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PRODUCT MONOGRAPH

**ASPIRIN® Regular Strength**

acetylsalicylic acid tablets USP,

325mg

**ASPIRIN® Extra Strength**

acetylsalicylic acid tablets USP,

500mg

**ASPIRIN® 81mg**

acetylsalicylic acid delayed release tablets USP,

81mg

**ASPIRIN® 81mg Quick Chews®**

acetylsalicylic acid tablets USP

81mg

Analgesic, anti-inflammatory, antipyretic and

Platelet aggregation inhibitor

Bayer Inc.

2920 Matheson Boulevard East,

Mississauga, ON L4W 5R6

Date of Preparation:

December 30, 2005

Date of Revision:

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Submission Control No: 248124

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**ASPIRIN® Regular Strength**

acetylsalicylic acid tablets 325mg, USP

325mg

**ASPIRIN® Extra Strength**

acetylsalicylic acid tablets USP

500mg

**ASPIRIN® 81mg**

acetylsalicylic acid delayed release tablets 81mg, USP

81mg

**ASPIRIN® 81mg Quick Chews**

acetylsalicylic acid tablets 81mg, USP

81mg

**PART I: HEALTH PROFESSIONAL INFORMATION**

**SUMMARY PRODUCT INFORMATION**

**Route of**

**Administration**

**Dosage Form / Strength Clinically Relevant**

**Nonmedicinal Ingredients**

Oral *ASPIRIN 81mg*

acetylsalicylic acid delayed release tablets, USP,

81mg

Lactose

Oral *ASPIRIN 81mg Quick Chews*

acetylsalicylic acid tablets, USP, 81mg

Not applicable

Oral *ASPIRIN**Regular Strength*

acetylsalicylic acid tablets, USP, 325mg

Not applicable

Oral *ASPIRIN Extra Strength*

acetylsalicylic acid tablets, USP, 500mg

Not applicable

For a complete listing see Dosage Forms, Composition and Packaging section*ASPIRIN***®** Page 4 of 48

**INDICATIONS AND CLINICAL USE**

ASPIRIN® (acetylsalicylic acid, ASA) is indicated for the relief of pain, fever and inflammation

of a variety of conditions such as influenza, common cold, low back and neck pain,

dysmenorrhea, headache, toothache, sprains and strains, fractures, myositis, neuralgia, synovitis,

arthritis, bursitis, burns, injuries, following surgical and dental procedures.

ASPIRIN® Extra Strength is also indicated for relief of migraine pain and the associated

symptoms of photophobia (sensitivity to light) and phonophobia (sensitivity to sound), and

improves overall quality of life*.*

ASPIRIN® is also indicated for the following uses, based on its platelet aggregation inhibitory

properties:

• for reducing the risk of vascular mortality in patients with a

suspected acute myocardial infarction;

ASPIRIN® 81mg

DIN 02237726 ASPIRIN®

81mg Quick Chews DIN

02289970

ASPIRIN® Regular Strength

325mg

DIN 02150328

• for reducing the risk of a first non-fatal myocardial infarction in

individuals deemed to be at sufficient risk of such an event by

their physician.

**-** There is no evidence for a reduction in the risk of first

fatal myocardial infarction.

**-** ASPIRIN® does not reduce the risk of either

cardiovascular mortality or first strokes, fatal or non-

fatal.

**-** The decrease in the risk of first non-fatal myocardial

infarction must be assessed against a much smaller but

not insignificant increase in the risk of haemorrhagic

stroke as well as gastrointestinal bleeding.

ASPIRIN® 81mg

DIN 02237726 ASPIRIN®

81mg Quick Chews DIN

02289970

ASPIRIN® Regular Strength

325mg

DIN 02150328

• for reducing the risk of morbidity and death in patients with

unstable angina and in those with previous myocardial

infarction

ASPIRIN® 81mg

DIN 02237726 ASPIRIN®

81mg Quick Chews DIN

02289970

ASPIRIN® Regular Strength

325mg

DIN 02150328

• for reducing the risk of transient ischemic attacks (TIA) and for

secondary prevention of atherothrombotic cerebral infarction;

ASPIRIN® 81mg

DIN 02237726 ASPIRIN®

81mg Quick Chews DIN

02289970 ASPIRIN®

Regular Strength 325mg

DIN 02150328

• for prophylaxis of venous thromboembolism after total hip

replacement;

ASPIRIN® 81mg

DIN 02237726 ASPIRIN®

81mg Quick Chews DIN

02289970 ASPIRIN®

Regular Strength 325mg

DIN 02150328*ASPIRIN***®** Page 5 of 48

• for reducing the adhesive properties of platelets in patients

following carotid endarterectomy to prevent recurrence of TIA

and in hemodialysis patients with a silicone rubber

arteriovenous cannula.

