״פורמט עלון זה נקבע ע״י משרד הבריאות ותוכנו נבדק ואושר״.
"This leaflet format has been determined by the Ministry of Health and the content thereof has been checked and approved."

ARTOFEN®

TABLETS

Composition

Artofen 200 mg Tablets

Each tablet contains:

Active Ingredient

Ibuprofen	200 mg

Other Ingredients

Starch, sodium starch glycolate, silicon dioxide, povidone, magnesium stearate, hydroxypropylmethycellulose, ethylcellulose, distilled acetylated monoglycerides, hydroxypropyl cellulose, titanium dioxide, erythrosine aluminium lake.

Artofen 400 mg Tablets

Each tablet contains:

Active Ingredient

Ibuprofen	400 mg

Other Ingredients

Microcrystalline cellulose, sodium starch glycolate, silicon dioxide, povidone, magnesium stearate, hydroxypropylmethylcellulose, titanium dioxide, polyethylene glycol 400, carnauba wax.

Mechanism of Action

Artofen contains ibuprofen, a non-steroidal anti-inflammatory agent (NSAIA) possessing analgesic and antipyretic properties.

In patients treated with Artofen for rheumatoid arthritis and osteoarthritis, the anti-inflammatory action is manifested by a reduction in joint swelling, pain and duration of morning stiffness.

Artofen may be used in elderly patients.

Artofen is readily absorbed, and reaches peak plasma levels in approximately 1 hour.

Indications

Artofen 200 mg

For the relief of pain such as: headache, toothache, menstrual pain, backache, muscle ache.

Anti-inflammatory for rheumatic diseases.

Reduction of fever.

Artofen 400 mg

For the treatment of rheumatoid arthritis and osteoarthritis. It is indicated both in the treatment of acute flares and in the long-term management of these diseases.

Also for the relief of mild to moderate pain, and for the treatment of primary dysmenorrhea.

Contraindications

Known hypersensitivity to the drug or to any ingredient of the preparation.

Patients with a history of, or existing peptic ulceration.

Because of potential cross-sensitivity to other NSAIAs, ibuprofen should not be used in patients in whom aspirin or other NSAIAs have induced symptoms of asthma, rhinitis, urticaria, nasal polyps, angioedema, bronchospasm and other symptoms of allergic reactions (anaphylactoid reactions have occurred in such patients).

Patients with severe heart failure .Artofen is contraindicated for the treatment of peri-operative pain in the setting of coronary artery bypass graft (CABG) surgery .

Warnings

Ibuprofen should be administered under close supervision to patients with a history of upper gastrointestinal tract disease.

If symptoms persist, worsen, or new symptoms develop, the physician should be referred to.

Use in Pregnancy

Administration of ibuprofen is not recommended during pregnancy.

The onset of labor may be delayed and duration of labor increased.

Use During Lactation

Ibuprofen appears in breast milk in very low concentrations and is unlikely to affect the breastfed infant adversely.

Use in Pediatrics

The use of Artofen in children under 12 years of age should be under medical surveillance.

Use in the Elderly

No special dosage modifications are required, unless renal or hepatic function is impaired, in which case dosage should be assessed individually.

Adverse Reactions

Gastrointestinal

Epigastric pain, heartburn, diarrhea, abdominal distress, nausea and vomiting, indigestion, constipation, abdominal cramps or pain, fullness of gastrointestinal tract, dyspepsia, gastrointestinal bleeding, peptic ulceration.

Central Nervous System

Dizziness, severe headache, nervousness, convulsions, pain in the spinal column.

Dermatological

Rash (including maculopapular type), pruritus, photosensitivity, skin peeling.

Rarely exfoliative dermatitis and epidermal necrolysis have been reported with ibuprofen.

Special Senses

Hearing disturbance..

Metabolic/Endocrine

Decreased appetite.

Cardiovascular

Edema, fluid retention (generally responds to drug discontinuation, see Precautions).

Hematological

Neutropenia, agranulocytosis, aplastic anemia, hemolytic anemia, thrombocytopenia, decreased hemoglobin and hematocrit.

Allergic

Fever.

