PIROXICAM
FELDENE
20 mg Capsules

PIROXICAM
FELDENE FLASH
20 mg Fast-Dissolving Tablets

Absolute contraindications:
Not to be given to those patients who have history of:
- Stroke: cerebrovascular accident, CVA
- Heart attack: Myocardial infarction, MI
- Coronary artery bypass graft: CABG
- Uncontrolled hypertension
- Congestive heart failure (CHF) NYHA II-IV

1.0 THERAPEUTIC CATEGORY

Non - Steroidal Anti – Inflammatory

2.0 DESCRIPTION

Piroxicam is 4-Hydroxy-2-methyl-N-2-pyridinyl-2H-1,2-benzothiazine-3-carboxamide 1,1-dioxide, an oxicam. Members of the oxicam family are not carboxylic acids, but they are acidic by virtue of the enolic 4-hydroxy substituent. FELDENE occurs as a white crystalline solid, sparingly soluble in water, dilute acid and most organic solvents. It is slightly soluble in alcohols and in aqueous alkaline solution. It exhibits a weakly acidic 4-hydroxy proton (pKa 5.1) and a weakly basic pyridyl nitrogen (pKa 1.8).

Molecular Formula: C₁₅H₁₃N₃O₄S

Molecular Weight: 331.35

3.0 FORMULATION:

Piroxicam (Feldene) 20 mg Capsule: Each capsule contains 20 mg Piroxicam
Piroxicam (Feldene Flash) 20 mg fast-dissolving Tablet: Each fast-dissolving tablet contains 20 mg Piroxicam

4.0 CLINICAL PARTICULARS

4.1 Therapeutic Indications

Piroxicam (Feldene) is a nonsteroidal anti-inflammatory drug (NSAID) indicated for a variety of conditions requiring anti-inflammatory and/or analgesic activity, such as rheumatoid arthritis, juvenile rheumatoid arthritis, osteoarthritis (arthrosis, degenerative joint disease), ankylosing spondylitis, acute musculo-skeletal disorders, acute gout, pain after operative intervention and following acute trauma, for the treatment of primary dysmenorrhea in patients 12 years of age or older, and for the relief of fever and pain associated with acute upper respiratory tract inflammation.

4.2 Dosage and Method of Administration

Undesirable effects may be minimized by using the minimum effective dose for the shortest duration necessary to control symptoms.

Dosage

Rheumatoid Arthritis, Osteoarthritis (Arthrosis, Degenerative Joint Disease), Ankylosing Spondylitis
The recommended starting dose is 20 mg given as a single daily dose. The majority of patients will be maintained on 20 mg daily. A relatively small group of patients may be maintained on 10 mg daily. Some patients may require up to 30 mg daily given in single or divided doses. Long term administration of doses 30 mg or higher carries an increased risk of gastro-intestinal side effects. (See section 4.4 Special Warnings and Special Precautions for Use, Gastrointestinal (GI) Effects).

Acute Gout
Therapy should be initiated by a single dose of 40 mg, followed on the next 4 to 6 days with 40 mg daily, given in single or divided doses. Piroxicam is not indicated for the long term management of gout.

Acute Musculoskeletal Disorders
Therapy should be initiated with 40 mg daily for the first two days given in single or divided doses. For the remainder of the 7 to 14 day treatment period, the dose should be reduced to 20 mg daily.

Postoperative and Posttraumatic Pain
The recommended starting dose is 20 mg, given as a single daily dose. In cases where a more rapid onset of action is desired, therapy should be initiated with 40 mg daily for the first two days, given in single or divided doses. For the remainder of the treatment period, the dose should be reduced to 20 mg daily.

Dysmenorrhea
The treatment of primary dysmenorrhea is initiated at the earliest onset of symptoms with a recommended starting dose of 40 mg given as a single daily dose for the first two days. Treatment may be continued thereafter with a single daily dose of 20 mg for the next one to three days as necessary.

Upper Respiratory Tract Inflammation
The usual adult dosage is 10 or 20 mg orally once daily. In cases where a more rapid onset of action is desired, therapy should be initiated with 40 mg once daily for the first two days, followed by 10 or 20 mg daily for three to five days.

