DOSAGE AND ADMINISTRATION

Carefully consider the potential for adverse reactions and contraindications before prescribing Piroxicam Capsules USP. Use the lowest effective dosage for the shortest duration consistent with clinical needs.

For the relief of rheumatoid arthritis and osteoarthritis, the dosage is 20 mg given orally once per day. After observing the response to initial therapy with Piroxicam Capsules USP, the dose and frequency options before deciding to use Piroxicam Capsules USP. Use the lowest effective dosage for the shortest duration consistent with clinical needs.

In the setting of CABG surgery, Piroxicam Capsules USP is contraindicated. Use of NSAIDs in the setting of coronary artery bypass graft (CABG) surgery has been associated with increased risk of stroke, myocardial infarction, and mortality compared to non-aspirin NSAIDs. Use of non-aspirin NSAIDs after CABG surgery is contraindicated. Avoid use of NSAIDs in pregnant women starting at 30 weeks gestation (see Pregnancy).

Piroxicam Capsules USP is contraindicated in the setting of coronary artery bypass surgery (CABG) and should be discontinued prior to surgery.

WARNING: RISK OF SERIOUS CARDIOVASCULAR AND GASTROINTESTINAL EVENTS

Patients with a prior history of peptic ulcer disease or bleeding are at greater risk for serious GI events including bleeding, ulceration, and perforation of the stomach or intestines, which can be fatal. These events can occur early in treatment and may occur at any time during therapy. Concomitant use of Piroxicam Capsules USP with other NSAIDs, aspirin, and other drugs that alter hemostasis increases the risk of bleeding (see Drug Interactions).

NSAIDs cause an increased risk of serious cardiovascular thrombotic events, including myocardial infarction and stroke, which can be fatal. These events may occur at any time during therapy and are more likely to be seen at higher doses. There is an increased risk in patients with cardiovascular disease or risk factors for cardiovascular disease. Use of NSAIDs in patients with an existing cardiovascular disease or risk factors for cardiovascular disease has not been shown to prevent, delay, or reverse cardiovascular disease. Therefore, patients with cardiovascular disease or risk factors for cardiovascular disease should be observed closely for adverse cardiovascular reactions while receiving NSAIDs.

NSAIDs cause an increased risk of serious gastrointestinal (GI) adverse events including bleeding, ulceration, and perforation which can be fatal. These events may occur at any time during therapy and are more likely to be seen at higher doses. There is an increased risk in patients with a history of peptic ulcer disease, coagulopathy, and in those on aspirin therapy. Aspirin and other NSAIDs can cause renal insufficiency. In patients with renal or hepatic impairment, heart failure, dehydration, or hypovolemia, even mild renal impairment may result in deterioration of renal function. In such high risk patients, monitor for signs of worsening renal function.

NSAIDs cause an increased risk of serious renal events including renal failure. These events are more likely to be seen in patients with existing renal impairment, in those treated with diuretics and/or other NSAIDs, and in the elderly. Monitor blood pressure and renal function in patients receiving Piroxicam Capsules USP.

The risk for major bleeding increases with the number of concomitant medications that increase bleeding risk. Concomitant use of aspirin and other NSAIDs, platelet inhibitors, anticoagulants, and thrombolytics can increase bleeding risk (see Drug Interactions).

NSAIDs cause an increased risk of major bleeding complications in those with a history of peptic ulcer disease. Use of non-aspirin NSAIDs in patients with a history of peptic ulcer disease or with a history of gastrointestinal bleeding or perforation is contraindicated.

In patients with asthma, concomitant use of aspirin and other NSAIDs increases the risk of anaphylactic reactions, asthma symptoms, anaphylactic shock, and bronchospasm. Aspirin is contraindicated in patients with aspirin-sensitive asthma. Monitor patients with preexisting asthma (without aspirin sensitivity) for aggravation of asthma symptoms (see Contraindications).

NSAIDs, including Piroxicam Capsules USP, can cause an increased risk of serious cardiovascular thrombotic events, including myocardial infarction and stroke, which can be fatal. These events can occur early in treatment and may occur at any time during therapy. Use the lowest effective dose for the shortest duration consistent with clinical needs.

