# PROFESSIONAL INFORMATION

**SCHEDULING STATUS:** S3

## 1. NAME OF THE MEDICINE

**LIEVOCAM 4 mg film-coated tablets**

**LIEVOCAM 8 mg film-coated tablets**

## 2. QUALITATIVE AND QUANTITATIVE COMPOSITION

LIEVOCAM 4 mg: Each film-coated tablet contains 4 mg lornoxicam.

LIEVOCAM 8 mg: Each film-coated tablet contains 8 mg lornoxicam.

*Excipients with known effect:*

Contains sugar:

LIEVOCAM 4 mg contains 45 mg lactose monohydrate.

LIEVOCAM 8 mg contains 90 mg lactose monohydrate.

For the full list of excipients, see section 6.1.

## 3. PHARMACEUTICAL FORM

Film-coated tablets.

LIEVOCAM 4 mg: Yellow coloured, round shaped, bevelled edge, biconvex, film-coated tablet, plain on both sides.

LIEVOCAM 8 mg: White to light yellowish, oval, biconvex, film-coated tablet, plain on both sides.

## 4. CLINICAL PARTICULARS

### 4.1 Therapeutic indications

Short-term treatment of mild to moderate pain associated with extra-articular inflammation.

Symptomatic treatment of pain and inflammation in osteoarthritis and rheumatoid arthritis.

## 4.2 Posology and method of administration

### Posology

For all patients the appropriate dosing regimen should be based upon individual response to treatment.

Use the lowest effective dose for the shortest possible duration of treatment necessary to control symptoms (see section 4.4).

*Treatment of pain:*

8 mg to 16 mg per day given in 2 to 3 divided doses. The total daily dose should not exceed 16 mg.

*Osteoarthritis and rheumatoid arthritis:*

Initial recommended total daily dose is 12 mg divided in two or three doses. Maintenance dose should not exceed 16 mg per day.

### Special populations

*Paediatric population:*

LIEVOCAM is not recommended for use in children under 18 years of age.

*Elderly patients:*

No special dosage modification is required for elderly patients (> 65 years of age), unless renal or hepatic function is impaired, in which case the daily dosage should be restricted (see section 4.4).

*Renal or hepatic impairment:*

For patients with renal or hepatic impairment, the maximal recommended daily dose is reduced to 12 mg (see section 4.4).

### Method of administration

LIEVOCAM is intended for oral administration and should be taken before meals with a sufficient quantity of liquid.

### 4.3 Contraindications

LIEVOCAM is contraindicated in:

- Hypersensitivity to the active substance, lornoxicam, or any of the excipients listed in section 6.1.
- Patients who have suffered hypersensitivity reactions (bronchospasm, asthma, rhinitis, angioedema or urticaria) to other nonsteroidal anti-inflammatory medicines (NSAIDs), including acetylsalicylic acid.
- Patients with a history of gastrointestinal bleeding or perforation related to previous NSAID use.
- Cerebrovascular bleeding.
- Bleeding and coagulation disorders.
- Active peptic ulcer or history of recurrent peptic ulceration, haemorrhage or perforations.
- Severe liver impairment.
- Severe renal impairment (serum creatinine > 700 µmol/L).
- Thrombocytopenia.
- Heart failure.
- Elderly patients (> 65 years), patients weighing less than 50 kg and in patients undergoing acute surgery.
- Pregnancy, due to the risk of fetal renal dysfunction, leading to oligohydramnios and, in some cases, neonatal renal impairment associated with the use of NSAIDs during pregnancy.
- Lactation.
- Children under 18 years of age.

### 4.4 Special warnings and precautions for use

LIEVOCAM reduces platelet aggregation and prolongs bleeding time. Consequently, caution should be taken when administering to patients with increased bleeding tendency.

