA) Pauciarthral and Polyarthral Course**  
For the treatment of juvenile rheumatoid arthritis, the recommended oral dose of Meloxicam tablets is 7.5 mg once daily in children who weigh  $\geq 60$  kg. There are no additional benefit demonstrated by increasing the dose above 7.5 mg in clinical trials. Meloxicam tablets should not be used in children who weigh  $< 60$  kg.

**2.5 Renal Impairment**  
The use of Meloxicam tablets in subjects with severe renal impairment is not recommended.

In patients on hemodialysis, the maximum dosage of Meloxicam tablets is 7.5 mg per day [see Clinical Pharmacology (12.2)].

**2.6 Non-Interchangeability with Other Formulations of Meloxicam**  
Meloxicam tablets have not shown equivalent systemic exposure to other approved formulations of oral meloxicam. Therefore, Meloxicam tablets are not interchangeable with other formulations of oral meloxicam products even if the total meloxicam strength is the same. Do not substitute similar dose strengths of Meloxicam tablets with other formulations of oral meloxicam product.

**3 DOSAGE FORMS AND STRENGTHS**  
Meloxicam Tablets USP:  
• 7.5 mg: Light yellow, round flat beveled edged, tablet with U & L debossed on one side and 75 debossed centrally on the other side.  
• 15 mg: Light yellow, capsule shaped, biconvex, tablet with U & L debossed on one side and 15 debossed centrally on the other side.

**4 CONTRAINDICATIONS**  
Meloxicam tablets are contraindicated in the following patients:  
• Known hypersensitivity (e.g., anaphylactic reactions and serious skin reactions) to meloxicam or any components of the drug product [see Warnings and Precautions (5.1), (5.5)].  
• History of asthma, urticaria, or other allergic-type reactions after taking aspirin or other NSAIDs. Severe, sometimes fatal, anaphylactic reactions to NSAIDs have been reported in such patients [see Warnings and Precautions (5.1), (5.6)].

- In the setting of coronary artery bypass graft (CABG) surgery [ see Warnings and Precautions ( 5.2 ) ]

## 5 WARNINGS AND PRECAUTIONS

### 5.1 Cardiovascular Thrombotic Events

Clinical trials of several COX-2 selective and nonselective NSAIDs of up to three years duration have shown an increased risk of serious cardiovascular (CV) thrombotic events, including myocardial infarction (MI) and stroke, which can be fatal. Based on available data, it is unclear that the risk for CV thrombotic events is similar for all NSAIDs. The relative increase in serious CV thrombotic events over baseline conferred by NSAIDs use appears to be similar in those with and without known CV disease or risk factors for CV disease. However, patients with known CV disease or risk factors had a higher absolute incidence of excess serious CV thrombotic events, due to their increased baseline risk. Some observational studies found that the increased risk of serious CV thrombotic events began as early as the first weeks of treatment. The increase in CV thrombotic risk has been observed most consistently at higher doses.

To minimize the potential risk for an adverse CV event in NSAID-treated patients, use the lowest effective dose for the shortest duration possible. Physicians and patients should remain alert for the development of such events, throughout the acute treatment course, even in the absence of previous CV symptoms. Patients should be informed about the symptoms of serious CV events and the steps to take if they occur.

There is no consistent evidence that concurrent use of aspirin mitigates the increased risk of serious CV thrombotic events associated with NSAID use. The concurrent use of aspirin and an NSAID, such as meloxicam, increases the risk of serious cardiovascular (CV) events [ see Warnings and Precautions ( 5.2 ) ].

#### **Open-Label Comparative Active-Placebo Study of Pain Relief**

Two large, controlled clinical trials of a COX-2 selective NSAID for the treatment of pain in the first 12-14 days following CABG surgery found an increased incidence of myocardial infarction and stroke. NSAIDs are contraindicated in the setting of CABG [ see Contraindications ( 4 ) ].

#### **Health Effects**

Observational studies conducted in the Danish National Registry have demonstrated that patients treated with NSAIDs in the post-MI period were at increased risk of rehospitalization, CV-related death, and all-cause mortality beginning in the first week of treatment. In this same cohort, the incidence of death in the first year post-MI was 20 per 100 person-years. In NSAID-treated patients compared to 12 per 100 person years in non-NSAID exposed patients. Although the absolute risk of death declined somewhat after the first year post-MI, the increased relative risk of death in NSAID users persisted over at least the next four years of follow-up.

Avoid the use of Meloxicam in patients with a recent MI unless the benefits are expected to outweigh the risk of recurrent CV thrombotic events. If Meloxicam is used in patients with a recent MI, monitor patients for signs of cardiac ischemia.

### 5.2 Gastrointestinal Bleeding, Ulceration, and Perforation

NSAIDs, including meloxicam, can cause serious gastrointestinal (GI) adverse events including ulceration, bleeding, ulceration, and perforation of the esophagus, stomach, and small intestine, or large intestine, which can be fatal. These serious adverse events can occur at any time, with or without warning symptoms, in patients treated with NSAIDs. Only one in five patients who develop a serious upper GI adverse event on NSAID therapy is symptomatic. Upper GI ulcers, gross bleeding, or perforation caused by NSAIDs occur in approximately 1% of patients treated for 3-6 months, and in about 2-4% of patients treated for one year. However, even short-term NSAID therapy is not without risk.

#### **Risk Factors for GI Bleeding, Ulceration, and Perforation**

Patients with a prior history of peptic ulcer disease and/or GI bleeding who used NSAIDs had a greater than 10-fold increased risk for developing a GI bleed compared to patients without these risk factors. Other factors that increase the risk of GI bleeding in patients treated with NSAIDs include longer duration of NSAID therapy; concomitant use of oral corticosteroids, aspirin, anticoagulants, or selective serotonin reuptake inhibitors (SSRIs); smoking; use of alcohol; older age; and poor general health status. Most postmarketing reports of fatal GI events occurred in elderly or debilitated patients. Additionally, patients with advanced liver disease and/or coagulopathy are at increased risk for GI bleeding.

