

# WARFARIN SODIUM TABLETS (Coumadin®)

## Patient information about Warfarin (pronounce: WAR-far-in) for Anticoagulation

Please read this leaflet before you start taking **Warfarin**. Each time you renew your prescription, read the leaflet that comes with your medicine, just in case any information has changed. Remember, this leaflet does not take the place of talking to your health care provider (such as your doctor, nurse, or pharmacist). You and your health care provider should discuss **Warfarin** when you start taking your medication and at regular checkups.

### 1. What is **Warfarin**?

- **Warfarin** is an anticoagulant drug. “Anti” means against, and “coagulant” refers to blood clotting. An anticoagulant helps reduce clots from forming in the blood.
- **Warfarin** is a narrow therapeutic index drug, which means that there is a narrow margin between too much and too little of the drug. Too much drug may cause you to bleed more. Too little drug may let a harmful clot form.

### 2. Why am I taking **Warfarin**?

Your health care provider will talk to you about your need for an anticoagulant to prevent harmful clots from forming. These clots are harmful because they can block normal blood flow. For example, if a clot moves to your brain, it can cause a stroke.

**Warfarin** is used to prevent and treat blood clots:

- In the legs and lungs.
- Associated with an irregular, rapid heartbeat called “atrial fibrillation”.

- Associated with heart valve replacement.

If you have had a heart attack, **Warfarin** is used to:

- Lower the risk of death.
- Lower the risk of another heart attack.
- Lower the risk of stroke.
- Lower the risk of blood clots moving to other parts of the body, such as the legs and lungs.

Medicines are sometimes prescribed for purposes other than those listed in this patient information.

If you have any other questions about **Warfarin**, or if you don't understand something in this patient information, ask your health care provider for more details or for a copy of the full prescribing information for **Warfarin**.

### 3. How does **Warfarin** work?

- **Warfarin** partially blocks the re-use of vitamin K in your liver. Vitamin K is needed to make clotting factors that help the blood to clot and prevent bleeding. Vitamin K is found naturally in foods such as leafy, green vegetables and certain vegetable oils.
- **Warfarin** lowers the body's ability to make blood clots. It can help stop harmful clots from forming and keeps clots from getting larger. **Warfarin** does not break up existing blood clots.
- **Warfarin** begins to reduce blood clotting within 24 hours after taking the drug. The full effect may take 72 to 96 hours to occur. The anti-clotting effects of a single dose of **Warfarin** last 2 to 5 days, but it is important for you to take your dose every day.

4. What is the most important information I should know when taking **Warfarin**?

- Like all prescription drugs, **Warfarin** may cause side effects. The most common side effect of **Warfarin** is bleeding, which may be serious. However, the risk of serious bleeding is low when the effect of Warfarin is within a range that is right for your specific medical condition. Notify your health care provider right away of any unusual bleeding or if signs or symptoms of bleeding occur. (see Question 8.)
- Do not take **Warfarin** during pregnancy. Use effective measures to avoid pregnancy while taking **Warfarin**.
- The dose of **Warfarin** may be different for each patient. For example, older patients (age 60 years of age or older) appear to have a greater-than-expected response to **Warfarin** so that as patient age increases, a lower dose of **Warfarin** may be needed. Your health care provider will decide what dose is best for you. This dose may change from time to time.
- To decide on the dosage of Warfarin you need, your health care provider will take a small amount of your blood to find out your prothrombin time, *protime* or *PT*, for short. Protimes are often recorded as INR (International Normalized Ratio), a standard way of reporting protimes.
- PT/INR tests are very important. They help your health care provider see how fast your blood is clotting and whether your dosage of **Warfarin** should change.
- When you start taking **Warfarin**, you may have PT/INR tests every day for a few days, then perhaps one time every week. These PT/INR tests and regular visits to a health care provider are very important for the success of therapy with **Warfarin**. PT/INR tests will be needed at periodic intervals (such as once per month) throughout your course of therapy to keep your PT/INR in the best range for your medical condition. Discuss with your health care provider the range that is right for you.

- Since **Warfarin** interacts with many prescription and non-prescription (over-the-counter) drugs, tell your health care provider about any other drugs you are taking (see Questions 7 and 9). Also, check with your health care provider before starting or stopping any drug.
- The amount of vitamin K in your daily diet may affect **Warfarin** therapy (see Questions 7 and 9).
- Report any illness, such as throwing up (vomiting), loose or runny stools (diarrhea), or an infection or fever, to your health care provider.
- Tell anyone giving you medical or dental care that you are taking **Warfarin**.
- Carry identification stating that you are taking **Warfarin**.

There are several generic brands of **Warfarin** as well as the original Coumadin brand. They come in different shapes and may have different markings. Use care that you do not take two different brands together. The result may cause an overdose and possible bleeding.