The risk of serious cardiovascular thrombotic events increases in male patients with a history of hypertension, dyslipidemia, or diabetes and in female patients with a history of hypertension or diabetes.

Nonsteroidal anti-inflammatory drugs (NSAIDs), including Piroxicam Capsules USP, can increase the risk of bleeding in patients with thrombocytopenia. Use Piroxicam Capsules USP with caution in patients with thrombocytopenia.

NSAIDs, including Piroxicam Capsules USP, can cause an increased risk of serious harm to the fetus. This risk increases with dosage and duration of exposure. Piroxicam Capsules USP: 10 mg and 20 mg.

Warnings and Precautions, Heart Failure and Edema

NSAIDs, including Piroxicam Capsules USP, can increase the risk of serious harm to the fetus. Patients at the risk of serious harm to the fetus should be discontinued prior to pregnancy if pregnancy is expected.

Piroxicam Capsules USP is not recommended for use in dental extractions with concurrent use of diethyl ether or nitrous oxide due to the risk of serious cardiac and respiratory complications.

Osteoporosis

NSAIDs, including Piroxicam Capsules USP, can cause an increased risk of serious harm to the fetus. Patients at the risk of serious harm to the fetus should be discontinued prior to pregnancy if pregnancy is expected.

Piroxicam Capsules USP is not recommended for use in dental extractions with concurrent use of diethyl ether or nitrous oxide due to the risk of serious cardiac and respiratory complications.

NSAIDs, including Piroxicam Capsules USP, can cause an increased risk of serious harm to the fetus. Patients at the risk of serious harm to the fetus should be discontinued prior to pregnancy if pregnancy is expected.

Piroxicam Capsules USP is not recommended for use in dental extractions with concurrent use of diethyl ether or nitrous oxide due to the risk of serious cardiac and respiratory complications.

NSAIDs, including Piroxicam Capsules USP, can cause an increased risk of serious harm to the fetus. Patients at the risk of serious harm to the fetus should be discontinued prior to pregnancy if pregnancy is expected.

Piroxicam Capsules USP is not recommended for use in dental extractions with concurrent use of diethyl ether or nitrous oxide due to the risk of serious cardiac and respiratory complications.
5.1 Cardiovascular Thrombotic Events

Clinical studies of several COX-2 inhibitors and nonselective NSAIDs of up to one year's duration show an increased risk of serious clinical outcomes and mortality among COX-2 inhibitor-treated patients, including bleeding events in patients treated with celecoxib as well as nonselective NSAIDs, such as ibuprofen. NSAID-treated patients had a higher incidence of serious GI outcomes (e.g., perforation, ulceration, or bleeding) compared to placebo-treated patients. Several endpoints such as GI perforation, ulcer, or bleeding were significantly increased in NSAID-treated patients compared to placebo-treated patients. The risk of serious cardiovascular thrombotic events on COX-2 inhibitors compared to placebo or other NSAIDs is not known. Aspirin has been shown to increase the risk of serious cardiovascular thrombotic events compared to placebo. The relative risk of serious cardiovascular thrombotic events, expressed as the number needed to harm (NNH), for COX-2 inhibitors compared to placebo was highest for patients treated for more than 1 year. The relative risk of serious cardiovascular thrombotic events for COX-2 inhibitors compared to placebo was greatest for patients treated for more than 1 year, and then decreased in a dose-dependent fashion. In the setting of coronary artery bypass graft (CABG) surgery, patients treated with COX-2 inhibitors had an increased risk of serious cardiovascular thrombotic events compared to placebo. Patients should be closely monitored for evidence of new-onset or worsening heart failure during use of NSAIDs, including Piroxicam Capsules USP. In patients with heart failure, the risk of death may be higher with NSAID use compared to placebo. The risk may increase with longer treatment duration.