#### **Strategies to Minimize the GI Risks in NSAID-Treated Patients**

- Use the lowest effective dosage for the shortest possible duration.
- Avoid administration of more than one NSAID at a time.
- Avoid use in patients of higher risk unless benefits are expected to outweigh the increased risk of bleeding. For such patients, as well as those with active GI bleeding, consider alternate therapies other than NSAIDs.
- Remain alert for signs and symptoms of GI ulceration and bleeding during NSAID therapy.
- If a serious adverse event is suspected, promptly initiate evaluation and treatment, and discontinue Meloxicam until a serious GI adverse event is ruled out.
- In the setting of concomitant use of low-dose aspirin for cardiac prophylaxis, monitor patients more closely for evidence of GI bleeding [ see Drug Interactions ( 7 ) ].

### 5.3 Hepatotoxicity

Elevations of ALT or AST three or more times the upper limit of normal (ULN) have been reported in approximately 1% of NSAID-treated patients in clinical trials. In addition, rare, sometimes fatal, cases of severe hepatotoxicity, including fulminant hepatitis, liver necrosis, and hepatic failure have been reported.

Elevations of ALT or AST (less than three times ULN) may occur in up to 15% of patients treated with NSAIDs including meloxicam.

Inform patients of the warning signs and symptoms of hepatotoxicity (e.g., nausea, fatigue, lethargy, diarrhea, pruritus, jaundice, right upper quadrant tenderness, and "flu-like" symptoms). If clinical signs and symptoms consistent with liver disease develop, or if systemic manifestations occur (e.g., erythema, rash, etc.), discontinue meloxicam immediately, and perform a clinical evaluation of the patient [ see Use in Specific Populations ( 8.1 ) and Clinical Pharmacology ( 12.3 ) ].

### 5.4 Hypertension

NSAIDs, including Meloxicam, can lead to new onset or worsening of preexisting hypertension, either of which may contribute to the increased incidence of CV events. Patients taking angiotensin converting enzyme (ACE) inhibitors, thiazide diuretics, or loop diuretics may have impaired response to these therapies when taking NSAIDs [ see Drug Interactions ( 7 ) ].

Monitor blood pressure (BP) during the initiation of NSAID treatment and throughout the course of therapy.

### 5.5 Heart Failure and Edema

The Coxs and traditional NSAID Trials Collaboration meta-analysis of randomized controlled trials found that an approximately two-fold increase in hospitalizations for heart failure in COX-2 selective treated patients and nonselective NSAID-treated patients compared to placebo-treated patients. In a Danish National Registry study of patients with heart failure, NSAID use increased the risk of MI, hospitalization for heart failure, and death.

Additionally, fluid retention and edema have been observed in some patients treated with NSAIDs. Use of meloxicam may blunt the CV effects of several therapeutic agents used to treat these medical conditions (e.g., diuretics, ACE inhibitors, or angiotensin II receptor blockers [ARBs]) [ see Drug Interactions ( 7 ) ].

Avoid the use of Meloxicam in patients with severe heart failure unless the benefits are expected to outweigh the risk of worsening heart failure. If Meloxicam is used in patients with severe heart failure, monitor patients for signs of worsening heart failure.

### 5.6 Renal Toxicity and Hypertension

#### **Renal Toxicity**

Long-term administration of NSAIDs, including Meloxicam, has resulted in renal papillary necrosis, renal insufficiency, acute renal failure, and other renal injury.

Renal toxicity has also been seen in patients in whom renal prostaglandins have a compensatory role in the maintenance of renal function. In these patients, administration of an NSAID may cause a dose-dependent reduction in prostaglandin formation and, in renal insufficiency, renal blood flow, which may precipitate renal decompensation. Patients at greatest risk of this reaction are those with impaired renal function, dehydration, hypovolemia, heart failure, liver dysfunction, those taking diuretics, ACE inhibitors or ARBs, and the elderly. Discontinuation of NSAID therapy is usually followed by recovery to the pretreatment state.

The renal effects of Meloxicam may hasten the progression of renal dysfunction in patients with preexisting renal disease. Because some Meloxicam metabolites are excreted by the kidney, monitor patients for signs of worsening renal function.

Correct volume status in dehydrated or hypovolemic patients prior to initiating Meloxicam. Monitor renal function in patients with renal or hepatic impairment, heart failure, dehydration, or hypovolemia during use of Meloxicam [ see Drug Interactions ( 7 ) ].

No information is available from controlled clinical studies regarding the use of Meloxicam in patients with advanced renal disease. Avoid the use of Meloxicam in patients with advanced renal disease unless the benefits are expected to outweigh the risk of worsening renal function. If Meloxicam is used in patients with advanced renal disease, monitor patients for signs of worsening renal function [ see Clinical Pharmacology ( 12.3 ) ].

#### **Hypertension**

In patients in whom potassium concentration, including hyperkalemia, has been reported with use of NSAIDs, even in some patients without renal impairment. In patients with normal renal function, these effects have been attributed to a hypernemic hyperkalemia state.

### 5.7 Anaphylactic Reactions

Meloxicam has been associated with anaphylactic reactions in patients with and without known hypersensitivity to meloxicam and in patients with aspirin-sensitive asthma [ see Contraindications ( 4 ) and Warnings and Precautions ( 5.8 ) ].

Seek emergency help if an anaphylactic reaction occurs.

### 5.8 Exacerbation of Asthma Related to Aspirin Sensitivity

A subgroup of patients with asthma may have aspirin-sensitive asthma which may include chronic rhinosinusitis complicated by nasal polyps; severe, potentially fatal bronchospasm; and/or intolerance to aspirin and other NSAIDs. Because cross-reactivity between aspirin and other NSAIDs has been reported in such aspirin-sensitive patients, Meloxicam is contraindicated in patients with this form of aspirin sensitivity [ see Contraindications ( 4 ) ]. When Meloxicam is used in patients with preexisting asthma (without known aspirin sensitivity), monitor patients for changes in the signs and symptoms of asthma.