*LIEVOCAM should be administered with care in the following populations:*

**Patients with renal impairment:** LIEVOCAM should be administered with caution in patients with mild (serum creatinine 150 – 300 µmol/L) to moderate (serum creatinine 300 – 700 µmol/L) renal impairment due to dependence on renal prostaglandins for maintenance of renal blood flow (see section 4.2). Treatment with LIEVOCAM should be discontinued if renal function deteriorates during treatment.

Renal function should be monitored in patients:

- Who undergo major surgery.
- With cardiac failure.
- Receiving concomitant treatment with diuretics or medicines that are suspected to, or known to, be able to cause kidney damage (see section 4.5).

**Patients with blood coagulation disorders:** Careful clinical monitoring and laboratory assessment is recommended (e.g. APTT).

**Hepatic impairment (e.g. liver cirrhosis):** Clinical monitoring and laboratory assessments are recommended in patients with hepatic impairment, as accumulation of LIEVOCAM (increase in AUC) may occur (see section 5.2) after treatment with daily doses of 12 mg to 16 mg. Apart from that, hepatic impairment does not seem to affect pharmacokinetic parameters of LIEVOCAM as compared to healthy subjects.

**Patients receiving long-term treatment (longer than 3 months) with NSAIDs:** Patients should be monitored regularly for renal and hepatic function and haematology.

**In elderly patients above 65 years of age:** Monitoring of renal and hepatic function is recommended. Caution is advised in elderly post-operative patients.

*Concomitant NSAID use:*

The use of LIEVOCAM with concomitant NSAIDs (including cyclooxygenase-2 selective inhibitors)

should be avoided (see section 4.5).

*Minimisation of undesirable effects:*

Undesirable effects may be minimised by using the lowest effective dose for the shortest duration necessary to control symptoms (see section 4.2, and gastrointestinal and cardiovascular risks below).

*Drug reaction with eosinophilia and systemic symptoms (DRESS):*

DRESS has been reported in patients taking NSAIDs, such as LIEVOCAM. Some of these events have been fatal or life-threatening. DRESS typically, although not exclusively, presents with fever, rash, lymphadenopathy and/or facial swelling. Other clinical manifestations may include hepatitis, nephritis, haematological abnormalities, myocarditis or myositis. Sometimes symptoms of DRESS may resemble an acute viral infection. Eosinophilia is often present. Because this disorder is variable in its presentation, other organ systems not noted here may be involved. It is important to note that early manifestations of hypersensitivity, such as fever or lymphadenopathy, may be present even though rash is not evident. If such signs or symptoms are present, discontinue LIEVOCAM and evaluate the patient immediately.

*Gastrointestinal (GI) bleeding, ulceration and perforation:*

GI bleeding, ulceration or perforation, which can be fatal, has been reported with all NSAIDs at any time during treatment, with or without warning symptoms or a previous history of serious GI events. The risk of GI bleeding, ulceration or perforation is higher with increasing NSAID doses, in patients with a history of ulcer, particularly if complicated with haemorrhage or perforation (see section 4.3) and in elderly patients. These patients should commence treatment on the lowest dose available (see section 4.2). Combination therapy with gastroprotective medicines (e.g. misoprostol or proton pump inhibitors) should be considered for these patients, and also for patients requiring concomitant low-dose acetylsalicylic acid or other medicines likely to increase gastrointestinal risk (see below and section 4.5). Clinical monitoring at regular intervals is recommended.

Patients with a history of GI toxicity, particularly elderly patients, should be instructed to report any unusual abdominal symptoms (especially GI bleeding) particularly in the initial stages of treatment. Caution should be advised in patients receiving concomitant medicines, which could increase the risk of ulceration or bleeding, such as oral corticosteroids, anticoagulants such as warfarin, selective serotonin-reuptake inhibitors or antiplatelet medicines such as acetylsalicylic acid (see section 4.5).

When GI bleeding or ulceration occurs in patients receiving LIEVOCAM, treatment should be withdrawn.

NSAIDs should be given with caution to patients with a history of GI disease (e.g. ulcerative colitis, Crohn's disease) as their condition may be exacerbated (see section 4.8).