#### 5. How should I take **Warfarin**?

- Take **Warfarin** exactly the way your health care provider tells you and take it at the same time every day. You can take **Warfarin** either with food or on an empty stomach. Your dosage may change from time to time depending on your response to **Warfarin**.
- Your health care provider has prescribed a dose of **Warfarin** that is right for you. If you miss a dose of **Warfarin**, notify your health care provider right away. Take the dose as soon as possible on the same day, but do not take a double dose of **Warfarin** the next day to make up for a missed dose.

6. Who should not take **Warfarin**?

- Patients whose risk of bleeding is greater than the possible benefit of therapy should not take **Warfarin**. Your health care provider will decide if **Warfarin** is right for you.
- Women who are pregnant or may become pregnant should not take **Warfarin**.
- Patients with alcoholism, unsupervised mental confusion, or increased risk of bleeding should not take **Warfarin**.

7. What should I know about drug interactions and diet?

- **Warfarin** interacts with many drugs, including prescription and non-prescription (over-the-counter) drugs. For this reason, it is important for you to check with your health care provider before starting, changing, or stopping any drug. Some of the non-prescription drugs that may interact with **Warfarin** include acetaminophen (Tylenol®); aspirin and aspirin-containing ointments and skin creams; ibuprofen (Motrin®, Advil®, Nuprin®); naproxen (Aleve®, Orudis KT®) H<sub>2</sub>-receptor antagonists, such as cimetidine (Tagamet®) or ranitidine (Zantac®); and vitamin supplements containing vitamin K. Other drugs may affect your response to **Warfarin**. Please check with your health care provider for additional information.
- The amount of vitamin K in your diet may affect therapy with **Warfarin**. High amounts of vitamin K decrease the effects of **Warfarin**. In general, green, leafy vegetables and certain vegetable oils contain high amounts of vitamin K. Eat a normal, balance diet maintaining a consistent amount of vitamin K. Avoid drastic changes in dietary habits and tell your health care provider of any dietary changes, including changes in diet because of illness.

8. What are the possible side effects of **Warfarin**?

Your health care provider can tell you about possible side effects of **Warfarin**, which include bleeding and allergic reactions.

To lower the risk of bleeding, your PT/INR should be kept within a range that is right for you. Please contact your health care provider right away if you experience signs or symptoms of bleeding, such as;

- Headache, dizziness, or weakness.
- Bleeding from shaving or other cuts that does not stop.
- Nosebleeds.
- Bleeding of gums when brushing your teeth.
- Throwing up blood.
- Unusual bruising (black-and-blue marks on your skin) for unknown reasons.
- Dark brown urine.
- Red or black color in your stool.
- More bleeding than usual when you get your menstrual period or unexpected bleeding from the vagina.
- Unusual pain or swelling.

Serious, but rare side effects of **Warfarin** include skin necrosis (death of skin tissue) and “purple toes syndrome”, either of which may require removal of unhealthy tissue and/or amputation of the affected area. Talk with your health care provider for further information on these side effects.

9. What should I avoid while taking **Warfarin**?

- Do not start, stop or change any medicine except on advice of your health care provider. **Warfarin** interacts with many different drugs, including aspirin and aspirin-containing ointments and skin creams. Tell your health care provider about any prescription and non-prescription (over-the-counter) drugs that you are taking.
- If you forget to take your dosage of **Warfarin**, do not take a double dose to “catch up” (see Question 5).
- Do not make drastic changes in your diet, such as eating large amounts of green, leafy vegetables. The amount of vitamin K in your daily diet may affect therapy with **Warfarin**. Eat a normal, balanced diet maintaining a consistent amount of vitamin K. In general, green, leafy vegetables and certain vegetable oils contain high amounts of vitamin K.
- Do not attempt to change your weight by dieting, without first checking with your health care provider.
- Avoid alcohol consumption.
- Do not participate in any activity or sport that may result in serious injury.
- Avoid cutting yourself.

10. What other medical problems or conditions should I discuss with my health care provider?

- Some topics to discuss with your health care provider include a history of bleeding or falls. Contact your health care provider if you have serious fall or hit your head.
- Women who plan to breast-feed while taking **Warfarin**, should talk with their health care provider. **Warfarin** appears in the

milk of nursing mothers in an inactive form. Therefore, infants nursed by mothers taking **Warfarin** should not be affected. Effects of breast-feeding on premature infants have not been evaluated.

- This medicine was prescribed for your particular condition. Do not use it for another condition or give the drug to others. Keep **Warfarin** and all medicines out of the reach of children. If you suspect that more than the prescribed dose of this medicine has been taken, contact your local poison control center or emergency room immediately.
- Tell your health care provider about changes in your health, prescription or non-prescription (over-the-counter) drugs you are taking, as well as lifestyle changes (involving travel, environment, and physical activities).