### 5.9 Serious Skin Reactions

NSAIDs, including meloxicam, can cause serious skin adverse reactions such as cutaneous vasculitis, systemic drug eruption (SDE), and toxic epidermal necrolysis (TEN), which can be fatal. These serious events may occur without warning. Inform patients about the signs and symptoms of serious skin reactions, and to discontinue the use of Meloxicam at the first appearance of skin rash or any other sign of hypersensitivity. Meloxicam is contraindicated in patients with previous serious skin reactions to NSAIDs [ see Contraindications ( 4 ) ].

### 5.10 Premature Closure of Fetal Ductus Arteriosus

Meloxicam may cause premature closure of the fetal ductus arteriosus. Avoid use of NSAIDs, including Meloxicam, in pregnant women starting at 30 weeks of gestation (third trimester) [ see Use in Specific Populations ( 8.3 ) ].

### 5.11 Hematologic Toxicity

Anemia has occurred in NSAID-treated patients. This may be due to occult or gross blood loss, fluid retention, or an irreversibly decreased effect on erythropoiesis. If a patient treated with Meloxicam has any signs or symptoms of anemia, monitor hemoglobin or hematocrit.

NSAIDs, including Meloxicam, may increase the risk of bleeding events. Co-morbid conditions such as coagulation disorders or concomitant use of warfarin, other anticoagulants, antiplatelet agents (e.g., aspirin), serotonin reuptake inhibitors (SRIs), and selective norepinephrine reuptake inhibitors (SNRIs) may increase this risk. Monitor these patients for signs of bleeding [ see Drug Interactions ( 7 ) ].

### 5.12 Masking of Inflammation and Fever

The pharmacological activity of Meloxicam in reducing inflammation, and possibly fever, may obscure the utility of diagnostic signs in detecting infections.

### 5.13 Laboratory Monitoring

Because serious GI bleeding, hepatotoxicity, and renal injury can occur without warning symptoms or signs, consider monitoring patients on long-term NSAID treatment with a CBC and a chemistry profile periodically [ see Warnings and Precautions ( 5.1, 5.3, 5.4, 5.8 ) ].

## 6 ADVERSE REACTIONS

The following adverse reactions are discussed in greater detail in other sections of the labeling:

- Cardiovascular Thrombotic Events [ see Boxed Warning and Warnings and Precautions ( 5.1 ) ]
- GI Bleeding, Ulceration, and Perforation [ see Boxed Warning and Warnings and Precautions ( 5.2 ) ]
- Hepatotoxicity [ see Warnings and Precautions ( 5.3 ) ]
- Hypertension [ see Warnings and Precautions ( 5.4 ) ]
- Heart Failure and Edema [ see Warnings and Precautions ( 5.5 ) ]
- Renal Toxicity and Hypertension [ see Warnings and Precautions ( 5.6 ) ]
- Anaphylactic Reactions [ see Warnings and Precautions ( 5.7 ) ]
- Serious Skin Reactions [ see Warnings and Precautions ( 5.8 ) ]
- Hematologic Toxicity [ see Warnings and Precautions ( 5.11 ) ]

### 6.1 Clinical Trial Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trial of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

#### **Adults**

#### **Onset/Duration and Mortality Studies**

The Meloxicam Phase 2/3 clinical trial database includes 10,122 CV patients and 1012 RA patients treated with Meloxicam 7.5 mg/day, 3295 OA patients and 1351 RA patients treated with Meloxicam 15 mg/day. Meloxicam in these studies was administered for patients for at least 6 months and to 312 patients for at least one year. Approximately 10,500 of these patients were treated in two placebo- and/or active-controlled observational trials and 233 of these patients were treated in two placebo- and/or active-controlled rheumatoid arthritis trials. Gastrointestinal (GI) adverse events were the most frequently reported adverse events in all treatment groups across Meloxicam trials.

A 12-week multicenter, double-blind, randomized trial was conducted in patients with osteoarthritis of the knee or hip to compare the efficacy and safety of Meloxicam with placebo and with an active control. The 12-week multicenter, double-blind, randomized trial were conducted in patients with rheumatoid arthritis to compare the efficacy and

Safety of Meloxicam with placebo.

Table 1a depicts adverse events that occurred in ≥2% of the Meloxicam treatment group in a 12-week placebo- and active-controlled crossover trial.
Table 1b depicts adverse events that occurred in ≥2% of the Meloxicam treatment group in the 12-week placebo-controlled rheumatoid arthritis trial.

Table 1a Adverse Events (%) Occurring in ≥2% of Meloxicam Patients in a 12-Week Osteoarthritis Placebo- and Active-Controlled Trial

Table with 5 columns: Adverse Event, Placebo, Meloxicam 7.5 mg daily, Meloxicam 15 mg daily, Difference (95% CI). Rows include Gastrointestinal, Body as a Whole, Central and Peripheral Nervous System, etc.

Table 1b Adverse Events (%) Occurring in ≥2% of Meloxicam Patients in a 12-Week Rheumatoid Arthritis Placebo-Controlled Trial

Table with 5 columns: Adverse Event, Placebo, Meloxicam 7.5 mg daily, Meloxicam 15 mg daily, Difference (95% CI). Rows include Gastrointestinal, Body as a Whole, Central and Peripheral Nervous System, etc.

The adverse events that occurred with Meloxicam in ≥2% of patients treated short-term (4 to 6 weeks) and long-term (6 months) in active-controlled osteoarthritis trials are presented in Table 2.

Table 2 Adverse Events (%) Occurring in ≥2% of Meloxicam Patients in 4 to 6 Weeks and 6 Month Active-Controlled Osteoarthritis Trials

Table with 5 columns: Adverse Event, 4-6 Weeks Controlled Trial, 6 Month Controlled Trial. Rows include Gastrointestinal, Body as a Whole, Central and Peripheral Nervous System, etc.

Higher doses of Meloxicam (22.5 mg and greater) have been associated with an increased risk of serious GI events. Therefore, the daily dose of Meloxicam should not exceed 15 mg.

