NAPROXEN- naproxen tablet
H.J. Harkins Company., Inc.

Indications & Usage

CAREFULLY CONSIDER THE POTENTIAL BENEFITS AND RISKS OF NAPROXEN AND OTHER TREATMENT OPTIONS BEFORE DECIDING TO USE NAPROXEN TABLETS. USE THE LOWEST EFFECTIVE DOSE FOR THE SHORTEST DURATION CONSISTENT WITH INDIVIDUAL PATIENT TREATMENT GOALS (SEE WARNINGS: GASTROINTESTINAL BLEEDING, ULCERATION, AND PERFORATION).

NAPROXEN TABLETS ARE INDICATED:

FOR THE RELIEF OF THE SIGNS AND SYMPTOMS OF RHEUMATOID ARTHRITIS.

FOR THE RELIEF OF THE SIGNS AND SYMPTOMS OF OSTEOARTHRITIS

FOR THE RELIEF OF THE SIGNS AND SYMPTOMS OF ANKYLOSING SPONDYLITIS

FOR THE RELIEF OF THE SIGNS AND SYMPTOMS OF JUVENILE ARTHRITIS

NAPROXEN TABLETS ARE ALSO INDICATED:

FOR RELIEF OF THE SIGNS AND SYMPTOMS OF TENDONITIS

FOR RELIEF OF THE SIGNS AND SYMPTOMS OF BURSITIS

FOR RELIEF OF THE SIGNS AND SYMPTOMS OF ACUTE GOUT

FOR THE MANAGEMENT OF PAIN

FOR THE MANAGEMENT OF PRIMARY DYSMENORRHEA

How Supplied

NAPROXEN TABLETS

500 MG: WHITE TO OFF-WHITE, CAPSULE-SHAPED TABLETS WITH “140” DEBOSSED ON ONE SIDE AND SCORED ON

OTHER SIDE. PACKAGED IN LIGHT-RESISTANT

STORE AT 20°-25°C (68°-77°F) EXCURSIONS PERMITTED TO 15°-30°C (59°-86°F) IN WELL-CLOSED CONTAINERS

[SEE USP CONTROLLED ROOM TEMPERATURE]. DISPENSE IN LIGHT-RESISTANT CONTAINERS.

RX ONLY

Warnings

CARDIOVAS CULAR THROMBOTIC EVENTS

CLINICAL TRIALS OF SEVERAL COX-2 SELECTIVE AND NON-SELECTIVE NSAIDS OF UP

TO THREE YEARS DURATION HAVE SHOWN AN INCREASED RISK OF SERIOUS CARDIOVASCULAR (CV) THROMBOTIC EVENTS, MYOCARDIAL INFARCTION, AND STROKE, WHICH CAN BE FATAL. BASED ON AVAILABLE DATA, IT IS UNCLEAR THAT THE RISK FOR CV THROMBOTIC EVENTS IS SIMILAR FOR ALL NSAIDS. THE RELATIVE INCREASE IN SERIOUS CV THROMBOTIC EVENTS OVER BASELINE CONFERRED BY NSAID USE APPEARS TO BE SIMILAR IN THOSE WITH AND WITHOUT KNOWN CV DISEASE OR RISK FACTORS FOR CV DISEASE. HOWEVER, PATIENTS WITH KNOWN CV DISEASE OR RISK FACTORS HAD A HIGHER ABSOLUTE INCIDENCE OF EXCESS SERIOUS CV THROMBOTIC EVENTS, DUE TO THEIR INCREASED BASELINE RATE. SOMEOBSERVATIONAL STUDIES FOUND THAT THIS INCREASED RISK OF SERIOUS CV THROMBOTIC EVENTS BEGAN AS EARLY AS THE FIRST WEEKS OF TREATMENT. THE INCREASE IN CV THROMBOTIC RISK HAS BEEN OBSERVED MOST CONSISTENTLY AT HIGHER DOSES.

TO MINIMIZE THE POTENTIAL RISK FOR AN ADVERSE CV EVENT IN NSAID-TREATED PATIENTS, USE THE LOWEST EFFECTIVE DOSE FOR THE SHORTEST DURATION POSSIBLE. PHYSICIANS AND PATIENTS SHOULD REMAIN ALERT FOR THE DEVELOPMENT OF SUCH EVENTS, THROUGHOUT THE ENTIRE TREATMENT COURSE, EVEN IN THE ABSENCE OF PREVIOUS CV SYMPTOMS. PATIENTS SHOULD BE INFORMED ABOUT THE SYMPTOMS OF SERIOUS CV EVENTS AND THE STEPS TO TAKE IF THEY OCCUR.

THERE IS NO CONSISTENT EVIDENCE THAT CONCURRENT USE OF ASPIRIN MITIGATES THE INCREASED RISK OF SERIOUS CV THROMBOTIC EVENTS ASSOCIATED WITH NSAID USE. THE CONCURRENT USE OF ASPIRIN AND AN NSAID, SUCH AS NAPROXEN, INCREASES THE RISK OF SERIOUS GASTROINTESTINAL (GI) EVENTS (SEE WARNINGS; GASTROINTESTINAL BLEEDING, ULCERATION, AND PERFORATION).

STATUS POST CORONARY ARTERY BYPASS GRAFT (CABG) SURGERY

TWO LARGE, CONTROLLED, CLINICAL TRIALS OF A COX-2 SELECTIVE NSAID FOR THE TREATMENT OF PAIN IN THE FIRST 10-14 DAYS FOLLOWING CABG SURGERY FOUND AN INCREASED INCIDENCE OF MYOCARDIAL INFARCTION AND STROKE. NSAIDS ARE CONTRAINDICATED IN THE SETTING OF CABG (SEE CONTRAINDICATIONS).