ASPIRIN® Regular Strength

325mg

DIN 02150328

**CONTRAINDICATIONS**

• Patients who are hypersensitive to ASA, salicylates, non-steroidal anti-inflammatory

drugs (NSAIDs), analgesics, antipyretics or other ingredients in the product or

component of the container. For a complete listing, see Dosage Forms, Composition and

Packaging section of the product monograph.

• Acute gastrointestinal ulcer

• History of gastrointestinal ulcers

• Hemorrhagic diathesis

• Active or Severe hepatic failure, renal failure, or congestive heart failure

• Patients with a history of asthma induced by the administration of salicylates or

substances with a similar action, notably NSAIDs

• Combination with methotrexate at doses of 15mg/week or more (see “Drug

Interactions”).

• Last trimester of pregnancy (see “Special Populations”)

**WARNINGS AND PRECAUTIONS**

**General**

ASA is one of the most frequent causes of accidental poisonings in toddlers and infants. Tablets

should be kept well out of the reach of children.

ASA should be administered cautiously to patients with:

• uncontrolled hypertension

• impaired hepatic, renal function or cardiovascular circulation (e.g. renal vascular disease,

congestive heart failure, volume depletion, major surgery, sepsis or major haemorrhagic

events)

• a history of bleeding tendencies, significant anemia and/or hypothrombinemia

• concomitant treatment with anticoagulants (see “Drug Interactions”)

• concomitant treatment with NSAIDs, such as ibuprofen and naproxen in patients on an

ASA regimen (see “Drug Interactions”)

**Hypersensitivity**

ASA may precipitate bronchospasm and induce asthma attacks or other hypersensitivity

reactions. Risk factors are present bronchial asthma, hay fever, nasal polyps, or chronic

respiratory disease. This applies also for patients showing allergic reactions (e.g. cutaneous

reactions, itching, urticaria) to other substances.*ASPIRIN***®** Page 6 of 48

**Hematologic**

Due to effect on platelet aggregation, ASA may be associated with an increased risk of bleeding.

Caution is necessary when salicylates and anticoagulants are prescribed concurrently, as

salicylates can depress the concentration of prothrombin in the plasma.

**Peri-Operative Considerations**

Due to its inhibitory effect on platelet aggregation which persists for several days after

administration, ASA may lead to an increased bleeding tendency during and after surgical

operations (including minor surgeries, e.g. dental extractions).

**Special Populations**

**Women attempting to conceive:**

During the first and second trimester of pregnancy, acetylsalicylic acid containing drugs should

not be given unless clearly necessary. If acetylsalicylic acid containing drugs are used by a

woman attempting to conceive, or during the first and second trimester of pregnancy, the dose

should be kept as low as possible and duration of treatment as short as possible.

Based on the limited published data available, the studies in humans showed no consistent effect

of acetylsalicylic acid on impairment of fertility and there is no conclusive evidence from animal

studies.

**Pregnant Women:**

Acetylsalicylic acid inhibits prostaglandin synthesis. Inhibition of prostaglandin synthesis may

adversely affect the pregnancy and/or the embryo/foetal development. Data from

epidemiological studies raise concern about an increased risk of miscarriage and of

malformations after the use of a prostaglandin synthesis inhibitor in early pregnancy. The risk is

believed to increase with dose and duration of therapy. Available data do not support any

association between intake of acetylsalicylic acid and an increased risk for miscarriage. For

acetylsalicylic acid the available epidemiological data regarding malformation are not consistent,

but an increased risk of gastroschisis could not be excluded. A prospective study with exposure

in early pregnancy (1st-4th month) of about 14,800 mother-child pairs has not yielded any

association with an elevated rate of malformations.