*Elderly patients:*
Elderly patients have an increased frequency of adverse reactions to NSAIDs, especially gastrointestinal bleeding and perforation, which may be fatal (see section 4.2).

*Cardiovascular and cerebrovascular effects:*
Appropriate monitoring and advice are required for patients with a history of or present hypertension and/or mild to moderate congestive heart failure, as fluid retention and oedema have been reported in association with NSAID therapy.

Clinical trial and epidemiological data suggest that use of some NSAIDs, particularly at high doses and in long-term treatment, may be associated with an increased risk of arterial thrombotic events (for example myocardial infarction or stroke). There are insufficient data to exclude such a risk for LIEVOCAM.

Patients with uncontrolled hypertension, congestive heart failure, established ischaemic heart disease, peripheral arterial disease and/or cerebrovascular disease should only be treated with

LIEVOCAM after careful consideration. Similar consideration should be given before initiating longer-term treatment of patients with risk factors for cardiovascular disease (e.g. hypertension, hyperlipidaemia, diabetes mellitus, smoking).

Concomitant treatment with NSAIDs and heparin in the context of a spinal or epidural anaesthesia increases the risk of spinal/epidural haematoma (see section 4.5).

*Skin disorders:*

Serious skin reactions, some of which are fatal, including exfoliative dermatitis, Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN), have been reported less frequently in association with the use of NSAIDs (see section 4.8). Patients appear to be at highest risk of these reactions early in the course of therapy, the onset of reactions occurring within the first month of treatment in the majority of cases. Lornoxicam should be discontinued at the first appearance of skin rash, mucosal lesions, or any other sign of hypersensitivity.

*Respiratory disorders:*

Caution is required if administered to patients suffering from or with a previous history of bronchial asthma, as NSAIDs have been reported to precipitate bronchospasm in such patients.

*Systemic lupus erythematosus and mixed connective tissue disease:*

Caution is required in patients with systemic lupus erythematosus (SLE) and mixed connective tissue disorders, as there may be an increased risk of aseptic meningitis.

*Nephrotoxicity:*

Concomitant treatment of NSAIDs and tacrolimus may increase the risk of nephrotoxicity, due to reduced synthesis of prostacyclin in the kidney. Renal function must therefore be monitored closely in patients receiving combination therapy (see section 4.5).

*Laboratory abnormalities:*

As with most NSAIDs, occasional increases in serum transaminases level, increase in serum

bilirubin or other liver function parameters, as well as increases in serum creatinine and blood urea nitrogen and other laboratory abnormalities have been reported. Should any such abnormality prove significant or persist LIEVOCAM should be stopped and appropriate investigations prescribed.

*Varicella:*

Exceptionally, varicella can be at the origin of serious cutaneous and soft tissues infectious complications. To date, the contributing role of NSAIDs in the worsening of these infections cannot be ruled out. Thus, it is advisable to avoid use of LIEVOCAM in case of varicella.

*LIEVOCAM contains lactose monohydrate:*

Patients with the rare hereditary conditions of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption should not take LIEVOCAM.

**4.5 Interaction with other medicines and other forms of interaction**

- Concomitant administration of LIEVOCAM and anticoagulants or platelet aggregation inhibitors may prolong the bleeding time.
- Sulphonylureas (e.g. glibenclamide): May increase the hypoglycaemic effect.
- Other nonsteroidal anti-inflammatory medicines and aspirin: Increased risk of adverse reactions such as gastrointestinal bleeding or ulceration.
- Diuretics: Decreased diuretic and antihypertensive effect of loop diuretics, thiazide diuretics and with potassium-sparing diuretics (increased risk of hyperkalaemia and nephrotoxicity).
- ACE inhibitors: The antihypertensive effect of the ACE inhibitor may decrease and there is a risk of acute renal insufficiency.
- Lithium: NSAIDs inhibit renal clearance of lithium, thus the serum concentration of lithium may increase above toxicity limits. Therefore, serum lithium levels require monitoring, especially during initiation, adjustment and withdrawal of treatment.
- Methotrexate: Increased serum concentration of methotrexate. Increased toxicity may result. When concomitant therapy has to be used, careful monitoring should be undertaken.