POST-MI PATIENTS

OBSERVATIONAL STUDIES CONDUCTED IN THE DANISH NATIONAL REGISTRY HAVE DEMONSTRATED THAT PATIENTS TREATED WITH NSAIDS IN THE POST-MI PERIOD WERE AT INCREASED RISK OF REINFARCTION, CV-RELATED DEATH, AND ALL CAUSE MORTALITY BEGINNING IN THE FIRST WEEK OF TREATMENT. IN THIS SAME COHORT, THE INCIDENCE OF DEATH IN THE FIRST YEAR POST-MI WAS 20 PER 100 PERSON YEARS IN NSAID-TREATED PATIENTS COMPARED TO 12 PER 100 PERSON YEARS IN NON-NSAID EXPOSED PATIENTS. ALTHOUGH THE ABSOLUTE RATE OF DEATH DECLINED SOMEWHAT

AFTER THE FIRST YEAR POST-MI, THE INCREASED RELATIVE RISK OF DEATH IN NSAID USERS PERSISTED OVER AT LEAST THE NEXT FOUR YEARS OF FOLLOW-UP.

AVOID THE USE OF NAPROXEN IN PATIENTS WITH A RECENT MI UNLESS THE BENEFITS ARE EXPECTED TO OUTWEIGH THE RISK OF RECURRENT CV THROMBOTIC EVENTS. IF NAPROXEN IS USED IN PATIENTS WITH A RECENT MI, MONITOR PATIENTS FOR SIGNS OF CARDIAC ISCHEMIA.

GASTROINTESTINAL BLEEDING, ULCERATION, AND PERFORATION

NSAIDS, INCLUDING NAPROXEN CAUSE SERIOUS GASTROINTESTINAL (GI) ADVERSE EVENTS INCLUDING INFLAMMATION, BLEEDING, ULCERATION, AND PERFORATION OF THE ESOPHAGUS, STOMACH, SMALL INTESTINE, OR LARGE INTESTINE, WHICH CAN BE FATAL. THESE SERIOUS ADVERSE EVENTS CAN OCCUR AT ANY TIME, WITH OR WITHOUT WARNING SYMPTOMS, IN PATIENTS TREATED WITH NSAIDS. ONLY ONE IN FIVE PATIENTS WHO DEVELOP A SERIOUS UPPER GI ADVERSE EVENT ON NSAID THERAPY IS SYMPTOMATIC. UPPER GI ULCERS, GROSS BLEEDING, OR PERFORATION CAUSED BY NSAIDS OCCURRED IN APPROXIMATELY 1% OF PATIENTS TREATED FOR 3-6 MONTHS, AND IN ABOUT 2%-

4% OF PATIENTS TREATED FOR ONE YEAR. HOWEVER, EVEN SHORT-TERM NSAID THERAPY IS NOT WITHOUT RISK. RISK FACTORS FOR GI BLEEDING, ULCERATION, AND PERFORATION PATIENTS WITH A PRIOR HISTORY OF PEPTIC ULCER DISEASE AND/OR GI BLEEDING WHO USED NSAIDS HAD A GREATER

THAN 10-FOLD INCREASED RISK FOR DEVELOPING A GI BLEED COMPARED TO PATIENTS WITHOUT THESE RISK FACTORS. OTHER FACTORS THAT INCREASE THE RISK OF GI BLEEDING IN PATIENTS TREATED WITH NSAIDS INCLUDE LONGER DURATION OF NSAID THERAPY; CONCOMITANT USE OF ORAL CORTICOSTEROIDS, ASPIRIN, ANTICOAGULANTS, OR SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS); SMOKING; USE OF ALCOHOL; OLDER AGE; AND POOR GENERAL HEALTH STATUS. MOST POSTMARKETING REPORTS OF FATAL GI EVENTS OCCURRED IN ELDERLY OR DEBILITATED PATIENTS.

ADDITIONALLY, PATIENTS WITH ADVANCED LIVER DISEASE AND/OR COAGULOPATHY ARE AT INCREASED RISK FOR GI BLEEDING.

STRATEGIES TO MINIMIZE THE GI RISKS IN NSAID-TREATED PATIENTS:

USE THE LOWEST EFFECTIVE DOSAGE FOR THE SHORTEST POSSIBLE DURATION.
AVOID ADMINISTRATION OF MORE THAN ONE NSAID AT A TIME.
AVOID USE IN PATIENTS AT HIGHER RISK UNLESS BENEFITS ARE EXPECTED TO OUTWEIGH THE INCREASED RISK OF
BLEEDING. FOR SUCH PATIENTS, AS WELL AS THOSE WITH ACTIVE GI BLEEDING, CONSIDER ALTERNATE THERAPIES OTHER THAN NSAIDS.
REMAIN ALERT FOR SIGNS AND SYMPTOMS OF GI ULCERATION AND BLEEDING DURING NSAID THERAPY.
IF A SERIOUS GI ADVERSE EVENT IS SUSPECTED, PROMPTLY INITIATE EVALUATION AND TREATMENT, AND DISCONTINUE NAPROXEN UNTIL A SERIOUS GI ADVERSE EVENT IS RULED OUT.
IN THE SETTING OF CONCOMITANT USE OF LOW-DOSE ASPIRIN FOR CARDIAC PROPHYLAXIS, MONITOR PATIENTS MORE CLOSELY FOR EVIDENCE OF GI BLEEDING (SEE PRECAUTIONS; DRUG INTERACTIONS).