**Usage in Children**

**Juvenile Rheumatoid Arthritis (JRA)**
The recommended dosages for children with JRA are based on body weight as follows:

<table>
<thead>
<tr>
<th>Weight (kg)</th>
<th>Dose in mg</th>
</tr>
</thead>
<tbody>
<tr>
<td>less than 15</td>
<td>5</td>
</tr>
<tr>
<td>16 to 25</td>
<td>10</td>
</tr>
<tr>
<td>26 to 45</td>
<td>15</td>
</tr>
<tr>
<td>greater than 46</td>
<td>20</td>
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</tbody>
</table>

The drug should be taken once daily. The dispersible tablet may be used to obtain the exact dose required.

**Administration**

**Oral (Capsules, Fast Dissolving Dosage Form)**
Piroxicam (Feldene Flash) fast-dissolving tablets may be swallowed with water, or placed on the tongue to disperse and then swallowed with saliva or water as a suspension. Piroxicam (Feldene Flash) fast-dissolving Tablet dissolves almost instantly in the mouth in the presence of water or saliva.

**Combined Administration**
The total daily dosage of Piroxicam (Feldene) administered as capsules and fast dissolving dosage form should not exceed the maximum recommended daily dosage as indicated above.

### 4.3 Contraindications

Piroxicam is contraindicated in:

- Patients with active peptic ulcerations.

- Patients with known hypersensitivity to piroxicam. The potential exists for cross sensitivity to aspirin and other NSAIDs. Piroxicam (Feldene) should not be given to patients in whom aspirin and other NSAIDs induce the symptoms of asthma, nasal polyps, angioedema or urticaria.

- Treatment of peri-operative pain in the setting of coronary artery bypass graft (CABG) surgery.

- Patients with severe renal and hepatic failure

- Patients with severe heart failure

### 4.4 Special Warnings and Special Precautions for Use
The use of piroxicam (Feldene) with concomitant NSAIDs including COX-2 inhibitors should be avoided.

**Cardiovascular Effects**

NSAIDs may cause an increased risk of serious cardiovascular thrombotic events, myocardial infarction, and stroke, which can be fatal. This risk may increase with duration of use. Patients with known cardiovascular disease may be at greater risk. To minimize the potential risk for an adverse cardiovascular event in patients treated with piroxicam, the lowest effective dose should be used for the shortest duration possible. Physicians and patients should remain alert for the development of such events, even in the absence of previous cardiovascular symptoms. Patients should be informed about the signs and/or symptoms of serious cardiovascular toxicity and the steps to take if they occur. (See section 4.3 Contraindications).

**Hypertension**

As with all NSAIDs, piroxicam (Feldene) can lead to the onset of new hypertension or worsening of pre-existing hypertension, either of which may contribute to the increased incidence of cardiovascular events. NSAIDs, including piroxicam (Feldene), should be used with caution in patients with hypertension. Blood pressure should be monitored closely during the initiation of therapy with piroxicam and throughout the course of therapy.

**Fluid Retention and Edema**

As with other drugs known to inhibit prostaglandin synthesis, fluid retention and edema have been observed in some patients taking NSAIDs including piroxicam (Feldene). Therefore, piroxicam (Feldene) should be used with caution in patients with compromised cardiac function and other conditions predisposing to or worsened by fluid retention. Patients with pre-existing congestive heart failure or hypertension should be closely monitored.

**Gastrointestinal (GI) Effects**

NSAIDs including piroxicam (Feldene), can cause serious gastrointestinal (GI) adverse events including inflammation, bleeding, ulceration, and perforation of the stomach, small intestine, or large intestine, which can be fatal. When GI bleeding or ulceration occurs in patients receiving piroxicam (Feldene), the treatment should be withdrawn. Patients most at risk of developing these types of GI complications with NSAIDs are the elderly, patients with cardiovascular disease, patients using concomitant aspirin, or patients with a prior history of, or active, gastrointestinal disease, such as ulceration, GI bleeding or inflammatory conditions. Therefore, piroxicam (Feldene) should be used with caution in these patients (See section 4.3 Contraindications).

**Renal Effects**

In rare cases, NSAIDs may cause interstitial nephritis, glomerulitis, papillary necrosis and the nephrotic syndrome. NSAIDs inhibit the synthesis of renal prostaglandin which plays a supportive role in the maintenance of renal perfusion in patients whose renal blood flow and blood volume are decreased. In these patients, administration of an NSAID may precipitate overt renal decompensation which is typically followed by recovery to pretreatment state upon discontinuation of NSAID therapy. Patients at greatest risk of such a reaction are those with congestive heart
failure, liver cirrhosis, nephrotic syndrome and overt renal disease. Such patients should be carefully monitored while receiving NSAID therapy.