- Cimetidine: Increased plasma concentrations of LIEVOCAM, which may increase the risk of adverse effects of LIEVOCAM. (No interaction between LIEVOCAM and ranitidine, or LIEVOCAM and antacids has been demonstrated.)
- Digoxin: Decreased renal clearance of digoxin, which increases risk of digoxin toxicity.
- Ciclosporin: Increased serum concentration of ciclosporin. Nephrotoxicity of ciclosporin may be enhanced via renal prostaglandin mediated effects. During combined treatment renal function should be monitored.
- Corticosteroids: Increased risk of gastrointestinal ulceration or bleeding (see section 4.4).
- Anticoagulants: LIEVOCAM may enhance the effects of anticoagulants such as warfarin (see section 4.4). Careful monitoring of INR should be undertaken.
- Antiplatelet medicines (e.g. clopidogrel) and selective serotonin reuptake inhibitors (SSRIs): Increased risk of gastrointestinal bleeding (see section 4.4).
- Known inducers and inhibitors of CYP2C9 isoenzymes: LIEVOCAM (as other NSAIDs depending on the cytochrome P450 2C9 [CYP2C9 isoenzyme]) has interactions with known inducers and inhibitors of CYP2C9 isoenzymes (see section 5.2, Biotransformation).
- Phenprocoumon: Decreased effect of phenprocoumon treatment.
- Heparin: NSAIDs increase the risk of bleeding and spinal or epidural haematomas when given concomitantly with heparin in the context of spinal or epidural anaesthesia (see section 4.4).
- Beta-adrenergic blockers: Decreased antihypertensive efficacy.
- Angiotensin II receptor blockers: Decreased antihypertensive efficacy.
- Quinolone antibiotics (e.g. levofloxacin, ofloxacin): Increased risk of seizures.
- Tacrolimus: Increase the risk of nephrotoxicity owing to reduced synthesis of prostacyclin in the kidney. During combined treatment renal function should be monitored (see section 4.4).
- Pemetrexed: NSAIDs may reduce renal clearance of pemetrexed resulting in increased renal and gastrointestinal toxicity, and myelosuppression.

LIEVOCAM shows a delayed absorption when given with food. Therefore, LIEVOCAM should not be taken with food when a quick onset of efficacy (relief of pain) is required. Food may decrease the absorption with about 20 % and increase $T_{max}$ (see section 5.2).

## 4.6 Fertility, pregnancy and lactation

**Pregnancy**

LIEVOCAM should not be used during pregnancy.

Inhibition of prostaglandin synthesis may adversely affect pregnancy and/or embryo/fetal development. Data from epidemiological studies suggest an increased risk of miscarriage and of cardiac malformation after use of a prostaglandin synthesis inhibitor in early pregnancy. The risk is believed to increase with dose and duration of therapy. In animals, administration of a prostaglandin synthesis inhibitor has been shown to result in increased pre- and post-implantation loss and embryo-fetal lethality.

The use of NSAIDs around 20 weeks gestation or later in pregnancy may cause a rare but serious fetal renal dysfunction leading to oligohydramnios and, in some cases, neonatal renal impairment. Complications of prolonged oligohydramnios include limb contractures and delayed lung maturation, which may require invasive procedures such as exchange transfusion or dialysis, in some cases (see section 4.3).

**Breastfeeding**

There are no data on the excretion of LIEVOCAM in human breast milk.

LIEVOCAM is excreted in milk of lactating rats in relatively high concentrations.

LIEVOCAM should not be used in breastfeeding women.

