Dosage Summary

TYLENOL® Regular Strength Tablet

Use product only as directed.

Active ingredient: acetaminophen 325 mg (in each tablet)

DOSE AND FREQUENCY*	MAXIMUM LABELED DOSE
2 tablets every 4 to 6 hours while symptoms last	Not to exceed 10 tablets in 24 hours, unless directed by a doctor Total labeled daily dose: 3250 mg

TYLENOL® Extra Strength Caplet and Rapid Release Gels

Use product only as directed.

Use product only as directed.

Active ingredient: acetaminophen 500 mg (in each caplet)

DOSE AND FREQUENCY*	MAXIMUM LABELED DOSE
2 caplets every 6 hours while symptoms last	Not to exceed 6 caplets in 24 hours, unless directed by a doctor Total labeled daily dose: 3000 mg

TYLENOL® 8HR Arthritis Pain Caplet

Use product only as directed.

Active ingredient: acetaminophen 650 mg (in each caplet)†

DOSE AND FREQUENCY*	MAXIMUM LABELED DOSE
2 bi-layer caplets every 8 hours with water	Not to exceed 6 bi-layer caplets in 24 hours Total labeled daily dose: 3900 mg

IMPORTANT INSTRUCTIONS for Proper Use By Patients

- Read and follow the label on all TYLENOL® products.
- Do **NOT** use with any other product containing acetaminophen.

Professional discretionary dosing

If pain or fever persists at the total labeled daily dose, healthcare professionals may exercise their discretion and **recommend up to 4000 mg/day.**‡

*Consult TYLENOL® Regular Strength tablet packaging for dosing children under 12 years.

†Extended release.

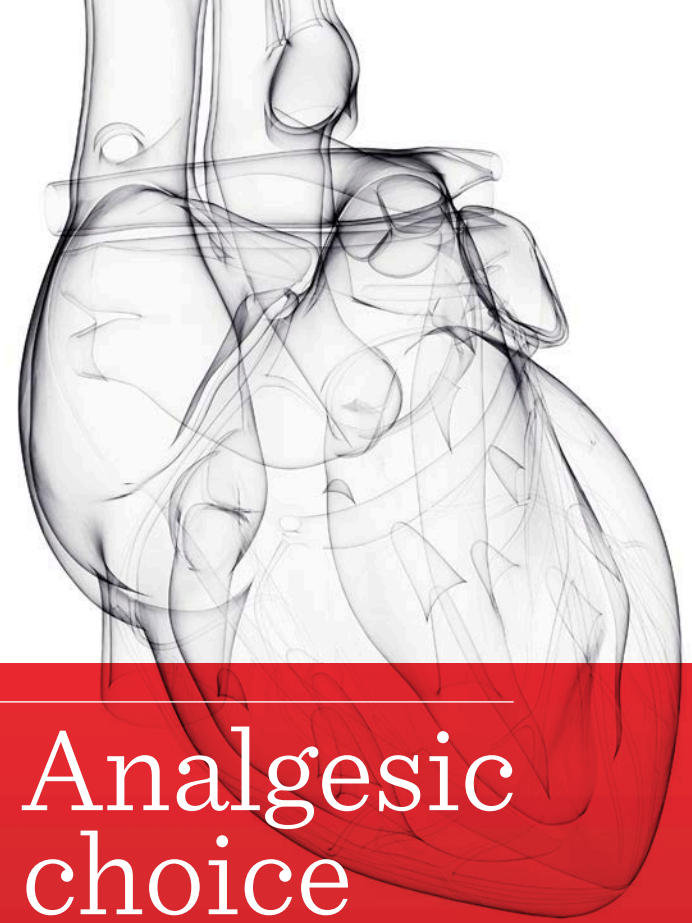
‡The efficacy and safety of TYLENOL® at 4000 mg/day are well established.

TYLENOL®

Visit **TylenolProfessional.com** for additional clinical information and free resources for your practice and patients

Questions?
Call our Customer Care Center for Healthcare Professionals at **1-866-948-6883**
Monday through Friday, 9:00 am to 5:30 pm ET.

