

DRUG CARDS | DAILY



NAME(S): **Generic**: meloxicam (mel OKS i kam) | **Brand**: Mobic, Anjeso, Vivlodex, Qmizz ODT

PHARMACOLOGIC & THERAPEUTIC CLASS: Non-opioid Analgesic | Nonsteroidal Anti-inflammatory Drug (NSAID)

DOSAGE FORM & STRENGTH: **Caps**: 5 mg, 10 mg | **Injectable**: 30 mg/mL | **Tab**s: 7.5 mg, 15 mg | **ODT**: 7.5 mg, 15 mg

INDICATION(S) & DOSING(S): **ADULTS** (Lowest dose in CYP2C9 poor metabolizers. If GI upset take w/ food.)

1. **Osteoarthritis**: [**Caps**] Tx range of 5-10 mg PO qd. Initiate at 5 mg PO qd w/ a max of 10 mg/day. [**Tab**s] Tx range of 7.5-15 mg PO qd. Initiate at 7.5 mg PO qd w/ a max of 15 mg/day.
2. **Rheumatoid arthritis**: [**Tab**s] Tx range of 7.5-15 mg PO qd. Initiate at 7.5 mg PO qd with a max of 15 mg/day.
- **OFF LABEL | Gout (acute flares)**: 15 mg PO qd initiated w/in 24-48 hours of flare onset. D/c 2-3 days after resolution. Tx duration b/t 5-7 days.

INDICATION(S) & DOSING(S): **PEDIATRICS** (Lowest dose in CYP2C9 poor metabolizers. If GI upset take w/ food.)

1. **Juvenile idiopathic arthritis**: In pts >60kg 7.5 mg PO qd with a max of 7.5 mg/day.

MECHANISM OF ACTION & PHARMACOLOGY

- **MOA**: Reversible inhibitor of the COX1/COX2 enzymes resulting in a decrease of thromboxane and prostaglandin synthesis. The inhibition of the COX1/COX2 enzymes cause antipyretic, anti-inflammatory, and analgesic effects. Other factors that may also contribute to meloxicam's efficacy are the inhibition of chemotaxis & neutrophil aggregation/activation, the decrease of pro-inflammatory cytokine levels, and the alteration of lymphocyte activity.
- **Metabolized** hepatically via the CYP2C9 & CYP3A4 pathways. | Primarily **excreted** in the urine as inactive metabolites and secondarily fecally. | **Time to peak** for the suspension is 1-3 hours (children) and 6-12 hours (adolescents). In adults the capsule is w/in 2 hours. The tablet b/t 4-5 hours. The ODT 4-12 hours. Food prolongs the time to peak by ~8 hours. | **Half-Life elimination** is 13-22 hours (respectively for children-adults, PO/IV). | 99% **protein bound**.

SPECIAL POPULATIONS & CONSIDERATIONS

- **Renal Impair**: Avoid use (caps & tabs). If hemodialysis pt max of 5 mg/day (caps) or 7.5 mg/day (tabs).
- **Hepatic Impair**: Child-Pugh Class A/B no adjustments. Child-Pugh Class C limited data available.
- **Pregnancy**: Birth defects observed in utero from NSAID exposure in various studies. NSAID use close to conception may be associated w/ miscarriages.

SIDE EFFECTS

- **Common**: N/v/d, anemia (long-term use), fluid retention, tinnitus, photosensitivity, UTI/URI, and others.
- **Serious**: GI bleeding/perforation/ulcer, stroke/MI/thromboembolism, nephrotoxicity, hyperkalemia, and others.



BLACK BOX WARNING: Cardiovascular Thrombotic Event – Increased risk of serious/potential fatal cardiovascular thrombotic events (MI, stroke) from NSAID use. Risk occurs early in treatment initiation and with longer durations of therapy. **GI Bleeding, Ulceration, and Perforation** – Increased risk of serious/potential fatal GI adverse events (bleeding, ulcer, stomach perforation, intestine perforation). GI events may occur at any time and w/o warning s/sx. Elderly and pt w/ hx of PUD and GI issues are at higher risk.

DRUG INTERACTIONS

- **DI Profile:** CYP2C9 substrate, antiplatelet effects, hyperkalemia, hypertensive effects, lowers seizure threshold, & others.
- **Contraindicated:** ketorolac
- **Avoid:** aspirin and other NSAIDs (diclofenac, ibuprofen, naproxen), colestipol, enoxaparin, valsartan, and others.

MONITORING PARAMETERS

- Creatinine, dehydration, BP, CBC, LFTs, renal fxn, & **s/sx of GI bleed.**

PATIENT COUNSELING INFORMATION

- Meloxicam is commonly used to treat **arthritis** and to **ease pain.**
- Common side effects that are GI related can be minimized if taken **with food.**

REFERENCE(S)

1. <https://online.epocrates.com/drugs/222510/meloxicam/Monograph>
2. <https://www.drugs.com/ppa/meloxicam.html>

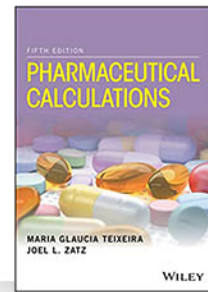


PREPARE FOR SUCCESS!

Comprehensive (NAPLEX)



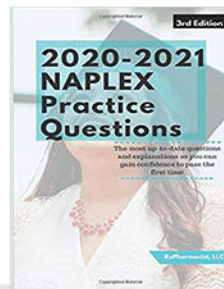
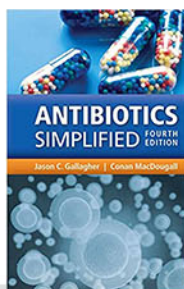
Calculations (NAPLEX)



Pharmacy Law (MPJE)



Supplemental



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DRUG CARDS DAILY

Monday at 7 am EST
(6 am CST, 4 am PST)

HEY NEW GRAD!

So you landed that perfect job offer or got the perfect match for your PGY1 and now the **ONLY** thing standing in your way is passing the NAPLEX and MPJE.

Here are some NAPLEX & MPJE prep recommendations to help you do everything you can to **pass the first time!**

HEY STUDENT!

When I was P1 one of the best pieces of advice I got from those before me was to use a NAPLEX Prep book while learning each topic.

This helps focus your learning and the repetition helps to retain info and indirectly prepare you for the NAPLEX



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