**Fertility**

The use of LIEVOCAM, as with any medicine known to inhibit cyclooxygenase/prostaglandin synthesis, may impair fertility and is not recommended in women attempting to conceive. In women who have difficulties conceiving or who are undergoing investigation of infertility, withdrawal of LIEVOCAM should be considered.

## 4.7 Effects on ability to drive and use machines

Patients showing dizziness and/or somnolence under treatment with LIEVOCAM should refrain from driving or the operation of machinery.

## 4.8 Undesirable effects

**Summary of safety profile**

The most frequently observed adverse events of NSAIDs are gastrointestinal in nature. Peptic ulcers, perforation or GI bleeding, sometimes fatal, particularly in the elderly, may occur (see section 4.4). Nausea, vomiting, diarrhoea, flatulence, constipation, dyspepsia, abdominal pain, melaena, haematemesis, ulcerative stomatitis, exacerbation of colitis and Crohn's disease (see section 4.4) have been reported following administration of NSAIDs. Less frequently, gastritis has been observed.

Approximately 20 % of patients treated with lornoxicam can be expected to experience adverse reactions. The most frequent adverse effects of lornoxicam, as in LIEVOCAM, include nausea, dyspepsia, indigestion, abdominal pain, vomiting and diarrhoea. These symptoms have generally occurred in less than 10 % of patients in available studies. Oedema, hypertension and cardiac failure have been reported in association with NSAID treatment.

Clinical trial and epidemiological data suggest that use of some NSAIDs (particularly at high doses and in long-term treatment) may be associated with an increased risk of arterial thrombotic events (for example myocardial infarction or stroke) (see section 4.4).

Exceptionally, occurrence of serious cutaneous and soft tissues infectious complications during varicella. NSAIDs, such as LIEVOCAM, can cause drug reaction with eosinophilia and systemic symptoms (DRESS) (see section 4.4).

**Tabulated list of adverse reactions**

| System organ class | Frequency | Adverse reactions |
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|---|---|---|
| Infections and infestations | Less frequent | Pharyngitis. |
| Blood and lymphatic system disorders | Less frequent | Anaemia, thrombocytopenia, leucopenia, prolonged bleeding time, ecchymosis. NSAIDs have been reported to cause potentially severe haematological disorders like neutropenia, agranulocytosis, aplastic anaemia and haemolytic anaemia as class effects. |
| Immune system disorders | Less frequent | Hypersensitivity including anaphylactoid reactions and anaphylaxis. |
| Metabolism and nutrition disorders | Less frequent | Anorexia, weight changes. |
| Psychiatric disorders | Less frequent | Insomnia, depression, confusion, nervousness, agitation. |
| Nervous system disorders | Frequent | Mild and transient headache, dizziness. |
| | Less frequent | Somnolence, paraesthesia, dysgeusia, tremor, migraine, aseptic meningitis in patients with SLE and mixed connective tissue disorder (see section 4.4). |
| Eye disorders | Frequent | Conjunctivitis. |
| | Less frequent | Visual disturbances. |
| Ear and labyrinth disorders | Less frequent | Vertigo, tinnitus. |
| Cardiac disorders | Less frequent | Palpitations, tachycardia, oedema, cardiac failure (see section 4.4). |
| Vascular disorders | Less frequent | Flushing, oedema, hypertension, hot flush, haemorrhage, haematoma. |
| Respiratory, thoracic and mediastinal disorders | Less frequent | Rhinitis, dyspnoea, cough, bronchospasm. |