Particular and Polyarticular Course Systemic Rheumatoid Arthritis (RA)

Three hundred and eighty-seven patients with psoriatic and polyarticular course RA were exposed to Meloxicam with doses ranging from 7.5 to 15 mg per day in three clinical trials. These studies consisted of two 12-week multicenter, double-blind, randomized trials with a 12-week open-label extension and one with a 40-week extension and one 1-year open-label PK study.

Table with 3 columns: Adverse Event, Meloxicam 7.5 mg daily, Meloxicam 15 mg daily. Rows include Body as a Whole, Central and Peripheral Nervous System, etc.

6.2 Post Marketing Experience

The following adverse reactions have been identified during post approval use of Meloxicam. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

6.3 DRUG INTERACTIONS

See Table 3 for clinically significant drug interactions with meloxicam. See also Warnings and Precautions (5.2, 5.6, 5.11) and Clinical Pharmacology (12.3).

Drugs that Interact with Meloxicam

Low-dose aspirin: Meloxicam and antiplatelets such as aspirin have a synergistic effect on bleeding. The concomitant use of meloxicam and antiplatelets has an increased risk of serious bleeding compared to the use of either drug alone.

Aspirin: Concomitant use of meloxicam and low-dose aspirin or analgesic doses of aspirin is not generally recommended because of the increased risk of bleeding [see Warnings and Precautions (5.11)].

ACE Inhibitors/Angiotensin Receptor Blockers, or Beta-Blockers: Patients who are already volume-depleted (including those on diuretic therapy) or have renal impairment (coadministration of an NSAID with ACE inhibitors or ARBs may result in deterioration of renal function).

Diuretics: Concomitant use of meloxicam with diuretics may increase the risk of nephropathy. Monitor patients for signs of worsening renal function [see Warnings and Precautions (5.8)].

Lithium: Concomitant use of meloxicam with lithium may increase the risk of lithium toxicity. Monitor patients for signs of lithium toxicity [see Warnings and Precautions (5.10)].

Methotrexate: Concomitant use of meloxicam and methotrexate may increase the risk for methotrexate toxicity (i.e., neutropenia, thrombocytopenia, renal dysfunction).

Cyclosporine: Concomitant use of meloxicam and cyclosporine may increase cyclosporine nephrotoxicity.

NSAIDs and Salicylates: Concomitant use of meloxicam with other NSAIDs or salicylates (e.g., ibuprofen, salicylates) increases the risk of GI toxicity, with NSAIDs or salicylates also increasing the risk of bleeding.

Penicillins: Concomitant use of meloxicam and penicillins may increase the risk of penicillin-associated myelosuppression, renal, and/or toxicity.

Warfarin: Concomitant use of meloxicam with warfarin may increase the risk of bleeding. Monitor patients for signs of bleeding.

Other Drugs: Concomitant use of meloxicam with other drugs may increase the risk of adverse effects.

Alcohol: Concomitant use of meloxicam with alcohol may increase the risk of GI toxicity.

Other NSAIDs: Concomitant use of meloxicam with other NSAIDs may increase the risk of adverse effects.

Other Analgesics: Concomitant use of meloxicam with other analgesics may increase the risk of adverse effects.

Other Anticoagulants: Concomitant use of meloxicam with other anticoagulants may increase the risk of bleeding.

Other Antidepressants: Concomitant use of meloxicam with other antidepressants may increase the risk of adverse effects.

Other Antipsychotics: Concomitant use of meloxicam with other antipsychotics may increase the risk of adverse effects.

Other Antiepileptics: Concomitant use of meloxicam with other antiepileptics may increase the risk of adverse effects.

Other Antifungals: Concomitant use of meloxicam with other antifungals may increase the risk of adverse effects.

Other Antivirals: Concomitant use of meloxicam with other antivirals may increase the risk of adverse effects.

Other Cardiovascular Drugs: Concomitant use of meloxicam with other cardiovascular drugs may increase the risk of adverse effects.

Other Chemotherapy: Concomitant use of meloxicam with other chemotherapy may increase the risk of adverse effects.

Other Immunosuppressants: Concomitant use of meloxicam with other immunosuppressants may increase the risk of adverse effects.

Other Insulin: Concomitant use of meloxicam with other insulin may increase the risk of adverse effects.

Other Lipid-Lowering Agents: Concomitant use of meloxicam with other lipid-lowering agents may increase the risk of adverse effects.

Other Ophthalmics: Concomitant use of meloxicam with other ophthalmics may increase the risk of adverse effects.

Other Vaccines: Concomitant use of meloxicam with other vaccines may increase the risk of adverse effects.

Other Vitamins: Concomitant use of meloxicam with other vitamins may increase the risk of adverse effects.

Other Herbal Products: Concomitant use of meloxicam with other herbal products may increase the risk of adverse effects.

Other Dietary Supplements: Concomitant use of meloxicam with other dietary supplements may increase the risk of adverse effects.

Other Botanicals: Concomitant use of meloxicam with other botanicals may increase the risk of adverse effects.

Other Minerals: Concomitant use of meloxicam with other minerals may increase the risk of adverse effects.

Other Amino Acids: Concomitant use of meloxicam with other amino acids may increase the risk of adverse effects.

Other Enzymes: Concomitant use of meloxicam with other enzymes may increase the risk of adverse effects.

Other Hormones: Concomitant use of meloxicam with other hormones may increase the risk of adverse effects.

Other Nutrients: Concomitant use of meloxicam with other nutrients may increase the risk of adverse effects.

Table 3 Clinically Significant Drug Interactions with Meloxicam

Table with 3 columns: Drug, Interaction, Management. Rows include Aspirin, ACE Inhibitors/Angiotensin Receptor Blockers, Diuretics, Lithium, Methotrexate, Cyclosporine, NSAIDs and Salicylates, Penicillins, Warfarin, etc.

6.4 USE IN SPECIFIC POPULATIONS

6.4.1 Pregnancy

Use of NSAIDs, including Meloxicam, during the third trimester of pregnancy increases the risk of premature closure of the fetal ductus arteriosus. Avoid use of NSAIDs during the third trimester of pregnancy.