**During the third trimester of pregnancy, all prostaglandin synthesis inhibitors may expose**

**the foetus to:**

• cardiopulmonary toxicity (with premature closure of the ductus ateriosus and pulmonary

hypertension);

• renal dysfunction, which may progress to renal failure with oligo-hydroamniosis;

**Use of any prostaglandin synthesis inhibitors at the end of pregnancy may expose the**

**mother and the child to:**

• possible prolongation of bleeding time, an anti-aggregating effect which may occur even

after very low doses

• inhibition of uterine contractions resulting in delayed or prolonged labour

Consequently, acetylsalicylic acid is contraindicated in the third trimester of pregnancy.*ASPIRIN***®** Page 7 of 48

**Nursing Women:**

ASA and its metabolites pass into breast milk in small quantities. Since no adverse effects on the

infant have been observed after occasional use, interruption of breast-feeding is usually

unnecessary. However, on regular use or on intake of high doses, breast feeding should be

discontinued early.

**Pediatrics**

A possible association between Reye's syndrome and the use of salicylates has been suggested

but not established. Reye's syndrome has also occurred in many patients not exposed to

salicylates. ASA should not be used in children and teenagers for viral infections with or

without fever without consulting a physician. In certain viral illnesses, especially influenza A,

influenza B and varicella, there is a risk of Reye’s syndrome, a very rare but possibly life-

threatening illness requiring immediate medical action. The risk may be increased when ASA is

given concomitantly; however, no causal relationship has been proven. Should persistent

vomiting occur with such diseases; this may be a sign of Reye’s syndrome.

**Low Uric Acid Excretion:**

At low doses, ASA reduces excretion of uric acid. This can trigger gout in patients who already

tend to have low uric acid excretion.

**Glucose-6-phosphate dehydrogenase (G6PD) Deficiency:**

In patient suffering from glucose-6-phosphate dehydrogenase (G6PD) deficiency, ASA may

induce hemolysis or haemolytic anemia. Factors that may increase the risk of haemolysis are

high dosage, fever, or acute infections.

**Elderly**

In general, ASA should be used with caution in elderly patients (≥ 60 years of age), as these

patients may be more susceptible to adverse reactions.

**Monitoring and Laboratory Tests**

Salicylates can produce changes in thyroid function tests.

Isolated cases of liver function disturbances (transaminases increase) have been described.

**ADVERSE REACTIONS**

Many adverse reactions due to ASA ingestion are dose-related. The following is a list of adverse

reactions that have been reported in the literature and from both clinical and post-marketing

experience.

Gastrointestinal (the frequency and severity of these adverse effects are dose-related): nausea,

vomiting, diarrhea, gastrointestinal bleeding and/or ulceration, dyspepsia, heartburn,

hematemesis, melena, abdominal pain, rarely gastrointestinal inflammation, and intestinal

diaphragm disease with frequency not known (especially in long-term treatment).

Bleeding: Due to platelet inhibition, bleedings e.g. perioperative haemorrhage, hematomas,

epistaxis, urogenital bleedings, and gingival bleedings may occur.*ASPIRIN***®** Page 8 of 48

Serious bleedings, such as gastrointestinal tract hemorrhages, and cerebral hemorrhages are rare.

Isolated cases of potentially life threatening bleedings have been reported, especially in patients

with uncontrolled hypertension and/or concomitant antihemostatic agents.

Ear: dizziness, tinnitus, vertigo, hearing loss. Dizziness and tinnitus have been reported, which

may be indicative of an overdose.

Hematologic: leukopenia, thrombocytopenia, purpura, anemia. Anemia with respective

laboratory and clinical signs and symptoms, such as asthenia, pallor, and hypoperfusion is

generally caused by bleeding (e.g. occult microbleeding, acute or chronic bleeding). Hemolysis

and hemolytic anemia in patients with severe forms of glucose-6-phosphate dehydrogenase

(G6PD) deficiency has been reported.

Dermatologic and hypersensitivity: urticaria, pruritus, skin eruptions, asthma, anaphylaxis,

edema nasal congestion and rhinitus. Severe allergic reactions, including anaphylactic shock are

very rarely reported.

Miscellaneous: mental confusion, drowsiness, sweating, thirst. Transient hepatic impairment

with increase in liver transaminases has very rarely been reported. Renal impairment and acute

renal failure have been reported.

