Dosage Summary

**TYLENOL® Regular Strength Tablet**

- **Active ingredient:** acetaminophen 325 mg (in each tablet)

**DOSE AND FREQUENCY**

- 2 tablets every 4 to 6 hours while symptoms last

**MAXIMUM LABELED DOSE**

- 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**

- **Active ingredient:** acetaminophen 500 mg (in each caplet)

**DOSE AND FREQUENCY**

- 2 caplets every 4 to 6 hours while symptoms last

**MAXIMUM LABELED DOSE**

- Not to exceed 6 caplets in 24 hours, unless directed by a doctor

- Total labeled daily dose: 3000 mg

**TYLENOL® BHR Arthritis Pain Caplet**

- **Active ingredient:** acetaminophen 650 mg (in each caplet)

**DOSE AND FREQUENCY**

- 2 bi-layer caplets every 8 hours with water

**MAXIMUM LABELED DOSE**

- 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.

References:


From the makers of TYLENOL®
Cardiovascular Disease & TYLENOL®

~92.1 MILLION

Over 92 million American adults have at least 1 type of cardiovascular disease.14

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.
- **Hypertension risks:** TYLENOL® won’t increase blood pressure like NSAIDs sometimes can.
- **Medication interference risks:** TYLENOL® won’t interfere with aspirin heart therapy the way ibuprofen can.
- **TYLENOL® won’t interfere with certain high blood pressure medications,** such as diuretics and ACE inhibitors, the way NSAIDs sometimes can.

Aspirin Heart Therapy

- **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

Medication interference risks:

- TYLENOL® won’t interfere with aspirin heart therapy the way ibuprofen can.

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.6
  - Consider recommending TYLENOL® as an appropriate analgesic choice for patients with OA, even when inflammation is present.

- **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.9
  - Remind your patients: Always read and follow the label. Stop and ask a doctor if pain gets worse or lasts more than 10 days.

Hypertension

- **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

TYLENOL® may not interfere with aspirin heart therapy the way ibuprofen can.5

**TYLENOL® does not interfere with aspirin heart therapy the way ibuprofen can.**

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

**Other Considerations**

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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.9
  - Remind your patients: Always read and follow the label. Stop and ask a doctor if pain gets worse or lasts more than 10 days.

**TYLENOL® may not interfere with aspirin heart therapy the way ibuprofen can.**

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

**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

**Hypertension**

1 IN 2

Nearly 1 in 2 adults in the US is hypertensive.14