NSAIDs, including Piroxicam Capsules USP, cause an increased risk of serious cardiovascular thrombotic events compared to placebo, including myocardial infarction and stroke, which can be fatal. These events are generally seen within the first year of treatment. NSAIDs have also been associated with an increased risk of new onset hypertension and worsening of preexisting hypertension, even at the effective dose for the shortest possible duration. Physicians and patients should remain alert for the development of such events, throughout the entire treatment course, even in the absence of previous CV disease. NSAIDs, including Piroxicam Capsules USP, should be used with caution in patients with preexisting hypertension, either of which may contribute to the increased incidence of CV events. Patients should be closely monitored for evidence of new-onset or worsening heart failure during use of NSAIDs, including Piroxicam Capsules USP. In patients with heart failure, the risk of death may be higher with NSAID use compared to placebo. The risk may increase with longer treatment duration.

5.2 Gastrointestinal Events

NSAIDs, including Piroxicam Capsules USP, cause an increased risk of serious gastrointestinal (GI) events compared to placebo, including bleeding, ulceration, and perforation which may be fatal. These events are generally seen within the first year of treatment. NSAIDs have also been associated with an increased risk of new onset hypertension and worsening of preexisting hypertension, even at the effective dose for the shortest possible duration. Physicians and patients should remain alert for the development of such events, throughout the entire treatment course, even in the absence of previous CV disease. NSAIDs, including Piroxicam Capsules USP, should be used with caution in patients with preexisting hypertension, either of which may contribute to the increased incidence of CV events. Patients should be closely monitored for evidence of new-onset or worsening heart failure during use of NSAIDs, including Piroxicam Capsules USP. In patients with heart failure, the risk of death may be higher with NSAID use compared to placebo. The risk may increase with longer treatment duration.

The incidence of serious upper GI events, including bleeding and perforation, with COX-2 inhibitors was similar to that of placebo-treated patients, while the incidence of serious lower GI events was lower for COX-2 inhibitors compared to placebo. Upper GI tract adverse events, including bleeding, ulceration, and perforation, were more frequent in patients treated with ibuprofen. When compared to placebo, patients treated with COX-2 inhibitors and nonselective NSAIDs had a higher incidence of serious GI outcomes compared to placebo. Patients treated with COX-2 inhibitors had a higher incidence of serious GI outcomes compared to placebo. However, for both COX-2 inhibitors and nonselective NSAIDs, the risk of serious GI outcomes compared to placebo was highest for patients treated for more than 1 year. The risk of serious cardiovascular thrombotic events on COX-2 inhibitors compared to placebo was highest for patients treated for more than 1 year. The risk of serious cardiovascular thrombotic events for COX-2 inhibitors compared to placebo was greatest for patients treated for more than 1 year, and then decreased in a dose-dependent fashion. In the setting of coronary artery bypass graft (CABG) surgery, patients treated with COX-2 inhibitors had an increased risk of serious cardiovascular thrombotic events compared to placebo. Patients should be closely monitored for evidence of new-onset or worsening heart failure during use of NSAIDs, including Piroxicam Capsules USP. In patients with heart failure, the risk of death may be higher with NSAID use compared to placebo. The risk may increase with longer treatment duration.

Patients with a history of asthma, urticaria, or other allergic-type reactions after taking aspirin or other NSAIDs had a higher risk of serious events. To minimize this increased risk of asthmarelated events, it is suggested that these patients be monitored closely while receiving NSAID therapy. Physicians and patients should remain alert for the development of such events, throughout the entire treatment course, even in the absence of previous CV disease. NSAIDs, including Piroxicam Capsules USP, should be used with caution in patients with preexisting hypertension, either of which may contribute to the increased incidence of CV events. Patients should be closely monitored for evidence of new-onset or worsening heart failure during use of NSAIDs, including Piroxicam Capsules USP. In patients with heart failure, the risk of death may be higher with NSAID use compared to placebo. The risk may increase with longer treatment duration.

5.6 Renal Toxicity and Hyperkalemia

Renal toxicity has also been seen in patients in whom renal prostaglandins have a compensatory role in renal function and in patients who are volume-depleted. There has been some concern that the use of NSAIDs may blunt the CV effects of several therapeutic agents used to treat these medical conditions. However, the results from clinical studies of patients treated with Piroxicam Capsules USP did not suggest a blunting of the CV effects of ACE inhibitors or ARBs. Piroxicam Capsules USP should be used with caution in patients taking ACE inhibitors, thiazide diuretics, or loop diuretics, and the elderly. Discontinuation of NSAID therapy is usually followed by recovery to the pretreatment state.