**DRUG INTERACTIONS**

**Overview**

ASA should be used with caution with other products that have anticoagulation or antiplatelet

effects, as these effects may be potentiated. Drugs that bind to protein binding sites should also

be used cautiously since ASA may displace drugs from their protein binding site.

**Contraindicated Interactions**

**Methotrexate, used at doses of 15mg/week or more:** Increased hematological toxicity of

methotrexate (due to decreased renal clearance of methotrexate by anti-inflammatory agents in

general and displacement of methotrexate from its plasma protein binding by salicylates). See

“Contraindications”.

**Drug-Drug Interactions**

**Methotrexate, used at 15mg/week or less:** Salicylates may retard the elimination of

methotrexate by decreasing renal clearance of methotrexate, displacing methotrexate from

protein binding sites, and thereby increasing its hematological toxicity.

**Anti-coagulants, thrombolytics / other inhibitors of platelet aggregation / hemostasis,** e.g.

warfarin, heparin: Caution is necessary when salicylates and anticoagulants, thrombolytics /

other inhibitors of platelet aggregation / hemostasis prescribed concurrently, as salicylates can

depress the concentration of prothrombin in the plasma, leading to an increased risk of bleeding.

**Oral hypoglycemics**, e.g. insulin, sulfonylureas: Large doses of salicylates have a hypoglycemic

action and may enhance the effect of oral hypoglycemic agents. Diabetics receiving concurrent

salicylate and hypoglycemic therapy should be monitored closely: reduction of the sulfonylurea

hypoglycemic drug dosage may be necessary.*ASPIRIN***®** Page 9 of 48

**Diuretics:** Diuretics in combination with acetylsalicylic acid at higher doses leads to decreased

glomerular filtration via decreased prostaglandin synthesis. As a result, sodium excretion may be

decreased by salicylate administration.

**Uricosuric Agents:** Salicylates in large doses are uricosuric agents; smaller amounts may

depress uric acid clearance and thus decrease the uricosuric effects of other drugs.

**Valproic Acid**: Salicylates may alter valproic acid (VPA) metabolism and may displace VPA

from protein binding sites, possibly intensifying the effects of VPA. Caution is recommended

when VPA is administered concomitantly with salicylates.

**Glucocorticoids (systemic), except hydrocortisone used as replacement therapy in**

**Addison’s disease**: Decreased blood salicylate levels during corticosteroid treatment and risk of

salicylate overdose after this treatment is stopped via increased elimination of salicylates by

corticosteroids. Concurrent use may increase the incidence of gastrointestinal bleeding and

ulceration.

**Angiotensin Converting Enzyme (ACE) Inhibitors:** The hyponatremic and hypotensive

effects of ACE inhibitors *may* be diminished by the concomitant administration of ASA due to

its indirect effect on the renin-angiotensin conversion pathway (i.e. inhibition of vasodilatory

prostaglandins leading to decreased glomerular filtration). The potential interaction may be

related to the dose of ASA (3g/day or more).

**Selective Serotonin Re-uptake Inhibitors (SSRIs):** Increased risk of upper gastrointestinal

bleeding due to possibly synergistic effect.

**Digoxin:** Plasma concentrations of digoxin are increased due to a decrease in renal excretion.

**NSAIDS:**

**ASA and other NSAIDs:** The use of other NSAIDs with salicylates may increase the risk of

ulcers and gastrointestinal bleeding due to a synergistic effect.

**Ibuprofen:** Ibuprofen can interfere with the anti-platelet effect of low dose ASA acid (81-325

mg per day). Long-term daily use of ibuprofen may render ASA less effective when used for

cardioprotection and stroke prevention. To minimize this interaction, regular users of ibuprofen

and of low-dose, immediate-release ASA should take the ibuprofen at least one hour after and 11

hours before the daily ASA dose. The use of delayed-release (e.g. enteric-coated) ASA is not

recommended when using ibuprofen regularly.

**Naproxen:** Naproxen may attenuate the irreversible platelet inhibition induced by

acetylsalicylic acid. Clinical pharmacodynamic data suggest that concurrent (same day) naproxen

sodium usage for more than one day consecutively inhibits the effect of low-dose acetylsalicylic

acid on platelet activity and this inhibition may persist for up to several days after stopping

naproxen sodium therapy. The clinical relevance of this interaction is not known. Treatment

with naproxen, in patients with increased cardiovascular risk may limit the cardiovascular

protection of acetylsalicylic acid (see “*Special warnings and precautions for use*”*).*

Healthcare professionals should advise consumers and patients regarding the appropriate

concomitant use of NSAIDs (i.e. ibuprofen or naproxen) and ASA.

