

Teach patient/family:

- About the reason for treatment and expected result
- **To immediately report rash, itching, difficulty breathing, bloody diarrhea, fever, abdominal pain**
- **Pregnancy/breastfeeding:** if pregnancy is planned or suspected, or if breastfeeding

⚠ HIGH ALERT**celecoxib (Rx)**

(sel-eh-cox'ib)

CeleBREX

Func. class.: Nonsteroidal antiinflammatory, antirheumatic

Chem. class.: COX-2 inhibitor

Do not confuse:

CeleBREX/CeleXA/Cerebyx

ACTION: Inhibits prostaglandin synthesis by selectively inhibiting cyclooxygenase-2 (COX-2), an enzyme needed for biosynthesis

USES: Acute, chronic rheumatoid arthritis, osteoarthritis, acute pain, primary dysmenorrhea, ankylosing spondylitis, juvenile rheumatoid arthritis (JRA)

Unlabeled uses: Acute gout

CONTRAINDICATIONS: Pregnancy; hypersensitivity to salicylates, iodides, other NSAIDs, sulfonamides; for perioperative pain in CABG

Precautions: Breastfeeding, children <18 yr, geriatric patients, bleeding, GI/renal/hepatic/cardiac disorders, PVD, hypertension, severe dehydration, asthma, sulfa allergy, peptic ulcer disease, MI, stroke

Black Box Warning: GI bleeding/perforation, thromboembolism

DOSAGE AND ROUTES**Acute pain/primary dysmenorrhea**

- **Adult: PO** 400 mg initially, then 200 mg if needed on 1st day, then 200 mg bid

as needed on subsequent days; start with ½ dose for poor CYP2C9 metabolizers

Osteoarthritis

- **Adult: PO** 200 mg/day as a single dose or 100 mg bid

Rheumatoid arthritis

- **Adult: PO** 100-200 mg bid; start with ½ dose for poor CYP2C9 metabolizers

Ankylosing spondylitis

- **Adult: PO** 200 mg/day or in divided doses (bid)

Juvenile rheumatoid arthritis (JRA)

- **Adolescent/child ≥2 yr (>25 kg): PO** 100 mg bid
- **Child ≥2 yr (10-25 kg): PO** 50 mg bid

Hepatic disease

- **Adult: PO (Child-Pugh B) reduce dose by 50%; (Child-Pugh C) do not use**

Acute gout (unlabeled)

- **Adult: PO** 800 once, then 400 mg on day 1, then 400 mg bid × 1 wk

Available forms: Caps 50, 100, 200, 400 mg

Administer:

- Do not break, crush, chew, or dissolve caps; give with a full glass of water to enhance absorption; caps may be opened into applesauce or soft food, ingest immediately with water
- With food, milk to decrease gastric symptoms (with higher doses [400 mg bid]); do not increase dose

SIDE EFFECTS

CNS: *Fatigue, nervousness*, insomnia, headache

CV: *Stroke, MI, HF*, hypertension, fluid retention

GI: Nausea, anorexia, dry mouth, **GI bleeding/ulceration**

INTEG: *Serious (sometimes fatal) Stevens-Johnson syndrome, toxic epidermal necrolysis, exfoliative dermatitis*, rash

PHARMACOKINETICS

Well absorbed, crosses placenta, metabolized by CYP2C9 in liver, [⚠] some patients may be poor metabolizers; very little excreted by kidneys/in feces, peak 3 hr, half-life 11 hr, protein binding ~97%