There are no adequate and well-controlled studies of Meloxicam in pregnant women. Data from observational studies regarding potential embryofetal risks of NSAID use in women in the first or second trimester of pregnancy are inconclusive.

In animal reproduction studies, increased incidence of skeletal malformations was observed in rabbits treated with meloxicam at an oral dose equivalent to 75 times the MRPD in one and two generations. In rats, increased incidence of skeletal malformations was observed in offspring of rats treated with meloxicam during organogenesis at an oral dose equivalent to 2.6 and 26 times the MRPD (see Data).

Based on animal data, NSAIDs are not known to have an important role in uterine vascular permeability, blastocyst implantation, and decidualization. In animal studies, administration of prostaglandin synthase inhibitors, such as meloxicam, resulted in increased pre- and post-implantation loss.

6.4.2 Lactation

There are no studies on the effects of Meloxicam during labor or delivery. In animal studies, NSAIDs, including meloxicam, inhibit prostaglandin synthesis, cause uterine contraction, and increase the incidence of stillbirth.

Use: Concomitant use of meloxicam with other drugs may increase the risk of adverse effects.

Other Drugs: Concomitant use of meloxicam with other drugs may increase the risk of adverse effects.

Alcohol: Concomitant use of meloxicam with alcohol may increase the risk of GI toxicity.

Other NSAIDs: Concomitant use of meloxicam with other NSAIDs may increase the risk of adverse effects.

Other Analgesics: Concomitant use of meloxicam with other analgesics may increase the risk of adverse effects.

Other Anticoagulants: Concomitant use of meloxicam with other anticoagulants may increase the risk of bleeding.

Other Antidepressants: Concomitant use of meloxicam with other antidepressants may increase the risk of adverse effects.

Other Antipsychotics: Concomitant use of meloxicam with other antipsychotics may increase the risk of adverse effects.

Other Antiepileptics: Concomitant use of meloxicam with other antiepileptics may increase the risk of adverse effects.



renal impairment. Total drug plasma concentrations of meloxicam decreased and total clearance of meloxicam increased with the degree of renal impairment while free AUC values were similar in all groups. The higher meloxicam clearance in subjects with renal impairment may be due to increased fraction of unbound meloxicam which is available for hepatic metabolism and subsequent excretion. No dosage adjustment is necessary in patients with mild to moderate renal impairment. Patients with severe renal impairment have not been adequately studied. The use of Meloxicam in subjects with severe renal impairment is not recommended [ see Dosage and Administration ( 2.3), Warnings and Precautions ( 5.6) and Use in Specific Populations ( 8.7) ].

#### Hemodialysis

Following a single dose of meloxicam, the free C<sub>max</sub> plasma concentrations were higher in patients with renal failure on chronic hemodialysis (1% free fraction) in comparison to healthy volunteers (0.3% free fraction). Hemodialysis did not lower the total drug concentration in plasma; therefore, additional doses are not necessary after hemodialysis. Meloxicam is not dialyzable [ see Dosage and Administration ( 2.2) and Use in Specific Populations ( 8.7) ].

#### Drug Interactions

**Aspirin:** When NSAIDs were administered with aspirin, the protein binding of NSAIDs was reduced, although the clearance of free NSAID was altered. When Meloxicam is administered with aspirin (1000 mg three times daily) to healthy volunteers, it tended to increase the AUC (10%) and C<sub>max</sub> (24%) of meloxicam. The clinical significance of this interaction is not known. See Table 3 for clinically significant drug interactions of NSAIDs with aspirin [ see Drug Interactions ( 7.1) ].

**Cholestyramine:** Pretreatment for four days with cholestyramine significantly increased the clearance of meloxicam by 50%. This resulted in a decrease in C<sub>max</sub> from 18.3 hours to 12.5 hours, and a 35% reduction in AUC. This suggests the existence of a reabsorption pathway for meloxicam in the gastrointestinal tract. The clinical relevance of this interaction has not been established.

**Cimetidine:** Concurrent administration of 300 mg cimetidine four times daily did not alter the single-dose pharmacokinetics of 30 mg meloxicam.

**Digoxin:** Meloxicam 15 mg once daily for 7 days did not alter the plasma concentration profile of digoxin after  $\beta$ -adrenergic stimulation for 7 days at clinical doses. In vitro binding found no protein binding drug interaction between digoxin and meloxicam.

**Lithium:** In a study conducted in healthy subjects, mean pre-dose lithium concentration and AUC were increased by 25% in subjects receiving lithium doses ranging from 804 to 1072 mg twice daily with meloxicam 15 mg QD every day as compared to subjects receiving lithium alone [ see Drug Interactions ( 7.1) ].

**Methotrexate:** A study in 13 rheumatoid arthritis (RA) patients evaluated the effects of multiple doses of meloxicam on chronic methotrexate (15 mg weekly) pharmacokinetics. Meloxicam did not have a significant effect on the pharmacokinetics of single doses of methotrexate. In vitro methotrexate did not displace meloxicam from its human serum binding sites [ see Drug Interactions ( 7.1) ].

**Warfarin:** The effect of meloxicam on the anticoagulant effect of warfarin was studied in a group of healthy subjects receiving daily doses of warfarin that produced an INR (International Normalized Ratio) between 1.2 and 1.6. In these subjects, meloxicam did not alter warfarin pharmacokinetics and the average anticoagulant effect of warfarin as determined by prothrombin time. However, one subject showed an increase in INR from 1.5 to 2.1. Caution should be used when administering Meloxicam with warfarin since subjects on warfarin may experience changes in INR and an increased risk of bleeding complications when a new medication is introduced [ see Drug Interactions ( 7.1) ].

## 13 NONCLINICAL TOXICOLOGY

### 13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

#### Carcinogenesis

There was no increase in tumor incidence in long-term carcinogenicity studies in rats (104 weeks) and mice (99 weeks) administered meloxicam at oral doses up to 0.8 mg/kg/day in rats and up to 8.0 mg/kg/day in mice (up to 0.5 and 2.0 times, respectively, the maximum recommended human dose (MHRD) of 15 mg/day Meloxicam based on body surface area (BSA) comparison).