HEPATOTOXICITY

ELEVATIONS OF ALT OR AST (THREE OR MORE TIMES THE UPPER LIMIT OF NORMAL [ULN]) HAVE BEEN REPORTED IN APPROXIMATELY 1% OF PATIENTS IN CLINICAL TRIALS. IN ADDITION, RARE, SOMETIMES FATAL, CASES OF SEVERE HEPATIC INJURY, INCLUDING FULMINANT HEPATITIS, LIVER NECROSIS AND HEPATIC FAILURE HAVE BEEN REPORTED.

ELEVATIONS OF ALT OR AST (LESS THAN THREE TIMES ULN) MAY OCCUR IN UP TO 15% OF PATIENTS TAKING NSAIDS INCLUDING NAPROXEN.

INFORM PATIENTS OF THE WARNING SIGNS AND SYMPTOMS OF HEPATOTOXICITY (E.G., NAUSEA, FATIGUE, LETHARGY, DIARRHEA, PRURITUS, JAUNDICE, RIGHT UPPER QUADRANT TENDERNESS, AND "FLULIKE" SYMPTOMS). IF CLINICAL SIGNS AND SYMPTOMS CONSISTENT WITH LIVER DISEASE DEVELOP, OR IF SYSTEMIC MANIFESTATIONS OCCUR (E.G., EOSINOPHILIA, RASH, ETC.), DISCONTINUE NAPROXEN IMMEDIATELY, AND PERFORM A CLINICAL EVALUATION OF THE PATIENT.

HYPERTENSION

NSAIDS, INCLUDING NAPROXEN, CAN LEAD TO ONSET OF NEW HYPERTENSION OR WORSENING OF PRE-EXISTING HYPERTENSION, EITHER OF WHICH MAY CONTRIBUTE TO THE INCREASED INCIDENCE OF CV EVENTS. PATIENTS TAKING ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITORS, THIAZIDES OR LOOP DIURETICS MAY HAVE IMPAIRED RESPONSE TO THESE THERAPIES WHEN TAKING NSAIDS (SEE PRECAUTIONS; DRUG INTERACTIONS).

MONITOR BLOOD PRESSURE (BP) DURING THE INITIATION OF NSAID TREATMENT AND THROUGHOUT THE COURSE OF THERAPY.

HEART FAILURE AND EDEMA

THE COXIB AND TRADITIONAL NSAID TRIALISTS' COLLABORATION META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS DEMONSTRATED AN APPROXIMATELY TWO-FOLD INCREASE IN HOSPITALIZATION FOR HEART FAILURE IN COX-2 SELECTIVE-TREATED PATIENTS AND NONSELECTIVE NSAID-TREATED PATIENTS COMPARED TO PLACEBO-TREATED PATIENTS. IN A DANISH NATIONAL REGISTRY STUDY OF PATIENTS WITH HEART FAILURE, NSAID USE INCREASED THE RISK OF MI, HOSPITALIZATION FOR HEART FAILURE, AND DEATH. ADDITIONALLY, FLUID RETENTION AND EDEMA HAVE BEEN OBSERVED IN SOME PATIENTS TREATED WITH NSAIDS. USE OF NAPROXEN MAY BLUNT THE CV EFFECTS OF SEVERAL THERAPEUTIC AGENTS USED TO TREAT THESE MEDICAL CONDITIONS (E.G., DIURETICS, ACE INHIBITORS, OR ANGIOTENSIN RECEPTOR BLOCKERS [ARBS]) (SEE PRECAUTIONS; DRUG INTERACTIONS).

AVOID THE USE OF NAPROXEN IN PATIENTS WITH SEVERE HEART FAILURE UNLESS THE BENEFITS ARE EXPECTED TO OUTWEIGH THE RISK OF WORSENING HEART FAILURE. IF NAPROXEN IS USED IN PATIENTS WITH SEVERE HEART FAILURE, MONITOR PATIENTS FOR SIGNS OF WORSENING HEART FAILURE.

RENAL TOXICITY AND HYPERKALEMIA

RENAL TOXICITY

LONG-TERM ADMINISTRATION OF NSAIDS HAS RESULTED IN RENAL PAPILLARY NECROSIS AND OTHER RENAL INJURY.

RENAL TOXICITY HAS ALSO BEEN SEEN IN PATIENTS IN WHOM RENAL PROSTAGLANDINS HAVE A COMPENSATORY ROLE IN THE MAINTENANCE OF RENAL PERFUSION. IN THESE PATIENTS, ADMINISTRATION OF AN NSAID MAY CAUSE A DOSEDEPENDENT REDUCTION IN PROSTAGLANDIN FORMATION AND, SECONDARILY, IN RENAL BLOOD FLOW, WHICH MAY PRECIPITATE OVERT RENAL DECOMPENSATION. PATIENTS AT GREATEST RISK OF THIS REACTION ARE THOSE WITH IMPAIRED

RENAL FUNCTION, HYPOVOLEMIA, HEART FAILURE, LIVER DYSFUNCTION, SALT

DEPLETION, THOSE TAKING DIURETICS AND ACE INHIBITORS OR ARBS, AND THE ELDERLY. DISCONTINUATION OF NSAID THERAPY IS USUALLY FOLLOWED BY RECOVERY TO THE PRETREATMENT STATE. NO INFORMATION IS AVAILABLE FROM CONTROLLED CLINICAL STUDIES REGARDING THE USE OF NAPROXEN IN PATIENTS WITH ADVANCED RENAL DISEASE. THE RENAL EFFECTS OF NAPROXEN MAY HASTEN THE PROGRESSION OF RENAL DYSFUNCTION IN PATIENTS WITH PREEXISTING RENAL DISEASE.