Caution should be used when initiating treatment with piroxicam (Feldene) in patients with severe dehydration. Caution is also recommended in patients with kidney disease (See section 4.3 Contraindications).

Because of extensive renal excretion of piroxicam (Feldene) and its biotransformation products lower doses of piroxicam (Feldene) should be considered in patients with impaired renal function and they should be carefully monitored (See section 4.3 Contraindications and section 5.2 Pharmacokinetic Properties).

**Skin Reactions**

Serious skin reactions, some of them fatal, including exfoliative dermatitis, Stevens-Johnson syndrome, and toxic epidermal necrolysis have been reported very rarely in association with the use of NSAIDs, including piroxicam (Feldene). Patients appear to be at highest risk for these events early in the course of therapy, the onset of the events occurring in the majority of cases within the first month of treatment. Piroxicam (Feldene) should be discontinued at the first appearance of skin rash, mucosal lesions, or any other sign of hypersensitivity.

**Ophthalmologic Effects**

Because of reports of adverse eye findings with NSAIDs, it is recommended that patients who develop visual complaints during treatment with piroxicam (Feldene) have an ophthalmic evaluation.

**General**

For patients with phenylketonuria: because of its aspartame content, Piroxicam (Feldene Flash) fast-dissolving tablets contains phenylalanine 0.140 mg per 20 mg dose.

When used for the relief of pain and inflammation in upper respiratory tract inflammation, it should be remembered that NSAIDs are only a symptomatic therapy. When given to patients with such conditions, appropriate concomitant antibacterial therapy should be considered.

**4.5 Interaction with Other Medicinal Products and Other Forms of Interaction**

**Acetylsalicylic Acid**

As with other NSAIDs, the use of piroxicam (Feldene) in conjunction with acetylsalicylic acid or the concomitant use of two NSAIDs is not recommended because data are inadequate to demonstrate that the combination produces greater improvement than that achieved with the drug alone and the potential for adverse reactions is increased.

Studies in man have shown that the concomitant administration of piroxicam (Feldene) and acetylsalicylic acid resulted in a reduction of plasma levels of piroxicam to about 80% of the normal values.

**Anti-coagulants:**
Bleeding has been reported rarely when piroxicam (Feldene) has been administered to patients on coumarin type anticoagulants. Patients should be monitored closely if piroxicam (Feldene) and oral anticoagulants are administered together.

Piroxicam (Feldene), like other NSAID, decreases platelet aggregation and prolongs bleeding time. This effect should be kept in mind when bleeding times are determined.

**Antacids:**
Concomitant administration of antacids had no effect on piroxicam plasma levels.

**Anti-hypertensives including diuretics, angiotensin-converting enzyme (ACE) inhibitors and angiotensin II antagonists (AIIA):**
NSAIDs can reduce the efficacy of diuretics and other anti-hypertensive drugs.

In patients with impaired renal function (e.g. dehydrated patients or elderly patients with the renal function compromised), the co-administration of an ACE inhibitor or an AIIA with a cyclooxygenase inhibitor can increase the deterioration of the renal function, including the possibility of acute renal failure, which is usually reversible.

The occurrence of these interactions should be considered in patients taking piroxicam (Feldene) with a diuretic, an ACE inhibitor or an AIIA. Therefore, the concomitant administration of these drugs should be done with caution, especially in elderly patients. Patients should be adequately hydrated and the need to monitor the renal function should be assessed in the beginning of the concomitant treatment and periodically thereafter.

**Cardiac glycosides (digoxin and digitoxin):**
NSAIDs may exacerbate cardiac failure, reduce glomerular filtration rate (GFR) and increase plasma glycoside levels. Concomitant administration of digoxin, or digitoxin had no effect on the plasma levels of piroxicam or either drug.

**Cimetidine:**
Results of two separate studies indicate a slight increase in the absorption of piroxicam following cimetidine administration but no significant changes in elimination parameters. Cimetidine increases the area under the curve (AUC_{0-120 hours}) and Cmax of piroxicam by approximately 13% to 15%. Elimination rate constants and half-life show no significant differences. The small but significant increase in absorption is unlikely to be clinically significant.