#### Mutagenesis

Meloxicam was not mutagenic in an Ames assay or clastogenic in a chromosome aberration assay with human lymphocytes and an in vivo micronucleus test in mouse bone marrow.

#### Impairment of Fertility

Meloxicam did not impair male and female fertility in rats at oral doses up to 9 mg/kg/day in males and 5 mg/kg/day in females (up to 1.8- and 1.2 times greater, respectively, than the MHRD based on BSA comparison).

### 14 CLINICAL STUDIES

#### 14.1 Osteoarthritis and Rheumatoid Arthritis

The use of Meloxicam for the treatment of the signs and symptoms of osteoarthritis of the knee and hip was evaluated in a 12-week, double-blind, controlled trial. Meloxicam (3.75 mg, 7.5 mg, and 15 mg daily) was compared to placebo. The four primary endpoints were investigator global assessment, patient global assessment, patient pain assessment, and total WOMAC score in self-administered questionnaire addressing pain, function, and stiffness). Patients on Meloxicam 7.5 mg daily and Meloxicam 15 mg daily showed significant improvement in each of these endpoints compared with placebo.

The use of Meloxicam for the management of signs and symptoms of osteoarthritis was evaluated in a double-blind, active-controlled trial, outside the U.S., ranging from 4 weeks to 1 month's duration. In these trials, the efficacy of Meloxicam, in doses of 7.5 mg/day and 15 mg/day, was comparable to artemis 20 mg/day and celecoxib 100 mg/day and consistent with the efficacy seen in the U.S. trial.

The use of Meloxicam for the treatment of the signs and symptoms of rheumatoid arthritis was evaluated in a 12-week, double-blind, controlled multinational trial. Meloxicam (7.5 mg, 15 mg, and 22.5 mg daily) was compared to placebo. The primary endpoint in this study was the ACR20 response rate, a composite measure of clinical, laboratory, and functional measures of the response. Patients receiving Meloxicam 7.5 mg and 15 mg daily showed significant improvement in the primary endpoint compared with placebo. No incremental benefit was observed with the 22.5 mg dose compared to the 15 mg dose.

#### 14.2 Juvenile Rheumatoid Arthritis (JRA) Pauciarticular and Polyarticular Course

The use of Meloxicam for the treatment of the signs and symptoms of pauciarticular or polyarticular course juvenile rheumatoid arthritis in patients 2 years of age and older was evaluated in two 12-week, double-blind, parallel-arm, active-controlled trials. Both studies included three arms: naproxen and two doses of meloxicam. In both studies, meloxicam dosing began at 0.225 mg/kg/day (1.5 mg maximum) to 0.22 mg/kg/day (15 mg maximum), and naproxen dosing began at 10 mg/kg/day. One study used three doses throughout the 12-week dosing period, while the other incorporated a titration after 4 weeks to doses of 0.25 mg/kg/day and 0.375 mg/kg/day (22.5 mg maximum) of meloxicam and 18 mg/kg/day of naproxen.

The efficacy analysis used the ACR Pediatric 30 responder definition, a composite of parent and investigator assessments, counts of active joints and joints with limited range of motion, and erythrocyte sedimentation rate. The proportion of responders were similar in all three groups in both studies, and no difference was observed between the meloxicam dose groups.

## 16 HOW SUPPLIED/STORAGE AND HANDLING

Meloxicam tablets USP are available as a light yellow, round, flat, uncoated tablet containing meloxicam 7.5 mg or as light yellow, oblong, biconvex, uncoated tablet containing meloxicam 15 mg. The 7.5 mg tablet is imprinted with letter U and L on one side and tablet code 15 on the other side. The 15 mg tablet is imprinted with letter U and L on one side and tablet code 15 on the other side.

Meloxicam Tablets USP 7.5 mg are available as follows:

NDC 68071-1994-5 BOTTLES OF 15

NDC 68071-1994-2 BOTTLES OF 20

NDC 68071-1994-3 BOTTLES OF 30

NDC 68071-1994-4 BOTTLES OF 60

NDC 68071-1994-9 BOTTLES OF 90

**Storage:** Store at 20° to 25° C (68° to 77° F) [ see USP Controlled Room Temperature]. Keep Meloxicam Tablets USP in a dry place.

Dispense tablets in a light container.

Keep this, and all medications out of the reach of children.

## 17 PATIENT COUNSELING INFORMATION

Advise the patient to read the FDA-approved patient labeling (Medication Guide) that accompanies each prescription dispensed.

**Additional Medication Guides can be obtained by calling Unichem at 1-866-562-4616.**

Inform patients, families or their caregivers of the following information before initiating therapy with an NSAID and periodically during the course of ongoing therapy.

#### Cardiovascular Thrombotic Events

Advise patients to be alert for the symptoms of cardiovascular thrombotic events, including chest pain, shortness of breath, weakness, or slurring of speech, and to report any of these symptoms to their healthcare provider immediately (see Warnings and Precautions ( 5.1)).

#### Gastrointestinal Bleeding, Ulceration, and Perforation

Advise patients to report symptoms of ulcerations and bleeding, including epigastric pain, dyspepsia, melena, and hematemesis to their healthcare provider. In the setting of concurrent use of low-dose aspirin for cardiac prophylaxis, identify patients at the increased risk for the signs and symptoms of GI bleeding (see Warnings and Precautions ( 5.2)).

#### Hepatotoxicity

Inform patients of the warning signs and symptoms of hepatotoxicity (e.g., nausea, fatigue, lethargy, diarrhea, pruritus, jaundice, right upper quadrant tenderness, and "flu-like" symptoms). If these occur, instruct patients to stop Meloxicam tablets and seek immediate medical therapy [ see Warnings and Precautions ( 5.3) ].

#### Heart Failure and Edema

Advise patients to be alert for the symptoms of congestive heart failure including chest pain, shortness of breath, unexplained weight gain, or edema and to contact their healthcare provider if such symptoms occur [ see Warnings and Precautions ( 5.3) ].