**Drug-Food Interactions**

Interactions with food have not been established.*ASPIRIN***®** Page 10 of 48

**Drug-Herb Interactions**

Interactions with herb have not been established.

**Drug-Laboratory Interactions**

Salicylates can produce changes in thyroid function tests.

**Drug-Lifestyle Interactions**

**Alcohol:** Increased damage to gastrointestinal mucosa and prolonged bleeding time due to

additive effects of acetylsalicylic acid and alcohol. Patients having 3 or more alcoholic drinks per

day should consult their physician before use.

**DOSAGE AND ADMINISTRATION**

ASPIRIN tablets should preferably be taken after meals, with plenty of liquid.

**Dosing Considerations**

Please see below for specific dosing instructions for each indication.

**Recommended Dose and Dosage Adjustment**

**Analgesic and antipyretic:**

Adults: 1-2 tablets (325mg to 650mg) orally every 4 – 6 hours.

Children under 12: 10 to 15mg/kg every 6 hours, not to exceed a total daily dose of 2.4g

Consult a physician if fever lasts more than 3 days, pain lasts longer than 5 days, new symptoms

occur or redness/swelling is present.

**Migraine pain and associated symptoms:**

Adults: 1000mg (2 x 500mg tablets) at onset of pain or symptoms.

Children: Clinical studies to support migraine relief in children have not been conducted with

acetylsalicylic acid.

**Anti-inflammatory:**

Adults: 3 tablets (975mg) 4 to 6 times a day, up to 30 tablets daily, may be required for optimal

anti-inflammatory effect. A blood level between 15 and 30mg per 100 mL is in the desirable

therapeutic range.

Children: 60 to 125mg/kg daily in 4 to 6 divided doses.

**Platelet aggregation inhibitor:**

**Suspected Acute Myocardial Infarction:**

An initial dose of at least 162mg chewed to ensure rapid absorption as soon as a myocardial

infarction is suspected. The same dose should be given as maintenance over the next 30 days.

After 30 days, consider further therapy based on dosage and administration for prevention of

recurrent MI (see Prior Myocardial Infarction).*ASPIRIN***®** Page 11 of 48

**Prevention of a first non-fatal myocardial infarction:**

81 - 325mg once daily, according to the individual needs of the patient, as determined by the

physician.

**Prior Myocardial Infarction or Unstable Angina Pectoris:**

81 - 325mg daily according to the individual needs of the patient, as determined by the

physician.

**Transient Ischemic Attack and Secondary Prevention of Atherothrombotic**

**Cerebral Infarction:**

81 - 325mg daily according to the individual needs of the patient, as determined by the

physician.

**Prophylaxis of Venous Thromboembolism after total hip replacement:**

162 - 325mg daily according to the individual needs of the patient, as determined by the

physician.

**OVERDOSAGE**

Mild Overdose or Early Poisoning - burning in the mouth, lethargy, nausea, vomiting, tinnitus,

sweating, thirst, tachycardia or dizziness.

Moderate Overdose - all of the symptoms from mild overdose plus tachypnea, hyperpyrexia,

sweating, dehydration, loss of coordination, restlessness, mental confusion.

Severe Overdose - all of the symptoms from moderate overdose plus hypotension, hallucinations,

stupor, hypoglycemia, convulsions, cerebral edema, oliguria, renal failure, cardiovascular failure,

coma, hemorrhage, metabolic acidosis, respiratory alkalosis and/or failure.

Emergency Management:

1. Immediate transfer to hospital and maintain cardiovascular and respiratory support.

2. Gastric lavage, administration of activated charcoal,

3. Check of acid-base balance and correct if necessary.

4. Alkaline diuresis so as to obtain urine pH between 7.5 and 8 should be considered when

plasma salicylate concentration is greater than 500mg/L (3.6 mmol/L) in adults or

300mg/L (2.2 mmol/L) in children

5. Hemodialysis should be considered in severe poisoning 800mg/L (5.8 mmol/L) in adults

and 700mg/L (5.0 mmol/L) in children, as renal elimination of salicylates may be slow

due to the presence of acidic urine and renal failure. Hemodialysis should also be

considered if the patient is experiencing severe systemic metabolic acidosis (arterial pH <

7.2), acute renal failure, pulmonary edema or CNS symptoms such as: drowsiness,

agitation, coma or convulsions.

