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LINDICATIONS AND USAGE

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The approprise inside decing of sourfaries codium varies widely for different patients. Not all factors responsible for warfaris done variability are known, and the initial done is influenced by:

Clinical factors including age, note, host weight, not, contention medications, and connechidate—
Generic Enterns (CNPOE) and VEOREL generapor) (see Clinical Pharmacology (I) 12.5

Genetic Cassen, (CNOS) and VORGE (prostings) leve Claim I Ammunology (1) 225
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VKORC1	-1/-1	*1*2	-11-3	2*2	*2*3	*3*2			
GG	5107 EW	5 to 7 me	10-4 DK	100 4 DM	2 to 4 mg	0.5 to 2 mg			
AG	4so 7 mg	I to 4 mg	I to 4 mg	I to 4 mg	0.5 to 2 mg	0.5 to 2 mg			
AA.	day 4 mg	3 to 4 mg	0.5 to 2 mg	15 to 2 mg	0.5 to 2 mg	0.5 to 2 mg			
Eauges are	lected from m	uliqër published i	band sades, 1X	DIECT - 2639G >	A (water real to the	riant it word in			

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2.5 Mixed Date

The articoagulant effect of variation and suppressors beyond 26 hours. If a patient mixeus a done of variation date in the intended time of day, the patient should take the done as concurs possible on the same day. The patient should not double the done the sext day to make up for a mixed done.

workers changed and the dependent of the glove and the side of the

Warfarin codium may increase the activated partial thromboplastin time (aPTT) mut, even in the absence of heparin. A severe elevation.): 20 seconds; in aPTT with an INR in the desired range has been identified as annifolation of increased risk of prosperative herenomings.

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                           Drugs, dearny changes, and other factors affect INR levels achieved with warfarin codium theraps. 
Perform more frequent FSR monitoring when starting or exoping other drugs, including homaicals, or 
when changing disages of other drugs [see Drug Interactions (j)].
                  $2.7 linear Nicrosis

Nicrosis and/or gaugene of olds and other finears in an uncommonhot serious risk (< 0.1%). Nicrosis may be unecomed with local front-books and usually appears within for days of the start of varieties collaminately give serves course of encoders, treatment immorph debelowment or appearation of the
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7.3 Anathietics and Antiliungals
There have been reports of changes in INR in patient taking warfarin and antibiotics or antiliungals, but clinical pharmacoliunies studies have not shown consistent effects of these agents on plasma concentrations of wateria.

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The reassest of exceeding anticoagulation is based on the level of the INR, the presence or absence of ble-eding, and clinical circumsmoon. Reserval of warfaris sodium anticoagulation may be obtained by discontinuing warfaris sodium therapy and, if necessary, by administration of oral or parentral vitation N. 1 The use of vitantia K reduces response to subsequent warfarin codium therapy and parients may return a presument reheathoric stant relieveing the rapid reversal of a prelonged DNR. Resumption of surfaction codium administration reverses the reflect of vitanties, and a therapeutic DNR can again be softened by careful design adjustment. If rapid re-unic cognition is indicated, beyarin may be perfectable for indicate therapy. parl-realth for ideal therage. The Produced income of PCCs, thesh freezeeplasm or activated Facus: VE treatment may be considered if the requirement to reverse the effects of switzful as administ cupy. A rick of begatist, and not visid diseases, the switzful as administ cupy. A rick of begatist and not visid diseases, to associated with the one of blood products, PCCs and activated Facus VE line about associated with the activated in the switzful associated with a silent switzful associated with the activation of the switzful associated with the switz

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Whiteirs codium is a audicoogulant that area by inhibiting vitantia K-dependent congulation factors.

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Warfarin distributes into a relatively small apparent volume of distribution of about 0.14 LAg. A distribution phase lusting 6 to 12 hours is distinguishable after and administration of an aqueous solution. Approximately 99% of the drug is bound to plasma proxeius.