Renal toxicity and hyperkalemia are common adverse reactions associated with NSAIDs, including Piroxicam Capsules USP. Although serious GI bleeding events are generally seen within the first year of treatment, the risk of serious cardiovascular thrombotic events compared to placebo is highest for patients treated for more than 1 year. The relative risk of serious cardiovascular thrombotic events for COX-2 inhibitors compared to placebo was greatest for patients treated for more than 1 year, and then decreased in a dose-dependent fashion. In the setting of coronary artery bypass graft (CABG) surgery, patients treated with COX-2 inhibitors had an increased risk of serious cardiovascular thrombotic events compared to placebo. Patients should be closely monitored for evidence of new-onset or worsening heart failure during use of NSAIDs, including Piroxicam Capsules USP. In patients with heart failure, the risk of death may be higher with NSAID use compared to placebo. The risk may increase with longer treatment duration.

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8.3 Females and Males of Reproductive Potential

Piroxicam Capsules USP are contraindicated in women of childbearing potential. Use during pregnancy should be reserved for patients who are not likely to conceive during the period of treatment and who have no other acceptable treatment alternatives. The results of laboratory studies in animals do not reliably assess the potential for adverse effects on the offspring. Clinical studies of Piroxicam Capsules USP in pregnant women have not been conducted. It is not known whether Piroxicam Capsules USP can cause fetal harm when administered to a pregnant woman. The risk to the fetus outweighs the potential benefit of Piroxicam Capsules USP. Therefore, Piroxicam Capsules USP should be administered to a pregnant woman only if the potential benefit justifies the potential risk to the fetus.

Limited data from two published reports that included a total of six breastfeeding women and two infants were not sufficient to assess the risk of Piroxicam Capsules USP to the breastfed infant. Nursing women should be advised not to breastfeed while receiving Piroxicam Capsules USP.

Clinical Considerations

1. Piroxicam is excreted in the breast milk of lactating women receiving 20 mg once a day. The clinical significance of this is unknown.

2. A 200 mg dose of piroxicam administered to pregnant rats on Gestation Day 15 through delivery and weaning of offspring, reduced weight gain and weight gain of the offspring. In rat and rabbit studies, low concentrations of Piroxicam were present in the milk. The data are insufficient to determine whether Piroxicam is excreted in human milk, and whether it could affect the nursing infant, or cause有这样的 nursing or health problems in the nursing infant.

3. Piroxicam is excreted in rat milk and plasma concentrations were twice that in rat plasma in the milk. The possible effects of piroxicam on human milk, including serious, unusual, or rare side effects, are unknown. In animal studies, Piroxicam did not cause abnormalities in offspring. Piroxicam isomers also did not cause abnormalities in offspring. This is consistent with the absence of similar data in humans. There have been no reports of adverse effects on the breastfed infant from Piroxicam Capsules USP. Therefore, Piroxicam Capsules USP should be administered to a breastfed woman only if the potential benefit justifies the potential risk to the breastfed infant. Women should be advised not to breastfeed during treatment with Piroxicam Capsules USP.

6.2 Prenatal, Labor, and Delivery

Piroxicam should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Treatment with Piroxicam during labor or delivery should be reserved for patients who are not likely to conceive during the period of treatment. Piroxicam administered during labor or delivery, or during the neonatal period may increase the risk of pemetrexed-associated myelosuppression, renal, and gastrointestinal toxicity.


development of acute renal failure.

Labor or Delivery

If possible, intervention should be withheld for a period of two days before, the day of, and two days following administration of pemetrexed.

Clinical Considerations

1. Monitoring of platelet function during treatment with Piroxicam is not necessary, but recommendation of appropriate diagnostic studies should be considered when bleeding is a concern.