Bronchospasm may be precipitated in patients with a history of aspirin-sensitive asthma

Other Hypersensitivity Reactions:

Rarely hypersensitivity reactions with cutaneous eruptions, urticaria and pruritus, as well as attacks of asthma, with or without drop in blood pressure, have been observed. In single cases, severe hypersensitivity reactions, manifesting as facial edema, swelling of the tongue, swelling of the larynx, dyspnea, tachycardia, hypotension or severe shock have been reported. If these symptoms occur, immediate medical attention is necessary.

Other

Stiffness, sudden decrease in the amount of urine, black stools.

Renal papillary necrosis which can lead to renal failure.

Precautions

Note

Patients sensitive to one of the non-steroidal anti-inflammatory agents (NSAIAs) may be sensitive to any of the other NSAIAs also.

Blurred and/or diminished vision, scotomata, and changes in color vision have been reported. If a patient develops such complaints while receiving ibuprofen, the drug should be discontinued and the patient should have an ophthalmological examination which includes central visual fields and color vision testing.

As with other NSAIAs, patients should be cautioned about engaging in activities requiring mental alertness and motor coordination, such as driving a car.

Patients taking ibuprofen should report to their physicians signs or symptoms of gastrointestinal ulceration or bleeding, blurred vision or other eye symptoms, skin rash, weight gain, or edema.

Fluid retention and edema have been reported in association with ibuprofen. Therefore, the drug should be used with caution in patients with a history of cardiac decompensation or hypertension.

Since ibuprofen is eliminated primarily by the kidneys, patients with significantly impaired renal function should be closely monitored, and a reduction in dosage should be anticipated to avoid drug accumulation.

Ibuprofen should be used with caution in individuals with intrinsic coagulation defects, and those on anticoagulant therapy.

Caution should be exercised when this product is administered to asthma sufferers since bronchospasm may be precipitated in patients suffering from, or with a previous history of bronchial asthma or allergic disease.

The elderly are at increased risk of the consequence of adverse reactions.

Monitoring of blood urea nitrogen (BUN), serum creatinine concentrations and/or serum potassium concentrations may be required at periodic intervals during therapy, especially in patients with documented hepatic or renal function impairment.

The same monitoring may also be required in patients known or suspected to be at risk for renal function impairment, patients taking diuretics concurrently, and in patients in whom signs of possible renal toxicity occur, such as substantial increases in blood pressure, fluid retention, or rapid weight gain.

In order to avoid exacerbation of disease or adrenal insufficiency, patients who have been on prolonged corticosteroid therapy should have their therapy reduced slowly, rather than discontinued abruptly, when ibuprofen is added to the treatment regimen.

As with other non-steroidal anti-inflammatory agents, borderline elevations of one or more liver tests may occur in up to 15% of patients. These abnormalities may progress, remain essentially unchanged, or be transient with continued therapy.

Because serious gastrointestinal tract ulcerations and bleeding can occur without warning symptoms, physicians should follow chronically treated patients for the signs and symptoms of ulcerations and bleeding and should inform them (in case of children, the child's parent/guardian) of importance of this follow-up.

Patients with symptoms and/or signs suggesting liver dysfunction, or in whom an abnormal liver test has occurred, should be evaluated for evidence of the development of more severe hepatic reactions while on therapy with ibuprofen. Severe hepatic reactions, including jaundice and cases of fatal hepatitis, have been reported with ibuprofen as with other non-steroidal anti-inflammatory agents. Although such reactions are rare, if abnormal liver tests persist or worsen, or clinical signs and symptoms consistent with liver disease develop, or systemic manifestations occur (e.g., eosinophilia, rash, etc.), ibuprofen should be discontinued.

In cross-study comparisons with doses ranging from 1200-3200 mg daily for several weeks, a slight dose-response decrease in hemoglobin/hematocrit was noted.

Aseptic meningitis with fever and coma has been observed on rare occasions in patients on ibuprofen therapy. Although it is probably more likely to occur in patients with systemic lupus erythematosus and related connective tissue diseases, it has been reported in patients who do not have an underlying chronic disease. If signs or symptoms of meningitis develop in a patient on ibuprofen, the possibility of its being related to ibuprofen should be considered.

Patients Who Require Surgery (Including Dental Surgery)

Caution is recommended in patients who require surgery. Most of the Nonsteroidal anti-inflammatory agents inhibit platelet aggregation and may prolong bleeding time, which may increase intra-and postoperative bleeding. Consideration should therefore be given to discontinuing NSAIAs treatment for an appropriate length of time prior to elective surgery, depending on the potency and duration of effect of the individual agent on platelet aggregability.