CORRECT VOLUME STATUS IN DEHYDRATED OR HYPOVOLEMIC PATIENTS PRIOR TO INITIATING NAPROXEN. MONITOR RENAL FUNCTION IN PATIENTS WITH RENAL OR HEPATIC IMPAIRMENT, HEART FAILURE, DEHYDRATION, OR HYPOVOLEMIA DURING USE OF NAPROXEN (SEE PRECAUTIONS; DRUG INTERACTIONS). AVOID THE USE OF NAPROXEN IN PATIENTS WITH ADVANCED RENAL DISEASE UNLESS THE BENEFITS ARE EXPECTED TO OUTWEIGH THE RISK OF WORSENING RENAL FUNCTION. IF NAPROXEN IS USED IN PATIENTS WITH ADVANCED RENAL DISEASE, MONITOR PATIENTS FOR SIGNS OF

WORSENING RENAL FUNCTION.

HYPERKALEMIA

INCREASES IN SERUM POTASSIUM CONCENTRATION, INCLUDING HYPERKALEMIA, HAVE BEEN REPORTED WITH USE OF NSAIDS, EVEN IN SOME PATIENTS WITHOUT RENAL IMPAIRMENT. IN PATIENTS WITH NORMAL RENAL FUNCTION, THESE EFFECTS HAVE BEEN ATTRIBUTED TO A HYPORENINEMIC HYPOALDOSTERONISM STATE.

ANAPHYLACTOID REACTIONS

NAPROXEN HAS BEEN ASSOCIATED WITH ANAPHYLACTIC REACTIONS IN PATIENTS WITH AND WITHOUT KNOWN HYPERSENSITIVITY TO NAPROXEN AND IN PATIENTS WITH ASPIRIN-SENSITIVE ASTHMA (SEE

CONTRAINDICATIONS, WARNINGS; EXACERBATION OF ASTHMA RELATED TO ASPIRIN SENSITIVITY).

EXACERBATION OF ASTHMA RELATED TO ASPIRIN SENSITIVITY

A SUBPOPULATION OF PATIENTS WITH ASTHMA MAY HAVE ASPIRIN-SENSITIVE ASTHMA WHICH MAY INCLUDE CHRONIC RHINOSINUSITIS COMPLICATED BY NASAL POLYPS; SEVERE, POTENTIALLY FATAL BRONCHOSPASM; AND/OR INTOLERANCE TO ASPIRIN AND OTHER NSAIDS. BECAUSE CROSS-REACTIVITY BETWEEN ASPIRIN AND OTHER NSAIDS HAS BEEN REPORTED IN SUCH ASPIRIN-SENSITIVE PATIENTS, NAPROXEN TABLETS ARE CONTRAINDICATED IN PATIENTS WITH THIS FORM OF ASPIRIN SENSITIVITY (SEE CONTRAINDICATIONS). WHEN NAPROXEN TABLETS ARE USED IN PATIENTS WITH PREEXISTING ASTHMA (WITHOUT KNOWN ASPIRIN SENSITIVITY), MONITOR PATIENTS FOR CHANGES IN THE SIGNS AND SYMPTOMS OF ASTHMA.

SERIOUS SKIN REACTIONS

NSAIDS, INCLUDING NAPROXEN, CAN CAUSE SERIOUS SKIN ADVERSE EVENTS SUCH AS EXFOLIATIVE DERMATITIS, STEVENS- JOHNSON SYNDROME (SJS), AND TOXIC EPIDERMAL NECROLYSIS (TEN), WHICH CAN BE FATAL. THESE SERIOUS EVENTS MAY OCCUR WITHOUT WARNING. PATIENTS SHOULD BE INFORMED ABOUT THE SIGNS AND SYMPTOMS OF SERIOUS SKIN MANIFESTATIONS AND TO DISCONTINUE THE USE OF

NAPROXEN AT THE FIRST APPEARANCE OF SKIN RASH OR ANY OTHER SIGN OF HYPERSENSITIVITY. NAPROXEN TABLETS ARE CONTRAINDICATED IN PATIENTS WITH PREVIOUS

SERIOUS SKIN REACTIONS TO NSAIDS (SEE CONTRAINDICATIONS).

PREMATURE CLOSURE OF FETAL DUCTUS ARTERIOSUS

NAPROXEN MAY CAUSE PREMATURE CLOSURE OF THE FETAL DUCTUS ARTERIOSUS. AVOID USE OF NSAIDS, INCLUDING NAPROXEN, IN PREGNANT WOMEN STARTING AT 30 WEEKS OF GESTATION (THIRD TRIMESTER) (SEE PRECAUTIONS; PREGNANCY).

HEMATOLOGIC TOXICITY

ANEMIA HAS OCCURRED IN NSAID-TREATED PATIENTS. THIS MAY BE DUE TO OCCULT OR GROSS BLOOD LOSS, FLUID RETENTION, OR AN INCOMPLETELY DESCRIBED EFFECT ON ERYTHROPOIESIS. IF A PATIENT TREATED WITH NAPROXEN HAS ANY SIGNS OR SYMPTOMS OF ANEMIA, MONITOR HEMOGLOBIN OR HEMATOCRIT.