2. Therapy with piroxicam should be discontinued before planned surgery or trauma to minimize the risk of bleeding. Concomitant use of Piroxicam Capsules USP and pemetrexed increases the risk of bleeding and should be avoided.
Piroxicam is a nonsteroidal anti-inflammatory drug (NSAID), which is used to relieve and reduce inflammation, swelling, and pain associated with various conditions. It is available as Piroxicam Capsules USP in maroon and blue #10 mg capsules.

**Pharmacokinetics**

Piroxicam is absorbed rapidly and completely following oral administration and systemic exposure increases with increasing doses. Peak plasma concentrations are generally reached within 1 to 5 hours after oral administration of the 10 mg dose and within 2 to 6 hours after the 20 mg dose. The bioavailability of piroxicam is not significantly altered by food intake, and the systemic availability of the drug is approximately 80% of the oral dose.

**Distribution**

After oral administration, piroxicam is highly protein bound in plasma, with approximately 99% of the free drug being bound to plasma proteins. The protein binding of piroxicam is not affected by the presence of other drugs that compete for the same binding sites, such as aspirin and warfarin.

**Metabolism**

Piroxicam is metabolized primarily in the liver by oxidative reactions catalyzed by cytochrome P450 (CYP) enzymes, particularly CYP2C9. The major metabolite of piroxicam is pi2-ester, which is excreted in the urine.

**Excretion**

Piroxicam is primarily excreted in the urine, with approximately 5% of a single oral dose appearing in the urine as unmetabolized drug. The remaining 95% of the dose is excreted in the feces, with the majority of it being in the form of metabolites.

**Pharmacology**

Piroxicam is a potent inhibitor of cyclooxygenase (COX-1 and COX-2), which reduces the synthesis of prostaglandins. Prostaglandins are involved in various physiological processes, including inflammation, pain, and fever. Piroxicam reduces the production of prostaglandins, thereby alleviating pain and reducing inflammation.

**Interactions**

Piroxicam may interact with other drugs, particularly those that are also metabolized by CYP2C9. For example, concomitant use with other CYP2C9 substrates, such as warfarin or phenytoin, may require dose adjustment to prevent potential drug interactions.

**Special Populations**

- **Geriatric Use**: Elderly patients may be at higher risk for NSAID-related adverse events. Therefore, lower starting doses and titration to a maintenance dose may be necessary for elderly patients.

- **Renal Impairment**: Piroxicam is eliminated primarily by renal excretion, and its clearance is reduced in patients with renal impairment. Dose adjustment may be necessary in patients with severe renal impairment.

- **Hepatic Impairment**: In patients with hepatic impairment, the clearance of piroxicam may be decreased, necessitating dose adjustment to prevent accumulation and potential toxicity.

**Overdosage**

Overdosage with Piroxicam Capsules USP is unlikely to produce significant toxicity. However, in the event of an overdose, supportive and symptomatic treatment should be provided. In cases of severe toxicity, hemodialysis may be considered if significant renal impairment is present.

**Description**

Piroxicam is a white crystalline solid, sparingly soluble in water and very poorly soluble in auricular solutions. It is a stable white solid at room temperature. It is stable under normal conditions of storage and handling.

**References**

For more information on Piroxicam Capsules USP, please refer to the manufacturer's prescribing information and clinical trials data available through clinical trial registries and professional organizations.
# Proficient Rx LP

## PIROXICAM

### Piroxicam Capsule

#### Product Information

**Product Type**: HUMAN PRESCRIPTION DRUG

**Item Code (Source)**: NDC:63187-972 (NDC:75834-104)

**Route of Administration**: ORAL

**Active Ingredient/Active Moiety**

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<th>Ingredient Name</th>
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<td>PIROXICAM</td>
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#### Inactive Ingredients

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#### Product Characteristics

- **Color**: RED (Maroon)
- **Score**: no score
- **Shape**: CAPSULE
- **Size**: 18mm
- **Flavor**: Imprint Code: 20;FPL

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#### Marketing Information

**Marketing Category**: ANDA

**Application Number or Monograph Citation**: ANDA207938

**Marketing Start Date**: 12/19/2016

**Labeler**: Proficient Rx LP (079196022)

**Establishment Name**: Proficient Rx LP

**Address**: 079196022

**Business Operations**: REPACK(63187-972)

**Revised**: 11/2019