References: 1. Benjamin EJ, Blaha MJ, Chiuve S, et al. Heart disease and stroke statistics—2017 update: a report from the American Heart Association. *Circulation.* 2017;135:e146-e603. **2.** US Food and Drug Administration. FDA Strengthens Warning of Heart Attack and Stroke Risk for Non-Steroidal anti-inflammatory Drugs. Washington, DC: US Food and Drug Administration, US Dept of Health and Human Services; 2015. **3.** Elliott WJ. Drug interactions and drugs that affect blood pressure. *J Clin Hypertens.* 2006;8(10):731-737. **4.** Radack KL, Deck CC, Bloomfield SS. Ibuprofen interferes with the efficacy of antihypertensive drugs: a randomized, double-blind, placebo-controlled trial of ibuprofen compared with acetaminophen. *Ann Intern Med.* 1987;107:628-635. **5.** Catella-Lawson F, Reilly MP, Kapoor SC, et al. Cyclooxygenase inhibitors and the antiplatelet effects of aspirin. *N Engl J Med.* 2001;345(25):1809-1817. **6.** Kalafutova S, Juraskova B, Vlcek J. The impact of combinations of non-steroidal anti-inflammatory drugs and anti-hypertensive agents on blood pressure. *Adv Clin Exp Med.* 2014;23(6):993-1000. **7.** Rahman MM, Kopec JA, Cibere J, Goldsmith CH, Anis AH. The relationship between osteoarthritis and cardiovascular disease in a population health survey: a cross-sectional study. *BMJ Open.* 2013;3(5):e002624. **8.** Bradley JD, Brandt KD, Katz BP, Kalasinski LA, Ryan SI. Comparison of an antiinflammatory dose of ibuprofen, an analgesic dose of ibuprofen, and acetaminophen in the treatment of patients with osteoarthritis of the knee. *N Engl J Med.* 1991;325(2):87-91. **9.** Bradley JD, Brandt KD, Katz BP, Kalasinski LA, Ryan SI. Treatment of knee osteoarthritis: relationship of clinical features of joint inflammation to the response to a nonsteroidal antiinflammatory drug or pure analgesic. *J Rheumatol.* 1992;19(12):1950-1954. **10.** Temple AR, Benson GD, Zinsenheim JR, Schweinle JE. Multicenter, randomized, double-blind, active-controlled, parallel-group trial of the long-term (6-12 months) safety of acetaminophen in adult patients with osteoarthritis. *Clin Ther.* 2006;28(2):222-235. **11.** Campbell CL, Smyth S, Montalescot G, Steinhubl SR. Aspirin dose for the prevention of cardiovascular disease: a systematic review. *JAMA.* 2007;297(18):2018-2024. **12.** Bhatt DL, Scheiman J, Abraham NS, et al. ACCF/ACG/AHA 2008 expert consensus document on reducing the gastrointestinal risks of antiplatelet therapy and NSAID use: a report of the American College of Cardiology Foundation Task Force on Clinical Expert Consensus Documents. *Circulation.* 2008;118(8):1894-1909. **13.** Antman EM, Bennett JS, Daugherty A, Furberg C, Roberts H, Taubert KA. Use of nonsteroidal anti-inflammatory drugs: an update for clinicians: a scientific statement from the American Heart Association. *Circulation.* 2007;115(12):1634-1642. **14.** American College of Cardiology. New ACC/AHA high blood pressure guidelines lower definition of hypertension. http://www.acc.org/latest-in-cardiology/articles/2017/11/08/11/47/mon-5pm-bp-guideline-aha-2017. Accessed January 12, 2018. **15.** Bugge JF. Renal effects and complications of NSAIDs for routine post-operative pain relief: increased awareness of a real problem is needed. *Bailliere's Clinical Anesthesiology.* 1995;9(3):483-492. **16.** Weir MR. Renal effects of nonselective NSAIDs and coxibs. *Cleve Clin J Med.* 2002;69 Suppl 1:SI53-SI58. **17.** Horn JR, Hansten PD. NSAIDs and antihypertensive agents. Pharmacy Times. http://www.pharmacytimes.com/publications/issue/2006/2006-04/2006-04-5484. Published April 2, 2006. Accessed January 5, 2017.



Analgesic choice

For patients with **cardiovascular disease**

Inside:

- Acetaminophen: efficacy, safety, and role
- CV risks with NSAIDs
- Patients on aspirin heart therapy
- Cardiovascular disease and OA

From the makers of TYLENOL®

Cardiovascular Disease & TYLENOL®

~92.1 MILLION

Over 92 million American adults have at least 1 type of cardiovascular disease.[1*]

For patients with cardiovascular disease or risk factors, analgesic choice matters. NSAIDs pose certain risks. Recommend TYLENOL® for these reasons:

Cardiovascular event risks:
TYLENOL® won't increase the risk of heart attack, heart failure, and stroke the way ibuprofen or naproxen sodium can[2]

Hypertension risks:
TYLENOL® won't increase blood pressure like NSAIDs sometimes can[3,4]