NSAIDS, INCLUDING NAPROXEN, MAY INCREASE THE RISK OF BLEEDING EVENTS. CO-MORBID CONDITIONS SUCH AS COAGULATION DISORDERS, OR CONCOMITANT USE OF WARFARIN AND OTHER ANTICOAGULANTS, ANTIPLATELET AGENTS (E.G., ASPIRIN), SEROTONIN REUPTAKE INHIBITORS (SSRIS) AND SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) MAY INCREASE THIS RISK. MONITOR THESE PATIENTS FOR SIGNS OF BLEEDING (SEE PRECAUTIONS; DRUG

INTERACTIONS).

Dosage & Administration

CAREFULLY CONSIDER THE POTENTIAL BENEFITS AND RISKS OF NAPROXEN AND OTHER TREATMENT OPTIONS BEFORE DECIDING TO USE NAPROXEN TABLETS. USE THE LOWEST EFFECTIVE DOSE FOR THE SHORTEST DURATION CONSISTENT WITH INDIVIDUAL PATIENT TREATMENT GOALS (SEE WARNINGS; GASTROINTESTINAL BLEEDING, ULCERATION, AND PERFORATION).

AFTER OBSERVING THE RESPONSE TO INITIAL THERAPY WITH NAPROXEN TABLETS, THE DOSE AND FREQUENCY SHOULD BE ADJUSTED TO SUIT AN INDIVIDUAL PATIENT'S NEEDS.

DIFFERENT DOSE STRENGTHS AND FORMULATIONS (I.E., TABLETS, SUSPENSION) OF THE DRUG ARE NOT NECESSARILY BIOEQUIVALENT. THIS DIFFERENCE SHOULD BE TAKEN INTO CONSIDERATION WHEN CHANGING FORMULATION.

ALTHOUGH NAPROXEN TABLETS, NAPROXEN SUSPENSION, NAPROXEN DELAYED-RELEASED TABLETS, AND NAPROXEN SODIUM TABLETS ALL CIRCULATE IN THE PLASMA AS NAPROXEN, THEY HAVE PHARMACOKINETIC DIFFERENCES THAT MAY AFFECT ONSET OF ACTION. ONSET OF PAIN RELIEF CAN BEGIN WITHIN 1 HOUR IN PATIENTS TAKING NAPROXEN. THE RECOMMENDED STRATEGY FOR INITIATING THERAPY IS TO CHOOSE A FORMULATION AND A STARTING DOSE LIKELY TO BE EFFECTIVE FOR THE PATIENT AND THEN ADJUST THE DOSAGE BASED ON OBSERVATION OF BENEFIT AND/OR ADVERSE EVENTS. A LOWER DOSE SHOULD BE CONSIDERED IN PATIENTS WITH RENAL OR HEPATIC IMPAIRMENT OR IN ELDERLY PATIENTS (SEE WARNINGS; HEPATOTOXICITY, AND RENAL TOXICITY AND

HYPERKALEMIA, AND PRECAUTIONS; GERIATRIC USE).

GERIATRIC PATIENTS

STUDIES INDICATE THAT ALTHOUGH TOTAL PLASMA CONCENTRATION OF NAPROXEN IS UNCHANGED, THE UNBOUND PLASMA FRACTION OF NAPROXEN IS INCREASED IN THE ELDERLY. CAUTION IS ADVISED WHEN HIGH DOSES ARE REQUIRED AND SOME ADJUSTMENT OF DOSAGE MAY BE REQUIRED IN ELDERLY PATIENTS. AS WITH OTHER DRUGS USED IN THE ELDERLY, IT IS PRUDENT TO USE THE LOWEST EFFECTIVE DOSE.

PATIENTS WITH MODERATE TO SEVERE RENAL IMPAIRMENT

NAPROXEN-CONTAINING PRODUCTS ARE NOT RECOMMENDED FOR USE IN PATIENTS WITH MODERATE TO SEVERE AND SEVERE RENAL IMPAIRMENT (CREATININE CLEARANCE < 30 ML/MIN) (SEE WARNINGS: RENAL EFFECTS).

RHEUMATOID ARTHRITIS, OSTEOARTHRITIS AND ANKYLOSING SPONDYLITIS

THE RECOMMENDED DOSE IS 250 MG, 375 MG, OR 500 MG TWICE DAILY. DURING LONG-TERM ADMINISTRATION, THE DOSE OF NAPROXEN MAY BE ADJUSTED UP OR DOWN DEPENDING ON THE CLINICAL RESPONSE OF THE PATIENT. A LOWER DAILY DOSE MAY SUFFICE FOR LONG-TERM ADMINISTRATION. THE MORNING AND EVENING DOSES DO NOT HAVE TO BE EQUAL IN SIZE AND THE ADMINISTRATION OF THE DRUG MORE FREQUENTLY THAN TWICE DAILY IS NOT NECESSARY. IN PATIENTS WHO TOLERATE LOWER DOSES WELL, THE DOSE MAY BE INCREASED TO NAPROXEN 1500 MG/DAY FOR LIMITED PERIODS OF UP TO 6 MONTHS WHEN A HIGHER LEVEL OF ANTI-INFLAMMATORY/ANALGESIC ACTIVITY IS REQUIRED. WHEN TREATING SUCH PATIENTS WITH NAPROXEN 1500 MG/DAY, THE PHYSICIAN SHOULD OBSERVE SUFFICIENT INCREASED CLINICAL BENEFITS TO OFFSET THE POTENTIAL INCREASED RISK. THE MORNING AND EVENING DOSES DO NOT HAVE TO BE EQUAL IN SIZE AND ADMINISTRATION OF THE DRUG MORE FREQUENTLY THAN TWICE DAILY DOES NOT GENERALLY MAKE A DIFFERENCE IN RESPONSE (SEE CLINICAL PHARMACOLOGY).