| | | |
|---|---|---|
| Gastrointestinal disorders | Frequent | Nausea, abdominal pain, dyspepsia, diarrhoea, vomiting. |
| | Less frequent | Constipation, flatulence, eructation, dry mouth, gastritis, gastric ulcer, upper abdominal pain, duodenal ulcer, mouth ulceration, melaena, haematemesis, oesophagitis, gastro-oesophageal reflux, dysphagia, aphthous stomatitis, glossitis, perforated peptic ulcer, gastrointestinal haemorrhage. |
| Hepatobiliary disorders | Less frequent | Increase in liver function tests, SGPT (ALT) or SGOT (AST), hepatotoxicity resulting in e.g. hepatic failure, hepatitis, jaundice and cholestasis. |
| Skin and subcutaneous tissue disorders | Less frequent | Rash, pruritus, hyperhidrosis, rash erythematous, urticaria, angioedema, alopecia, dermatitis, eczema, purpura, oedema and bullous reactions, Stevens-Johnson syndrome, toxic epidermal necrolysis. |
| Musculoskeletal and connective tissue disorders | Less frequent | Arthralgia, bone pain, muscle spasms, myalgia. |
| Renal and urinary disorders | Less frequent | Nocturia, micturition disorders, increase in blood urea nitrogen and creatinine levels. Lornoxicam may precipitate acute renal failure in patients with pre-existing renal impairment, who are dependent on renal prostaglandins for maintenance of renal |

| | | |
|---|---|---|
| | | blood flow (see section 4.4). Nephrotoxicity in various forms including nephritis and nephrotic syndrome has been associated with NSAIDs as class effect. |
| General disorders and administration site conditions | Less frequent | Malaise, face oedema, asthenia. |

**Reporting of suspected adverse reactions**

Reporting suspected adverse reactions after authorisation of LIEVOCAM is important. It allows continued monitoring of the benefit/risk balance of LIEVOCAM. Health care providers are asked to report any suspected adverse reactions via the Med Safety APP (Medsafety X SAHPRA) and eReporting platform (who-umc.org) found on SAHPRA website.

## 4.9 Overdose

There is no experience of overdose to permit definition of the consequence of an overdose, or to suggest specific management. However, it can be expected that after an overdose with LIEVOCAM, the following symptoms may be observed: nausea, vomiting, cerebral symptoms (dizziness, disturbances in vision). Severe symptoms such as ataxia (ascending to coma and cramps), liver and kidney damage and potentially coagulation disorders may also occur.

In the case of a real or suspected overdose, LIEVOCAM should be withdrawn. Due to its short half-life, LIEVOCAM is rapidly excreted. LIEVOCAM is not dialysable. No specific antidote is known to date. The usual emergency measures should be considered. Based on principles, only administering activated charcoal immediately after the intake of LIEVOCAM can lead to diminished absorption of the preparation. Gastrointestinal disorders can for example be treated with a prostaglandin analogue or ranitidine.

# 5. PHARMACOLOGICAL PROPERTIES

## 5.1 Pharmacodynamic properties

Category and class: A 3.1 Antirheumatics (anti-inflammatory agents).

Pharmacotherapeutic group: Anti-inflammatory and antirheumatic products, non-steroids, oxicams.

ATC code: M01 AC05.

### Mechanism of action

Lornoxicam is a nonsteroidal anti-inflammatory drug with analgesic properties and belongs to the class of oxicams. Lornoxicam's mode of action is mainly related to inhibition of prostaglandin synthesis (inhibition of the cyclooxygenase enzyme), leading to desensitisation of peripheral nociceptors and consequently inhibition of inflammation. A central effect on nociception, which seems to be independent of anti-inflammatory effects, has also been suggested.

### Pharmacodynamic effects

Lornoxicam has no effect on vital signs (e.g. body temperature, respiratory rate, heart rate, blood pressure, ECG, spirometry).

The analgesic properties have been demonstrated successfully in several clinical trials during the development of lornoxicam.

Due to a local gastrointestinal irritation and a systemic ulcerogenic effect related to the inhibition of prostaglandin (PG) synthesis, gastrointestinal sequelae are common undesirable effects after treatment with lornoxicam, as seen with other NSAIDs.