In case of patients requiring dental surgery, nonsteroidal anti-inflammatory agents may cause soreness, irritation, or ulceration of the oral mucosa. Most of the nonsteroidal anti-inflammatory agents may rarely cause leukopenia and/or thrombocytopenia, which may result in an increased incidence of microbial infection, delayed healing, and gingival bleeding. If leukopenia or thrombocytopenia occurs, dental work should be deferred until blood counts return to normal, and patients should be instructed in proper oral hygiene.

Drug Interactions

Ibuprofen/Coumarin-Type Anticoagulants: Because bleeding has been reported when ibuprofen and other non-steroidal anti-inflammatory agents have been administered to patients on coumarin-type anticoagulants, physicians should exercise caution when administering ibuprofen to patients on anticoagulants.

Ibuprofen/Aspirin/Non-Steroidal Anti-Inflammatory Agents (NSAIAs): Animal studies have demonstrated that aspirin administered with NSAIAs causes a decrease in blood levels and activity of non-aspirin drugs. Since concomitant use offers no therapeutic advantage, such combinations should be avoided.

Ibuprofen/Methotrexate*:* Animal studies indicate that ibuprofen, as well as other NSAIAs, may enhance the toxicity of methotrexate. Caution should be used if ibuprofen is administered concomitantly with methotrexate.

Ibuprofen/Beta-Blockers**:** As with other nonsteroidal anti-inflammatory agents , the antihypertensive effect of beta-blockers may be reduced.

Ibuprofen/Furosemide/Thiazides: Clinical studies, as well as random observations, have shown that ibuprofen can reduce the natriuretic effect of furosemide and thiazides in some patients. During concomitant therapy with ibuprofen, patients should be observed closely for signs of renal failure, as well as to assure diuretic efficacy.

Ibuprofen/Lithium: Ibuprofen may produce an elevation of plasma lithium levels and a reduction in renal lithium clearance. Therefore, when ibuprofen and lithium are administered concurrently, subjects should be observed carefully for signs of lithium toxicity.

Ibuprofen/Alcohol: Concomitant use of non-steroidal anti-inflammatory agents with alcohol may increase the risk of gastrointestinal side effects, including ulceration or hemorrhage.

Ibuprofen/Probenecid*:* Probenecid may decrease excretion and increase the serum concentration of NSAIAs, possibly enhancing effectiveness and/or increasing the potential for toxicity of these agents. A decrease in dosage of the NSAIAs may be considered necessary.

Ibuprofen/Zidovudine: There is evidence of prolonged bleeding time in patients receiving concurrent treatment with zidovudine and ibuprofen.

Dosage and Administration

Notes

Artofen Tablets should be taken with or after food.

Artofen tablets should not to be used for more than 10 days for the treatment of pain, or for more than 3 days for the treatment of fever, unless instructed by the physician.

In primary dysmenorrhea, Artofen Tablets should be taken immediately following the onset of pain.

Artofen 200 mg

Adults and Children 12 Years of Age and Over

1-2 tablets every 4-6 hours as long as symptoms persist.

If the pain and the fever are not relieved, then 2 tablets may be taken. Not to exceed 6 tablets in 24 hours.

Children under 12 Years of Age

Under medical supervision only.

Artofen 400 mg

Adults and Children 12 Years of Age and Over

1 tablet, 2-4 times daily.

The recommended dose should not be exceeded.

Overdosage

Manifestations

Symptoms include nausea, headache, vomiting, dizziness, drowsiness, nystagmus, blurred vision, tinnitus, and, rarely, hypotension, metabolic acidosis, renal failure, and, loss of consciousness. Large overdoses are generally well tolerated when no other drugs are involved.

Treatment

No special antidote is available.

Patients should be treated symptomatically as required. Use supportive care where appropriate. Within one hour of ingestion, activated charcoal or gastric lavage followed by activated charcoal if the dose is greater than 400 mg/kg, can be used.

Registration Numbers:

Artofen 200 mg Tablets: 126.24.21692.00
Artofen 400 mg Tablets : 058.46.21676.00

Manufacturer

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