JUVENILE ARTHRITIS

NAPROXEN TABLETS MAY NOT ALLOW FOR THE FLEXIBLE DOSE TITRATION NEEDED IN PEDIATRIC PATIENTS WITH JUVENILE ARTHRITIS. A LIQUID FORMULATION MAY BE MORE APPROPRIATE. IN PEDIATRIC PATIENTS, DOSES OF 5 MG/KG/DAY PRODUCED PLASMA LEVELS OF NAPROXEN SIMILAR TO THOSE SEEN IN ADULTS TAKING 500 MG OF NAPROXEN (SEE CLINICAL PHARMACOLOGY). THE RECOMMENDED TOTAL DAILY DOSE OF NAPROXEN IS APPROXIMATELY 10 MG/KG GIVEN IN 2 DIVIDED DOSES. ONE-HALF OF THE 250 MG TABLET WILL BE NEEDED FOR DOSING LOWER-WEIGHT CHILDREN. DOSING WITH NAPROXEN TABLETS IS NOT APPROPRIATE FOR CHILDREN WEIGHING LESS THAN 25 KILOGRAMS. THE RECOMMENDED TOTAL DAILY DOSE OF NAPROXEN IS APPROXIMATELY 10 MG/KG GIVEN IN 2 DIVIDED DOSES (I.E., 5 MG/KG GIVEN TWICE A DAY). NAPROXEN TABLETS ARE NOT WELL SUITED TO THIS DOSAGE SO USE OF NAPROXEN ORAL SUSPENSION IS RECOMMENDED FOR THIS INDICATION.

MANAGEMENT OF PAIN, PRIMARY DYSMENORRHEA, AND ACUTE TENDONITIS AND BURSITIS

BECAUSE THE SODIUM SALT OF NAPROXEN IS MORE RAPIDLY ABSORBED, NAPROXEN SODIUM IS RECOMMENDED FOR THE MANAGEMENT OF ACUTE PAINFUL CONDITIONS WHEN PROMPT ONSET OF PAIN RELIEF IS DESIRED. NAPROXEN MAY ALSO BE USED. THE RECOMMENDED STARTING DOSE OF NAPROXEN IS 500 MG, FOLLOWED BY 500

MG EVERY 12 HOURS OR 250 MG EVERY 6 TO 8 HOURS AS REQUIRED. THE INITIAL TOTAL DAILY DOSE SHOULD NOT EXCEED 1250 MG OF NAPROXEN.

ACUTE GOUT

THE RECOMMENDED STARTING DOSE IS 750 MG OF NAPROXEN FOLLOWED BY 250 MG EVERY 8 HOURS UNTIL THE ATTACK HAS SUBSIDED.

Paitent Information

What is the most important information I should know about naproxen?

Naproxen can increase your risk of fatal heart attack or stroke, especially if you use it long term or take high doses, or if you have heart disease. Do not use this medicine just before or after heart bypass surgery (coronary artery bypass graft, or CABG).

Naproxen may also cause stomach or intestinal bleeding, which can be fatal. These conditions can occur without warning while you are using naproxen, especially in older adults.

What is naproxen?

Naproxen is a nonsteroidal anti-inflammatory drug (NSAID). Naproxen works by reducing hormones that cause inflammation and pain in the body.

Naproxen is used to treat pain or inflammation caused by conditions such as arthritis, ankylosing spondylitis, tendinitis, bursitis, gout, or menstrual cramps.

The delayed-release or extended-release tablets are slower-acting forms of naproxen that are used only for treating chronic conditions such as arthritis or ankylosing spondylitis. These forms of naproxen will not work fast enough to treat acute pain.

Naproxen may also be used for purposes not listed in this medication guide.

What should I discuss with my healthcare provider before taking naproxen?

Naproxen can increase your risk of fatal heart attack or stroke, especially if you use it long term or take high doses, or if you have heart disease. Even people without heart disease or risk factors could have a stroke or heart attack while taking this medicine.

Do not use this medicine just before or after heart bypass surgery (coronary artery bypass graft, or CABG).

Naproxen may also cause stomach or intestinal bleeding, which can be fatal. These conditions can occur without warning while you are using naproxen, especially in older adults.

You should not use naproxen if you are allergic to it, or if you have ever had an asthma attack or severe allergic reaction after taking aspirin or an NSAID.

Ask a doctor or pharmacist if it is safe for you to use this medicine if you have:

heart disease, high blood pressure, high cholesterol, diabetes, or if you smoke;
a history of heart attack, stroke, or blood clot;
a history of stomach ulcers or bleeding;
asthma;
liver or kidney disease; or

fluid retention.

Taking naproxen during the last 3 months of pregnancy may harm the unborn baby. Ask a doctor before using this medicine if you are pregnant. Naproxen may interfere with ovulation, causing temporary infertility.

Naproxen can pass into breast milk and may cause side effects in the nursing baby. You should not breast-feed while using this medicine.

Naproxen is not approved for use by anyone younger than 2 years old. Do not give this medicine to a child without medical advice.

How should I take naproxen?