## 5.2 Pharmacokinetic properties

### Absorption

Lornoxicam is absorbed rapidly and almost completely from the gastrointestinal tract. Maximum plasma concentrations are achieved after approximately 1 to 2 hours. The absolute bioavailability (calculated using AUC) of lornoxicam tablets is 90 – 100 %. No first-pass effect was observed.

Simultaneous intake of lornoxicam with meals reduced $C_{max}$ by approximately 30 %. $T_{max}$ was increased from 1,5 to 2,3 hours. The absorption of lornoxicam (calculated on AUC) can be reduced by up to 20 %.

**Distribution**

Lornoxicam is found in the plasma in unchanged form and as its hydroxylated metabolite. The plasma protein binding of lornoxicam is 99 % and not concentration dependent. It is also found in synovial fluid after repeated dosing.

**Biotransformation**

Lornoxicam is extensively metabolised in the liver, primarily to the inactive 5-hydroxylornoxicam by hydroxylation. CYP2C9 is involved in biotransformation of lornoxicam. Due to genetic polymorphism, slow and extensive metabolisers exist for this enzyme, which could result in markedly increased plasma levels of lornoxicam in slow metabolisers. The hydroxylated metabolite exhibits no pharmacological activity. Lornoxicam is metabolised completely, and approximately 2/3 is eliminated via the liver and 1/3 via the kidneys as inactive substance.

When tested in animal models, lornoxicam did not induce liver enzymes. From clinical trial data there is no evidence of accumulation of lornoxicam after repeated administrations, when given according to recommended dosage. This finding was supported by drug monitoring data from one-year studies.

**Elimination**

The mean elimination half-life of the parent compound is 3 to 4 hours. After oral administration, about 50 % is excreted in the faeces and 42 % through the kidneys, mainly as 5-hydroxylornoxicam. The elimination half-life of 5-hydroxylornoxicam is approximately 9 hours after a parenteral single or twice daily dose. There is no evidence that elimination rate changes with repeat dose administration.

In elderly patients above age 65, the clearance is reduced by 30 to 40 %. Apart from this reduced clearance there is no significant change in the kinetic profile of lornoxicam in elderly patients.

There is no significant change in the kinetic profile of lornoxicam in patients with renal or hepatic failure, except for accumulation in patients with chronic liver disease after 7 days of treatment with daily doses of 12 mg and 16 mg.

Simultaneous intake with antacids has no effect on the pharmacokinetics of lornoxicam.

## 6. PHARMACEUTICAL PARTICULARS

### 6.1 List of excipients

*Tablet core:*

Microcrystalline cellulose

Lactose monohydrate

Croscarmellose sodium

Magnesium stearate.

*Film coating:*

LIEVOCAM 4 mg contains Opadry Yellow (consisting of hypromellose, iron oxide yellow, titanium dioxide and macrogol).

LIEVOCAM 8 mg contains Instacoat Universal White (consisting of hypromellose, polyethylene glycol, talc and titanium dioxide).

### 6.2 Incompatibilities

Not applicable.

### 6.3 Shelf life

36 months.

### 6.4 Special precautions for storage

Store at or below 25 °C in a dry place. Protect from light.

Keep blister strips in outer carton until required for use.

### 6.5 Nature and contents of container

Silver aluminium foil and white opaque PVC/PVDC blister packs containing 10 tablets each.

Pack sizes: 10, 20 or 100 tablets.

Not all pack sizes may be marketed.

### 6.6 Special precautions for disposal and other handling

No special requirements.

## 7. HOLDER OF CERTIFICATE OF REGISTRATION

Zydus Healthcare SA (Pty) Ltd

Southdowns Office Park, Building B, Ground Floor

22 Karee Street

Centurion

0157

## 8. REGISTRATION NUMBERS

LIEVOCAM 4 mg: 59/3.1/0485

LIEVOCAM 8 mg: 56/3.1/1150

## 9. DATE OF FIRST AUTHORISATION / RENEWAL OF THE AUTHORISATION

26 November 2024

## 10. DATE OF REVISION OF THE TEXT

Not applicable.