6. Fluid losses should be replaced with hypotonic solution (e.g. half saline) and

supplemented with glucose 50 to 100g/L.

7. Symptomatic treatment.*ASPIRIN***®** Page 12 of 48

Fatal Dose: varies from 10 to 30g of ASA. However, (in one case) 130g of ASA was ingested

without fatal outcome.

For management of a suspected drug overdose, contact your regional Poison Control Centre.

**ACTION AND CLINICAL PHARMACOLOGY**

**Mechanism of Action**

ASA interferes with the production of prostaglandins in various organs and tissues through

acetylation of the enzyme cyclo-oxygenase. Prostaglandins are themselves powerful irritants and

produce headaches and pain on injection in man. Prostaglandins also appear to sensitize pain

receptors to other noxious substances such as histamine and bradykinin. By preventing the

synthesis and release of prostaglandins in inflammation, ASA may avert the sensitization of pain

receptors.

The antipyretic activity of ASA is due to its ability to interfere with the production of

prostaglandin E1 in the brain. Prostaglandin E1 is one of the most powerful pyretic agents known.

The inhibition of platelet aggregation by ASA is due to its ability to interfere with the production

of thromboxane A2 within the platelet. Thromboxane A2 is, largely, responsible for the

aggregating properties of platelets.

In vitro studies have shown that ASA enhances the activity of the Nitric oxide (NO)-cGMP

system and heme oxygenase-1 (HO-1) by acting on endothelial NO synthase site.

**Pharmacokinetics**

***Absorption:***

When ASA is taken orally, it is rapidly absorbed from the stomach and proximal small intestine.

The gastric mucosa is permeable to the non-ionized form of acetylsalicylic acid, which passes

through the stomach wall by a passive diffusion process.

Optimum absorption of salicylate in the human stomach occurs in the pH range of 2.15 to 4.10.

Absorption in the small intestine occurs at a significantly faster rate than in the stomach. After

an oral dose of 0.65g ASA, the plasma acetylsalicylate concentration in man usually reaches a

level between 0.6 and 1.0mg % in 20 minutes after ingestion and drops to 0.2 mg % within an

hour. Within the same period of time, half or more of the ingested dose is hydrolyzed to salicylic

acid by esterases in the gastrointestinal mucosa and the liver, the total plasma salicylate

concentration reaching a peak between one or two hours after ingestion, averaging between 3

and 7mg %. Many factors influence the speed of absorption of ASA in a particular individual at

a given time; tablet disintegration, solubility, particle size, gastric emptying time, psychological

state, physical condition, nature and quantity of gastric contents, etc., all affect absorption.

***Distribution:***

Distribution of salicylate throughout most body fluids and tissues proceeds at a rapid rate after

absorption. Aside from the plasma itself, fluids which have been found to contain substantial

amounts of salicylate after oral ingestion include spinal, peritoneal and synovial fluids, saliva

and milk. Tissues containing high concentrations of the drug are the kidney, liver, heart and

lungs. Concentrations in the brain are usually low, and are minimal in feces, bile and sweat.*ASPIRIN***®** Page 13 of 48

The drug readily crosses the placental barrier. At clinical concentrations, from 50% to 90% of

the salicylate is bound to plasma proteins especially albumin, while acetylsalicylic acid itself is

bound to only a very limited extent. However, ASA has the capacity of acetylating various

proteins, hormones, DNA, platelets and hemoglobin, which at least partly explains its wide-

ranging pharmacological actions.

***Metabolism:***

The liver appears to be the principal site for salicylate metabolism, although other tissues may

also be involved. The three chief metabolic products of ASA or salicylic acid are salicyluric

acid, the ether or phenolic glucuronide and the ester or acyl glucuronide. A small fraction is also

converted to gentisic acid and other hydroxybenzoic acids. The half-life of ASA in the

circulation is from 13 to 19 minutes so that the blood level drops quickly after absorption is

complete. However, the half-life of the salicylate ranges between 3.5 and 4.5 hours, which

means that 50% of the ingested dose leaves the circulation within that time.