Use exactly as directed on the label, or as prescribed by your doctor. Do not take this medicine in larger amounts or for longer than recommended. Use the lowest dose that is effective in treating your condition.

Do not crush, chew, or break a naproxen tablet. Swallow it whole.

Shake the oral suspension (liquid) well just before you measure a dose. Measure liquid medicine with the dosing syringe provided, or with a special dose-measuring spoon or medicine cup. If you do not have a dose-measuring device, ask your pharmacist for one.

If you change brands, strengths, or forms of naproxen, your dosage needs may change. Ask your pharmacist if you have any questions about the kind of naproxen you are using.

If a child is using this medicine, tell your doctor if the child has any changes in weight. Naproxen doses are based on weight in children, and any changes may affect your child's dose.

If you use naproxen long-term, you may need frequent medical tests.

This medicine can cause unusual results with certain medical tests. Tell any doctor who treats you that you are using naproxen.

Store at room temperature away from moisture, heat, and light. Keep the bottle tightly closed when not in use.

Read all patient information, medication guides, and instruction sheets provided to you. Ask your doctor or pharmacist if you have any questions.

What happens if I miss a dose?

Since naproxen is sometimes used only when needed, you may not be on a dosing schedule. If you are on a schedule, use the missed dose as soon as you remember. Skip the missed dose if it is almost time for your next scheduled dose. Do not use extra medicine to make up the missed dose.

What happens if I overdose?

Seek emergency medical attention or call the Poison Help line at 1-800-222-1222.

What should I avoid while taking naproxen?

Avoid drinking alcohol. It may increase your risk of stomach bleeding.

Avoid taking aspirin while you are taking naproxen.

Ask your doctor before taking any other medication for pain, arthritis, fever, or swelling. Many medicines available over the counter contain aspirin, salicylates, or other medicines similar to naproxen (such as ibuprofen or ketoprofen). Taking certain products together can cause you to get too much of this type of medication.

Ask your doctor before using an antacid, and use only the type your doctor recommends. Some antacids can make it harder for your body to absorb naproxen.

What are the possible side effects of naproxen?

Get emergency medical help if you have signs of an allergic reaction: sneezing, runny or stuffy nose; wheezing or trouble breathing; hives; swelling of your face, lips, tongue, or throat.

Get emergency medical help if you have signs of a heart attack or stroke: chest pain spreading to your jaw or shoulder, sudden numbness or weakness on one side of the body, slurred speech, feeling short of breath.

Stop using naproxen and call your doctor at once if you have:

shortness of breath (even with mild exertion);
swelling or rapid weight gain;
the first sign of any skin rash, no matter how mild;
signs of stomach bleeding--bloody or tarry stools, coughing up blood or vomit that looks like coffee grounds;
liver problems--nausea, upper stomach pain, itching, tired feeling, flu-like symptoms, loss of appetite, dark urine, clay-colored stools, jaundice (yellowing of the skin or eyes);
kidney problems--little or no urinating, painful or difficult urination, swelling in your feet or ankles, feeling tired or short of breath;
low red blood cells (anemia)--pale skin, feeling light-headed or short of breath, rapid heart rate, trouble concentrating; or
severe skin reaction--fever, sore throat, swelling in your face or tongue, burning in your eyes, skin pain followed by a red or purple skin rash that spreads (especially in the face or upper body) and causes blistering and peeling.

Common side effects may include:

indigestion, heartburn, stomach pain, nausea;
headache, dizziness, drowsiness;
bruising, itching, rash;
swelling; or
ringing in your ears.

This is not a complete list of side effects and others may occur. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

What other drugs will affect naproxen?

Ask your doctor before using naproxen if you take an antidepressant such as citalopram, escitalopram, fluoxetine (Prozac), fluvoxamine, paroxetine, sertraline (Zoloft), trazodone, or vilazodone. Taking any of these medicines with an NSAID may cause you to bruise or bleed easily.

Ask a doctor or pharmacist if it is safe for you to use naproxen if you are also using any of the following drugs:

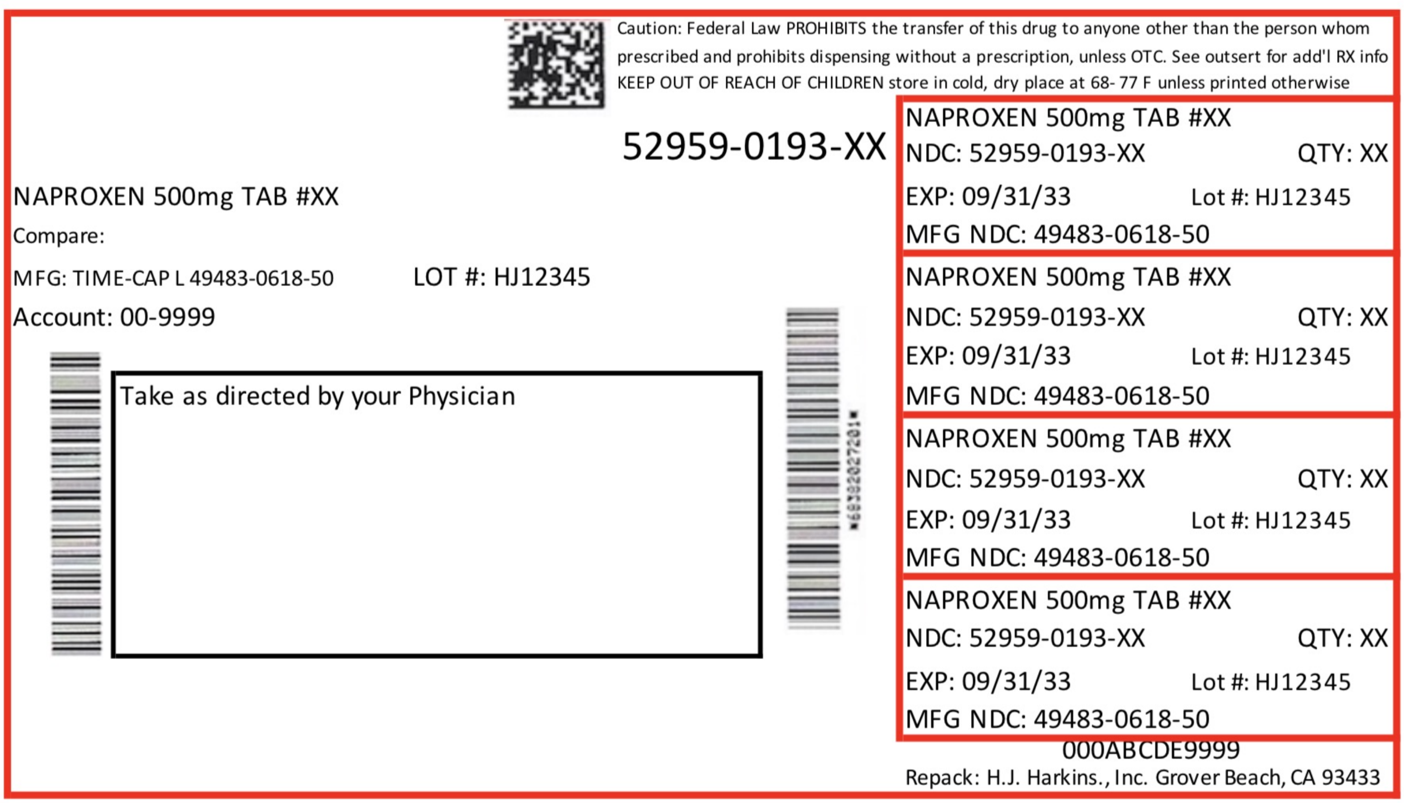
cholestyramine;
cyclosporine;
digoxin;
lithium;
methotrexate;
pemetrexed;
phenytoin or similar seizure medications;
probenecid;
warfarin (Coumadin, Jantoven) or similar blood thinners;
a diuretic or "water pill";
heart or blood pressure medication; or
insulin or oral diabetes medicine.

This list is not complete. Other drugs may interact with naproxen, including prescription and over-the-counter medicines, vitamins, and herbal products. Not all possible interactions are listed in this medication guide.

Where can I get more information?

Your pharmacist can provide more information about naproxen.

Package Label. Principal Display Panel



NAPROXEN

naproxen tablet

Product Information

Product Type	HUMAN PRESCRIPTION DRUG	**Item Code (Source)**	NDC:52959-193(NDC:68462-190)
Route of Administration	ORAL		

Active Ingredient/Active Moiety

Ingredient Name	Basis of Strength	Strength
NAPROXEN (UNII: 57Y76R9ATQ) (NAPROXEN - UNII:57Y76R9ATQ)	NAPROXEN	500 mg

Inactive Ingredients

Ingredient Name	Strength
CROSCARMELLOSE SODIUM (UNII: M28OL1HH48)	
MAGNESIUM STEARATE (UNII: 70097M6I30)	
POVIDONE (UNII: FZ989GH94E)	

Product Characteristics

Color	orange	**Score**	2 pieces
Shape	CAPSULE	**Size**	16mm
Flavor		**Imprint Code**	G;32;500
Contains			

Packaging

#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:52959-193-21	21 in 1 CONTAINER; Type 0: Not a Combination Product	01/02/2018	
2	NDC:52959-193-28	28 in 1 CONTAINER; Type 0: Not a Combination Product	01/02/2018	
3	NDC:52959-193-20	20 in 1 CONTAINER; Type 0: Not a Combination Product	01/02/2018	
4	NDC:52959-193-40	40 in 1 CONTAINER; Type 0: Not a Combination Product	01/02/2018	
5	NDC:52959-193-60	60 in 1 CONTAINER; Type 0: Not a Combination Product	01/02/2018	
6	NDC:52959-193-90	90 in 1 CONTAINER; Type 0: Not a Combination Product	01/02/2018	
7	NDC:52959-193-02	120 in 1 CONTAINER; Type 0: Not a Combination Product	01/02/2018	
8	NDC:52959-193-45	45 in 1 CONTAINER; Type 0: Not a Combination Product	01/02/2018	
9	NDC:52959-193-00	100 in 1 CONTAINER; Type 0: Not a Combination Product	01/02/2018	
10	NDC:52959-193-06	6 in 1 CONTAINER; Type 0: Not a Combination Product	01/02/2018	
11	NDC:52959-193-14	14 in 1 CONTAINER; Type 0: Not a Combination Product	01/02/2018	
12	NDC:52959-193-30	30 in 1 CONTAINER; Type 0: Not a Combination Product	01/02/2018	

Marketing Information

Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
ANDA	ANDA091416	01/02/2018	

Labeler - H.J. Harkins Company., Inc. (147681894)

Establishment

Name	Address	ID/FEI	Business Operations
H.J Harkins Company Inc.		147681894	manufacture(52959-193) , relabel(52959-193) , repack(52959-193)

Revised: 1/2023 H.J. Harkins Company., Inc.