**Cholestyramine**
Cholestyramine has been shown to enhance the oral clearance and decrease the half-life of piroxicam (Feldene). To minimize this interaction, it is prudent to administer piroxicam at least 2 hours before or 6 hours after cholestyramine.

**Corticosteroids:**
Increased risk of gastrointestinal ulceration or bleeding.

**Cyclosporine:**
Increased risk of nephrotoxicity.

**Lithium and Other protein – bound agents:**
Piroxicam is highly protein-bound, and therefore might be expected to displace other protein-bound drugs. The physician should closely monitor patients for change in dosage requirements when administering piroxicam (Feldene) to patients on highly protein-bound drugs. NSAID, including piroxicam (Feldene), have been reported to increase steady state plasma lithium levels. It is recommended that these levels be monitored when initiating, adjusting and discontinuing piroxicam (Feldene).

**Methotrexate:**
Decreased elimination of methotrexate

**Tacrolimus:**
Possible increased risk of nephrotoxicity when NSAIDs are given with tacrolimus.

### 4.6 Fertility, Pregnancy and Lactation

**Fertility**
Based on the mechanism of action, the use of NSAIDs, including piroxicam (Feldene), may delay or prevent rupture of ovarian follicles, which has been associated with reversible infertility in some women. In women who have difficulties conceiving or who are undergoing investigation of infertility, withdrawal of NSAIDs, including piroxicam (Feldene), should be considered.

**Pregnancy**
Although no teratogenic effects were seen in animal testing, the use of piroxicam (Feldene) during pregnancy is not recommended. Piroxicam inhibits prostaglandin synthesis and release through a reversible inhibition of the cyclooxygenase enzyme. This effect, as with other NSAIDs, have been associated with an increased incidence of dystocia and delayed parturition in pregnant animals when drug administration was continued into late pregnancy. NSAIDs are also known to induce premature closure of the ductus arteriosus in infants.

Inhibition of prostaglandin synthesis might adversely affect pregnancy. Data from epidemiological studies suggest an increased risk of spontaneous abortion after use of prostaglandin synthesis inhibitors in early pregnancy. In animals, administration of prostaglandin synthesis inhibitors has been shown to result in increased pre- and post-implantation loss.

**Lactation**
The presence of piroxicam in breast milk has been determined during initial and long term dosing conditions (52 days). Piroxicam appeared in breast milk at about 1% to 3% of the maternal plasma concentration. No accumulation of piroxicam occurred in milk relative to that in plasma during treatment. Piroxicam (Feldene) is not recommended for use in nursing mothers as the clinical safety has not been established.

### 4.7 Effects on Ability to Drive and Use Machines

The effect of piroxicam (Feldene) on the ability to drive or operate machinery has not been studied.

### 4.8 Undesirable effects
Piroxicam (Feldene) is generally well tolerated. Gastrointestinal symptoms are the most commonly encountered side effects but in most instances do not interfere with the course of therapy.

Long term administration of doses of 30 mg or higher carries an increased risk of gastrointestinal side effects. (See section 4.4 Special Warnings and Special Precautions for Use, Gastrointestinal (GI) Effects).

Objective evaluations of gastric mucosal appearances and intestinal blood loss show that 20 mg/day of piroxicam (Feldene) administered either in single or divided daily doses is significantly less irritating to the gastrointestinal tract than acetylsalicylic acid.

**Blood and Lymphatic System Disorders:** Anemia, aplastic anemia, eosinophilia, hemolytic anemia, leucopenia, thrombocytopenia

**Immune System Disorders:** Anaphylaxis, serum sickness

**Metabolism and Nutrition Disorders:** Anorexia, hyperglycemia, hypoglycemia, fluid retention

**Psychiatric Disorders:** Depression, dream abnormalities, hallucinations, insomnia, mental confusion, mood alterations, nervousness

**Nervous System Disorders:** Aseptic meningitis, dizziness, headache, paresthesia, somnolence, vertigo.

**Eye Disorders:** Blurred vision, eye irritations, swollen eyes.

**Ear and Labyrinth Disorders:** Hearing impairment, tinnitus

**Cardiac Disorders:** Palpitations

**Vascular Disorders:** Vasculitis, hypertension

**Respiratory, Thoracic and Mediastinal Disorders:** Bronchospasm, dyspnea, epistaxis

**Gastrointestinal Disorders:** Abdominal discomfort, abdominal pain, constipation, diarrhea, epigastric distress, flatulence, gastritis, gastrointestinal bleeding (including hematemesis and melena), indigestion, nausea, pancreatitis, perforation, stomatitis, ulceration, vomiting (See section 4.4 Special Warnings and Special Precautions for Use, Gastrointestinal (GI) Effects).