#### Anaphylactoid Reactions

Inform patients of the signs of an anaphylactoid reaction (i.e., difficulty breathing, swelling of the face or throat). Instruct patients to seek immediate emergency help if these occur [ see Contraindications ( 4) and Warnings and Precautions ( 5.2) ].

#### Serious Skin Reactions

Advise patients to stop Meloxicam tablets immediately if they develop any type of rash and to contact their healthcare provider as soon as possible [ see Warnings and Precautions ( 5.9) ].

#### Female Fertility

Advise females of reproductive potential who desire pregnancy that NSAIDs, including Meloxicam tablets, may be associated with a reversible delay in ovulation [ see Use in Specific Populations ( 8.3) ].

#### Use in Pregnancy

Inform pregnant women to avoid use of Meloxicam tablets and other NSAIDs starting at 20 weeks gestation because of the risk of the premature closing of the fetal ductus arteriosus [ see Warnings and Precautions ( 5.10) and Use in Specific Populations ( 8.2) ].

#### Avoid Concurrent Use of NSAIDs

Inform patients that the concurrent use of Meloxicam tablets with other NSAIDs or salicylates (e.g., effervescent salicylates) is not recommended due to the increased risk of gastrointestinal toxicity, and BSA or to increase efficacy [ see Warnings and Precautions ( 5.2) and Drug Interactions ( 7) ]. Advise patients that NSAIDs may be present in "over the counter" medications for treatment of cold, fever, or influenza.

#### Use of NSAIDs with Low-Dose Aspirin

Inform patients not to use low-dose aspirin concomitantly with Meloxicam tablets until they talk to their healthcare provider [ see Drug Interactions ( 7) ].

For current prescribing information, call Unichem at 1-866-562-4616.

Manufactured by:

UNICHEM LABORATORIES LTD.

Planned, India.

Plasma, Baroda, Goa 403511, India

Marketed by:



Unichem Pharmaceuticals USA, Inc.

Halsbrook Heights, NJ 07604

06-R-092016

1306665

## Medication Guide for Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

**What is the most important information I should know about medicines called Nonsteroidal Anti-inflammatory Drugs (NSAIDs)?**

**NSAIDs can cause serious side effects, including:**

- increased risk of a heart attack or stroke that can lead to death. This risk may happen early in treatment and may increase;
- with increasing doses of NSAIDs;
- with longer use of NSAIDs.

**Do not take NSAIDs right before or after a heart surgery called "coronary artery bypass graft (CABG)."**

**Avoid taking NSAIDs after a recent heart attack, unless your healthcare provider tells you to. You may have an increased risk of another heart attack if you take NSAIDs after a recent heart attack.**

**Increased risk of bleeding, ulcers, and tears (perforation) of the esophagus (tube leading from the mouth to the stomach), stomach and intestines.**

- anytime during use

- without warning symptoms
- that may cause death

**The risk of getting an ulcer or bleeding increases with:**

- past history of stomach ulcer, or stomach or intestinal bleeding with use of NSAIDs
- taking medicines called "corticosteroids," "anticoagulants," "SSRIs," or "SNRIs"
- increasing doses of NSAIDs
- longer use of NSAIDs
- smoking
- drinking alcohol
- older age
- poor health
- advanced liver disease
- bleeding problems

**NSAIDs should only be used:**

- exactly as prescribed
- at the lowest dose possible for your treatment
- for the shortest time needed

**What are NSAIDs?**

NSAIDs are used to treat pain and redness, swelling, and heat (inflammation) from medical conditions such as different types of arthritis, menstrual cramps, and other types of short-term pain.

**Who should not take NSAIDs?**

- Do not take NSAIDs:
- if you have had an asthma attack, hives, or other allergic reaction with aspirin or any other NSAID.
  - right before or after heart bypass surgery.

**Before taking NSAIDs, tell your healthcare provider about all of your medical conditions, including if you:**

- have liver or kidney problems
- have high blood pressure
- have asthma
- are pregnant or plan to become pregnant. Talk to your healthcare provider if you are considering taking NSAIDs during pregnancy. You should not take NSAIDs after 29 weeks of pregnancy.
- are breastfeeding or plan to breast feed.

**Tell your healthcare provider about all of the medicines you take, including prescription or over-the-counter medicines, vitamins or herbal supplements.** NSAIDs and some other medicines can interact with each other and cause serious side effects. Do not start taking any new medicine without talking to your healthcare provider first.

**What are the possible side effects of NSAIDs?**

NSAIDs can cause serious side effects, including:

**See "What is the most important information I should know about medicines called Nonsteroidal Anti-inflammatory Drugs (NSAIDs)?"**

- new or worse high blood pressure
- heart failure
- liver problems including liver failure
- kidney problems including kidney failure
- low red blood cells (anemia)
- low iron levels (iron deficiency)
- life-threatening allergic reactions

**Other side effects of NSAIDs include:** stomach pain, constipation, diarrhea, gas, heartburn, nausea, vomiting, and dizziness.

**Get emergency help right away if you get any of the following symptoms:**

- shortness of breath or trouble breathing
- chest pain
- weakness in one part or side of your body
- slurred speech
- swelling of the face or throat

**Stop taking your NSAID and call your healthcare provider right away if you get any of the following symptoms:**

- nausea
- more tired or weaker than usual
- dizziness
- itching
- your skin or eyes look yellow
- indigestion or stomach pain
- flu-like symptoms
- vomit blood
- there is blood in your bowel movement or it is black and sticky like tar
- unusual weight gain
- skin rash or blisters with fever
- swelling of the arms, legs, hands and feet

**If you take too much of your NSAID, call your healthcare provider or get medical help right away.**

These are not all the possible side effects of NSAIDs. For more information, ask your healthcare provider or pharmacist about NSAIDs.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**Other information about NSAIDs:**

- Aspirin is an NSAID but it does not increase the chance of a heart attack. Aspirin can cause bleeding in the brain, stomach, and intestines. Aspirin can also cause ulcers in the stomach and intestines.
- Some NSAIDs are sold in lower doses without a prescription (over-the-counter). Talk to your healthcare provider before using over-the-counter NSAIDs for more than 10 days.