Medication interference risks:
TYLENOL® won't interfere with aspirin heart therapy the way ibuprofen can[5]

TYLENOL® won't interfere with certain high blood pressure medications, such as diuretics and ACE inhibitors, the way NSAIDs sometimes can[3,4,6]

Other Considerations

Osteoarthritis
Patients with osteoarthritis are **45% more likely to have heart disease** and have a higher prevalence of cardiovascular risks than those without OA[7†]

Consider recommending TYLENOL® as an appropriate analgesic choice for patients with OA, even when inflammation is present.[8,9]

Liver
An acetaminophen long-term study showed **no clinical evidence of liver dysfunction, even when dosed at 4000 mg/day for up to 1 year.[10]**

Remind your patients: Always read and follow the label. Stop and ask a doctor if pain gets worse or lasts more than 10 days.

*Cardiovascular disease in reference was defined as hypertension, myocardial infarction, angina pectoris, heart failure, or stroke.

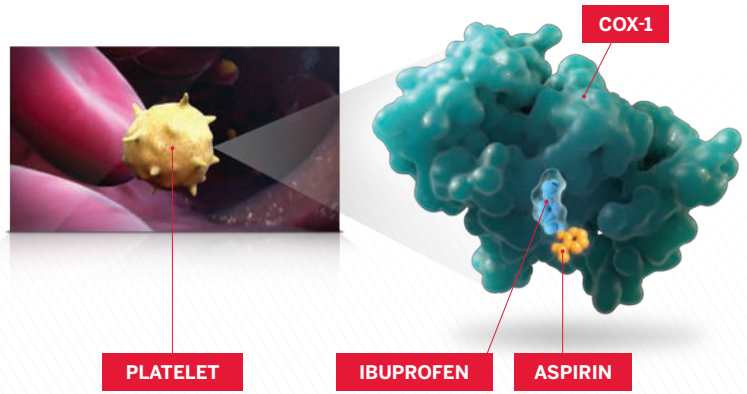
†As compared to age-matched patients.

Aspirin Heart Therapy

50 MILLION

50 million US adults are on aspirin heart therapy.[11]

Ibuprofen can interfere with aspirin heart therapy
Ibuprofen can interfere with aspirin's ability to exert its antiplatelet effects by competing for the same binding site on the cyclooxygenase-1 (COX-1) enzyme.[5]



GI considerations: Adding an NSAID to aspirin can increase the risk of stomach bleeding.[12]

TYLENOL® does not interfere with aspirin heart therapy the way ibuprofen can[5]

Watch how ibuprofen interferes with aspirin's cardiovascular benefits at **TylenolProfessional.com/CV**

The **American Heart Association** has identified acetaminophen as a first-line pain relief option for patients with, or at high risk for, cardiovascular disease.[13‡]

‡When symptoms are not controlled by nonpharmacological approaches.

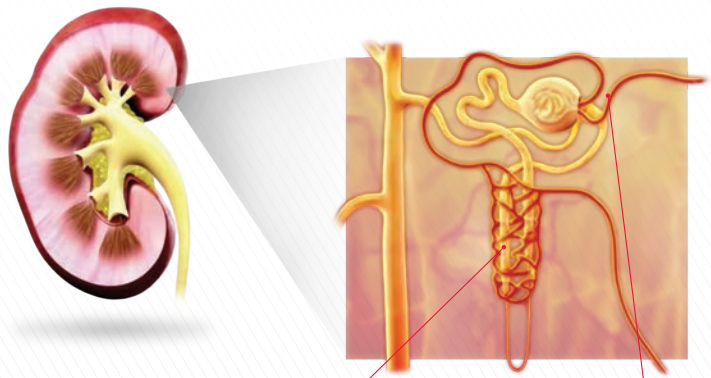
Hypertension

1 IN 2

Nearly **1 in 2** adults in the US is hypertensive.[14]

Non-aspirin NSAIDs can increase blood pressure and the risk of heart attack, heart failure, or stroke.[3]
The risk is higher if you use more than directed or for longer than directed.

In the kidneys, NSAID inhibition of COX-1 constricts blood flow and can result in reduced renal perfusion. NSAID inhibition of COX-2 can promote sodium and fluid retention.[15,16]



Drug interference risks: Through their renal effects, NSAIDs may also interfere with the blood pressure-lowering efficacy of certain antihypertensive medicines, such as diuretics and ACE inhibitors.[6]

TYLENOL® may be a more appropriate analgesic choice for patients with hypertension[3,17]