***Excretion:***

Excretion of salicylates occurs principally via the kidney, through a combination of glomerular

filtration and tubular excretion, in the form of free salicylic acid, salicyluric acid, as well as

phenolic and acyl glucuronides. Salicylate can be detected in the urine shortly after its ingestion

but the full dose requires up to 48 hours for complete elimination. The rate of excretion of free

salicylate is extremely variable, reported recovery rates in human urine ranging from 10% to

85%, depending largely on urinary pH. In general, it can be stated that acid urine facilitates

reabsorption of salicylate by renal tubules, while alkaline urine promotes excretion of the drug.

With the administration of 325mg, elimination of ASA is linear following a first order kinetics.

At high concentrations, elimination half life increases.

***Special Populations and Conditions:***

Absorption and clearance of salicylates are not affected by gender or age.

**STORAGE AND STABILITY**

**ASPIRIN® Regular Strength tablets:** Store between 15-25oC.

**ASPIRIN® Regular Strength caplets:** Store between 15-25oC.

**ASPIRIN® Extra-Strength tablets:** Store between 15-25oC.

**ASPIRIN® 81mg (delayed release tablet):** Store between 15-30oC.

**ASPIRIN® 81mg Quick Chews:** Store between 15-25oC.

**SPECIAL HANDLING INSTRUCTIONS**

**Not applicable**

**DOSAGE FORMS, COMPOSITION AND PACKAGING**

**ASPIRIN® Regular Strength tablets:** Each round, white tablet with the Bayer Cross\* on both

sides contains 325mg acetylsalicylic acid in a formula containing corn starch, hypromellose,

powdered cellulose, triacetin.In bottles of 24, 50, 100, and 200.*ASPIRIN***®** Page 14 of 48

**ASPIRIN® Regular Strength caplets:** Each white capsule-shaped tablet (caplet), with BAYER

on one side and score on the other, contains 325mg acetylsalicylic acid in a formula containing

corn starch, hypromellose, powdered cellulose, triacetin. In bottles of 50 and 100.

**ASPIRIN® Extra-Strength tablets:** Each round, white tablet, with the Bayer Cross\*in red ink

on one side, contains 500mg acetylsalicylic acid in a formula containing carnauba wax, corn

starch, D&C Red #7 Calcium Lake, FD&C (Blue #2, Red #40 – Aluminum Lake), hypromellose,

powdered cellulose, propylene glycol, shellac, titanium dioxide, triacetin.In bottles of 50and

100.

**ASPIRIN® 81mg (delayed release tablet):** Each pale blue coloured enteric coated tablet, with

81 in dark blue ink on one side contains 81mg acetylsalicylic acid in a formula containing

carnauba wax, corn starch, croscarmellose sodium, FD&C (Blue #1, Blue #2 – Aluminum Lake),

hypromellose, lactose monohydrate, methacrylic acid and ethyl acrylate copolymer,

microcrystalline cellulose, polysorbate 80, powdered cellulose, propylene glycol, shellac, sodium

lauryl sulphate, titanium dioxide, triacetin. In bottles of 30, 120, 180 and 365.

**ASPIRIN® 81mg Quick Chews:** Each peach coloured tablet, with pleasant orange taste and the

Bayer Cross\* on each side contains 81mg acetylsalicylic acid in a formula containing corn

starch, dextrose, FD&C yellow #6 aluminum lake, orange flavour, microcrystalline cellulose,

saccharin sodium, silicon dioxide. In bottles of 30, and 100 tablets.*ASPIRIN***®** Page 15 of 48

**PART II: SCIENTIFIC INFORMATION**

**PHARMACEUTICAL INFORMATION**

**Drug Substance**

**Proper name:** acetylsalicylic acid

**Chemical name:** 2-(Acetyloxy) benzoic acid; salicylic acid acetate

**Molecular formula:** C9H8O4

**Molecular mass:** 180.16

**Structural formula:**

**Physicochemical properties:** Description: White granules, commonly tabular or needle-like,

or white crystalline powder. Odourless or having a faint

odour.