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worked before when or many control (Child which who decounted be confirmationed by the Child Ch

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Table #Clinical Studies of Warfarin in Non-Rheumatic AF Patients*									
Study	. N		Threadermheism				% Major Bleeding		
- August	Marfaria-Treated Patients	Control Patients	PT Ratio	IN8		Reduction		Warfarin-Treated	Centre
AFASAK	335	336		28-		60	0.027	0.6	0
SPAF	290	211	13-18	2- 45		67	0.01	1.9	1.9
RAATAF	212	208	12-15	15		86	-0.05	0.9	0.5
CAFA	187	190	13-16	2-3		45	0.25	2.7	0.5
SPINAF	260	265	1,2-1,5	1.4- 2.8		29	0.001	2.3	1.5

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Table SProspection,	Randomized, Ope Patients with M	u-Label, Pusitive-Controlled- lechanical Prosthetic Heart V.	Clinical Study of Warfarin i slives
		Patients Treated With	
Event	Warfaria	Digwidamale/Aspirio	Protesil/EnriAspide
Thromboembolion	2.2/100 py	LE: 1000 py	7.9/100 py

has prospective, upon-label, clinical study comparing moderate (DRR 2.65) vc. high insensity (DRR 9) starfarin therapies in 25th patients with mechanical prosthetic bears valves, throubsorethelismoccounts with citalize frequency in the two groups (4 and 3.7 resum per 100 patient years, respectively). Major thereting was more common in the high linearing group. The results of this onely are governed in Table

py-pensi years. Its randomient trial is 110 patient comparing two intensities of warfaris therapy (NR2 to 225 vs. 200 2.5 m.) It is a three much priedd following tome bean value replacement, thresholdstollous occursies with shifter frameway in the neg many (najor relation events 2 vs. vs. 1.5 %, respectively, perfect in the higher travelly NRE prosp. compared to zero in the lower intensity NRE grasp. 14.3 Myc. could inferentiate.

Event	Wartaria (N=607)	Placeba (N=607)	RR (95% CI)	% Risk Reduction (p-value)
Total Patient Years of Follow-up	2018	1944		
Total Mortality	94 (47/100 pg)	123 (6.3/100 py)	0.76 (0.60, 0.97)	24 (p=0.030
Vascular Death	82 (4.1/100 pv)	105 (5.4/300 pv)	9.78 (0.60, 1.02)	22 (0~0.068
Recurrent Mil	92 (4.1/200 py)	124 (6.4/300 py)	0.66 (0.51, 0.85)	
Cerebosyascular Event	20 (L/200 av)	44 (2.3/100 pv)	0.46 (0.28, 0.75)	

WARES II (The Warlarin, Aspirin, Re-inflarction Study) was an open-label, candomized study of 2620 patients hospitalized for a care supecastial inflarction steared with warfarintens a saper INR. 2.1 to 6.2, applien IMO upge day, or warfarin as super INR's 10.2 Tolks andaris "Neap end pop face to hospital dackage," The pirtuary endpoint was a composite or death, austral invaluation, or threshootabelic reade. The mean dantion of observation-was appreciationally of years. The results in WARES III are readed. The mean dantion of observation-was appreciationally of years. The results in WARES III are the WARES III are superior to the superior of the superior of

Exect	Aspirin (N=120)	(Warfarin (N+1206) A	spiria plus Warfaria (N	*1284) Rate Ratio (95% CI)	p-valu
Major Edweding *	1				
	1	20	28	3.35 (ND) h	NO
				4.00 (ND)*	ND
Mixer Riveding 4	.29	103	133	3.21 (ND)*	NO
				2.55 (ND)*	ND
Composite Endpoints*	241	203	181		0.03
					0.001
Reinfarction	117	90	69		(0.00
				0.7440.55-0.981*	0.03
Thromboembolic Stroke	32	17	17		0.03
				0.52 (0.28-0.97)*	0.03

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                                                 Tell all of your healthcare provides; and denties that you are nating warfaris codium. They should talk to the healthcare provides who prescribed warfaris codium far you believe you have surpery or detail procedure. Your warfarin sodiumnay need to be snopped for a short time or your may need your done adjusted any
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