**Hepatobiliary Disorders:** Fatal hepatitis, jaundice. Although such reactions are rare, if abnormal liver function tests persist or worsen, if clinical signs and symptoms consistent with liver disease develop, or if systemic manifestations occur (e.g., eosinophilia, rash, etc), piroxicam should be discontinued.

**Reproductive system and breast disorders:** Female fertility decreased

**Skin and Subcutaneous Tissue Disorders:** Alopecia, angioedema, dermatitis exfoliative, erythema multiforme, non-thrombocytopenic purpura (Henoch-Schoenlein), onycholysis, photoallergic
reactions, pruritus, skin rash, Stevens-Johnson syndrome, toxic epidermal necrolysis (Lyell’s disease), urticaria, vesiculo bullous reactions (See section 4.4 Special Warnings and Special Precautions for Use, Skin Reactions).

Renal and urinary disorders: Nephrotic syndrome, glomerulonephritis, interstitial nephritis; renal failure.

General Disorders and Administration Site Conditions: Edema (mainly of the ankle), local adverse reactions (burning sensation) or tissue damage (sterile abscess formation, fatty tissue necrosis) at the site of injection, malaise, transient pain upon injection.

Investigations: Positive ANA, reversible elevations of BUN and creatinine, decreases in hemoglobin and hematocrit unassociated with obvious gastro-intestinal bleeding, increased serum transaminase levels, weight decrease, weight increase.

4.9 Overdose

In the event of overdosage with piroxicam (Feldene), supportive and symptomatic therapy is indicated. Studies indicate that administration of activated charcoal may result in reduced absorption and re-absorption of piroxicam thus reducing the total amount of active drug available.

Although there are no studies to date, hemodialysis is probably not useful in enhancing elimination of piroxicam since the drug is highly protein-bound.

5.0 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic Properties

Piroxicam is a nonsteroidal anti-inflammatory agent which also possesses analgesic and antipyretic properties. Edema, erythema, tissue proliferation, fever, and pain can all be inhibited in laboratory animals by the administration of piroxicam.

It is effective regardless of the etiology of the inflammation. While its mode of action is not fully understood, independent studies in vitro as well as in vivo have shown that piroxicam interacts at several steps in the immune and inflammation responses through:

- Inhibition of prostanoid synthesis, including prostaglandins, through a reversible inhibition of the cyclooxygenase enzyme.
- Inhibition of neutrophil aggregation.
- Inhibition of polymorphonuclear cell and monocyte migration to the area of inflammation.
- Inhibition of lysosomal enzyme release from stimulated leucocytes.
- Inhibition of superoxide anion generation by the neutrophil.
- Reduction of both systemic and synovial fluid rheumatoid factor production in patients with seropositive rheumatoid arthritis.

It is established that piroxicam does not act by pituitary-adrenal axis stimulation. In vitro studies have not revealed any negative effects on cartilage metabolism.
In clinical studies piroxicam has been found effective as an analgesic in pain of various etiologies (post-traumatic pain, post-episiotomy pain and post-operative pain). The onset of analgesia is prompt.

In primary dysmenorrhea the increased levels of endometrial prostaglandins cause uterine hypercontractility resulting in uterine ischemia and pain. Piroxicam, as a potent inhibitor of prostaglandin synthesis, has been shown to reduce uterine hypercontractility and to be effective in the treatment of primary dysmenorrhea.

5.2 Pharmacokinetic Properties

Absorption and Distribution

Piroxicam is well absorbed following oral or rectal administration. With food there is a slight delay in the rate but not the extent of absorption following oral administration. Stable plasma concentrations are maintained throughout the day on once-daily dosage. Continuous treatment with 20 mg/day for periods of 1 year produces similar blood levels to those seen once steady state is first achieved.

Drug plasma concentrations are proportional for 10 and 20 mg doses and generally peak within three to five hours after administration. A single 20 mg dose generally produces peak piroxicam plasma levels of 1.5 to 2 mcg/ml while maximum drug plasma concentrations, after repeated daily ingestion of 20 mg piroxicam, usually stabilize at 3 to 8 mcg/ml. Most patients approximate steady state plasma levels within 7 to 12 days.