**General information about the safe and effective use of NSAIDs**

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use NSAIDs for a condition for which it was not prescribed. Do not give NSAIDs to other people, even if they have the same symptoms that you have. It may harm them.

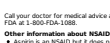
If you would like more information about NSAIDs, talk with your healthcare provider. You can ask your pharmacist or healthcare provider for information about NSAIDs that is written for health professionals.

**Additional Medication Guides can be obtained by calling Unichem at 1-866-562-4616.**

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Manufactured by **UNICHEM LABORATORIES LTD.**  
 Plarue Ind. Estate,  
 Plarue, Bardez, Goa 403511, India

Marketed by:



Hickbrook Heights, NJ 07604  
 US-8-092016  
 1-800-662-2222

This Medication Guide has been approved by the U.S. Food and Drug Administration.  
 Revised: September 2016  
 Medication Guide for Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

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- with longer use of NSAIDs
- Do not use NSAIDs right before or after a heart surgery called a "coronary artery bypass graft (CABG).
- Avoid taking NSAIDs after a recent heart attack, unless your healthcare provider tells you to. You may have an increased risk of another heart attack if you take NSAIDs after a recent heart attack.

**Increased risk of bleeding, ulcers, and tears (perforation) of the esophagus (tube leading from the mouth to the stomach), stomach and intestines:**

- anytime during use
- without warning symptoms that may cause death

**The risk of getting an ulcer or bleeding increases with:**

- past history of stomach ulcer, or stomach or intestinal bleeding with use of NSAIDs
- taking medicines called "corticosteroids," "anticoagulants," "SSRIs," or "SNRIs"
- increasing doses of NSAIDs
- longer use of NSAIDs
- smoking
- drinking alcohol
- older age
- poor health
- advanced liver disease
- bleeding problems

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NSAIDs are used to treat pain and redness, swelling, and heat (inflammation) from medical conditions such as different types of arthritis, menstrual cramps, and other types of short-term pain.

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- Do not take NSAIDs:
- if you have had an asthma attack, hives, or other allergic reaction with aspirin or any other NSAID.
  - right before or after heart bypass surgery.

**Before taking NSAIDs, tell your healthcare provider about all of your medical conditions, including if you:**

- have liver or kidney problems
- have high blood pressure
- have asthma
- are pregnant or plan to become pregnant. Talk to your healthcare provider if you are considering taking NSAIDs during pregnancy. You should not take NSAIDs after 29 weeks of pregnancy.
- are breastfeeding or plan to breast feed.

**Tell your healthcare provider about all of the medicines you take, including prescription or over-the-counter medicines, vitamins or herbal supplements.** NSAIDs and some other medicines can interact with each other and cause serious side effects. Do not start taking any new medicine without talking to your healthcare provider first.

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**See "What is the most important information I should know about medicines called Nonsteroidal Anti-inflammatory Drugs (NSAIDs)?"**

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- chest pain
- weakness in one part or side of your body
- slurred speech
- swelling of the face or throat

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- more tired or weaker than usual
- dizziness
- itching
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- indigestion or stomach pain
- flu-like symptoms
- vomit blood
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- unusual weight gain
- skin rash or blisters with fever
- swelling of the arms, legs, hands and feet

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- Some NSAIDs are sold in lower doses without a prescription (over-the-counter). Talk to your healthcare provider before using over-the-counter NSAIDs for more than 10 days.

**General information about the safe and effective use of NSAIDs**

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If you would like more information about NSAIDs, talk with your healthcare provider. You can ask your pharmacist or healthcare provider for information about NSAIDs that is written for health professionals.

**Additional Medication Guides can be obtained by calling Unichem at 1-866-562-4616.**

**PACKAGE LABEL/PRINCIPAL DISPLAY PANEL**



**MELOXICAM**  
(Sodium Salt)

Product Information			
Product Type	HUMAN PRESCRIPTION DRUG	NDA Code (Number)	NDC 48873-0100-30
Route of Administration	ORAL		

Active Ingredient/Active Moiety			
Ingredient Name	Strength		
MELOXICAM SODIUM SALT (MELOXICAM)	7.5 mg		

Inactive Ingredients			
Ingestant Name	Strength		
CELLULOSE, MICROCRYSTALLINE (D,L-CELLULOSE)			
LACTOSE MONOHYDRATE (D,L-ANHYDROUS)			
POLYMER III (POLYVINYLPIRROLIDONE)			
POTASSIUM ALUMINUM SILICATE (K2O, AL2O3, SiO2)			
TITANIUM DIOXIDE (E171)			
TETRASODIUM CUPRAIL OXIDE (E172)			

Product Characteristics			
Color	White	Shape	Round
Abuse	Not Applicable	Size	12mm
Flavor	None	Registration Code	12117
Container			

Packaging			
# (Item Code)	Package Description	Marketing Start Date	Marketing End Date
1	30 (1) 7.5 (1) MELOXICAM, Type 0, Not a Combination Product	01/11/2004	
2	30 (1) 7.5 (1) MELOXICAM, Type 0, Not a Combination Product	01/11/2004	
3	30 (1) 7.5 (1) MELOXICAM, Type 0, Not a Combination Product	01/11/2004	
4	30 (1) 7.5 (1) MELOXICAM, Type 0, Not a Combination Product	01/11/2004	
5	30 (1) 7.5 (1) MELOXICAM, Type 0, Not a Combination Product	01/11/2004	
6	30 (1) 7.5 (1) MELOXICAM, Type 0, Not a Combination Product	01/11/2004	

Marketing Information			
Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
ANDA	1211701	01/11/2004	

Labeler: Nucare Pharmaceuticals, Inc. (151632200)

Establishment			
Name	Address	State	Business Operations
Nucare Pharmaceuticals, Inc.	10100 S. 10th St.	TX	100%