Treatment with a loading dose regimen of 40 mg daily for the first two days followed by 20 mg daily thereafter allows a high percentage (approximately 76%) of steady state levels to be achieved immediately following the second dose. Steady state levels, area under the curves and elimination half-life are similar to that following a 20 mg daily dose regimen.

A multiple dose comparative study of the bioavailability of the injectable form with the oral capsule has shown that after intramuscular administration of piroxicam, plasma levels are significantly higher than those obtained after ingestion of capsules during the 45 minutes following administration the first day, during 30 minutes the second day and 15 minutes the seventh day. Bioequivalence exists between the two dosage forms.

A multiple dose comparative study of the pharmacokinetics and the bioavailability of Piroxicam (Feldene Flash) fast-dissolving tablets with the oral capsule has shown that after once daily administration for 14 days, the mean plasma piroxicam concentration time profiles for capsules and piroxicam (Feldene Flash) fast-dissolving tablets were nearly superimposable. There were no significant differences between the mean steady state $C_{\text{max}}$, $C_{\text{min}}$, $T_{1/2}$, or $T_{\text{max}}$ values. This study concluded that piroxicam (Feldene Flash) fast-dissolving tablet is bioequivalent to the capsule after once daily dosing. Single dose studies have demonstrated bioequivalence as well, when the tablet is taken with or without water.

Metabolism and Elimination

Piroxicam is extensively metabolized and less than 5% of the daily dose is excreted unchanged in urine and feces. Piroxicam metabolism is predominantly mediated via cytochrome P450 CYP 2C9 in the liver. One important metabolic pathway is hydroxylation of the pyridyl ring of the piroxicam...
side chain, followed by conjugation with glucuronic acid and urinary elimination. The plasma half-life is approximately 50 hours in man.

Patients who are known or suspected to be poor CYP2C9 metabolizers based on previous history/experience with other CYP2C9 substrates should be administered piroxicam with caution as they may have abnormally high plasma levels due to reduced metabolic clearance.

5.3 Preclinical Safety Data

Subacute and chronic toxicity studies have been carried out in rats, mice, dogs, and monkeys, using doses which ranged from 0.3 mg/kg/day to 25 mg/kg/day. The latter dose is approximately 90 times the recommended human dose level. The only pathology seen was that characteristically associated with the animal toxicology of nonsteroidal anti-inflammatory agents; namely, renal papillary necrosis and gastrointestinal lesions. With regard to the latter, the monkey proved to be quite resistant to this effect and the dog unusually sensitive.

6.0 PHARMACEUTICAL PARTICULARS

6.1 Shelf Life

Please see outer package for the expiry date.

6.2 Storage Conditions

Store at temperature not exceeding 30°C.

6.3 Instructions for Use/Handling

For Piroxicam (Feldene Flash) fast-dissolving tablets only:

Due to the physical nature of the freeze dried tablet, the blister pack is not a traditional push through type. The heat seal lacquer has been specially developed to allow the lidding material to be peeled to expose the tablet. Individual fast-dissolving tablets are exposed in this manner.

The fast dissolving dosage form may be swallowed with water, or placed on the tongue to disperse and then swallowed with the saliva. The fast dissolving dosage form dissolves almost instantly in the mouth in the presence of water or saliva.

6.4 Availability

Piroxicam (Feldene) 20 mg capsule: Maroon, opaque hard gelatin capsule with "Pfizer" and "Fel 20" in gray. Available as blister packs of 10’s, in boxes of 100’s.

Piroxicam (Feldene Flash) 20 mg Tablet: White or off white circular tablets. Available as sachets, containing 10 blister packed tablets. One (1) box contains 10 sachets (100 tablets).

CAUTION: Foods, Drugs, Devices and Cosmetics Act prohibits dispensing without prescription.

Keep out of reach of children.
Manufactured by:

**Piroxicam (Feldene) 20 mg Capsule**
Pfizer Pharmaceuticals Ltd.
22 Daqing Road DEDTZ
Dalian, China

**Piroxicam (Feldene Flash) 20 mg Tablet**
Cardinal Health UK 416 Ltd
Frankland Road, Blagrove
Swidon, Wiltshire, SN5 8RU
United Kingdom

Imported by:

PFIZER, INC.
23/F Ayala Life FGU Center
6811 Ayala Avenue, Makati City
Philippines

Under Authority of PFIZER INC., New York, N.Y., U.S.A.

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