**Solubility:** Slightly soluble in water; freely soluble in alcohol; soluble in

chloroform and ether; sparingly soluble in absolute ether.

**pK value (25**°**C):** 3.49

**Melting Point:** 135°C (rapid heating)

**CLINICAL TRIALS**

**Study demographics and trial design**

**Anti-Platelet Aggregation Studies**

**Study #/**

**cross-**

**reference**

**Trial Design Dosage, route**

**of**

**administration**

**and duration**

**Study Subjects**

**(n = number)**

**Mean age**

**(Range)**

**Gender**

Indication: Reducing the risk of vascular mortality in patients with a suspected acute myocardial infarction.

ISIS – 2

Ref 73

Multicentre international

2x2 factorial,

randomized, placebo

controlled study.

160-162.5 mg oral

for 30 days after

suspected acute

MI. (Median

follow-up to 15

months).

ASA 8587,

Streptokinase 8592,

ASA + Strep 4292,

Placebo 4300

Not available Not

available*ASPIRIN***®** Page 16 of 48

**Study #/**

**cross-**

**reference**

**Trial Design Dosage, route**

**of**

**administration**

**and duration**

**Study Subjects**

**(n = number)**

**Mean age**

**(Range)**

**Gender**

Indication: Reducing the risk of a first non-fatal myocardial infarction in individuals deemed to be at sufficient risk of such

an event by their physician

TPT

Ref 91

Randomized, factorial,

placebo-controlled,

parallel-group study

warfarin (mean)

4.1mg, ASA 75mg

warfarin + ASA 1,277

warfarin + ASA

placebo 1,268

ASA + warfarin

placebo 1,268

ASA placebo +

warfarin placebo 1,272

45-69 years Male

HOT

Ref 59

Prospective, randomized,

open with blinded

endpoint evaluation

(PROBE). ASA

component was double

blinded

ASA 75mg or

placebo; felodipine

5mg, ACE-

inhibitors, β-

blockers, diuretics

mean - 3.8 years

19,567 subjects of

which 18,790 were

randomized to ASA or

Placebo (ASA = 9,399;

Placebo = 9,391)

61.5 years -

mean

(50-80 years)

Male 53%

Female

47%

PHS

Ref 130

Double blind placebo

controlled, 2x2 factorial

randomized parallel

group

ASA 325mg every

other day for 60.2

months

22,071

ASA = 11,037

Placebo = 11,034

40 to 84 years Male

**Platelet Aggregation Studies (continued)**

**Study #/**

**cross-**

**reference**

**Trial Design Dosage, route**

**of**

**administration**

**and duration**

**Study Subjects**

**(n = number)**

**Mean age**

**(Range)**

**Gender**

Indication: Reducing the risk of morbidity and death in patients with unstable angina and in those with previous myocardial

infarction

RISC

Ref 114

Prospective randomized,

double blind, placebo

controlled, multicentre

study

ASA 75mg daily

for 3 months after

initial heparin by

IV for 5 days

- Heparin 198

- ASA 189

- Heparin + ASA 210

- Placebo 199

58 years Male

RISC Trial,

12 month

follow-up

Ref 137

Prospective randomized,

double blind, placebo

controlled, multicentre

study

ASA 75mg daily

for 3 months after

initial IV heparin

for 5 days

- Heparin 198

- ASA 189

- Heparin + ASA 210

- Placebo 199

58 years Male

Verheugt et

al.

Ref 136

Prospective, randomized,

placebo-controlled,

comparative multicentre

study

ASA 100mg for

approx. 3 months

ASA 50

Placebo 50

ASA 61 years

Placebo 64

years

ASA 72%

male

Placebo

76% male*ASPIRIN***®** Page 17 of 48

**Study #/**

**cross-**

**reference**

**Trial Design Dosage, route**

**of**

**administration**

**and duration**

**Study Subjects**

**(n = number)**

**Mean age**

**(Range)**

**Gender**

SAPAT

Ref 77

Prospective, randomized,

double blind placebo

controlled, multicentred

study

ASA 75mg daily

for up to 6 years

(median 50

months)

ASA 1009

Placebo 1026

52 years ASA male

51%

Placebo

males 53%

Indication: Reducing the risk of transient ischemic attacks (TIA) and for secondary prevention of atherothrombotic cerebral

infarction

SALT

Ref 120

Prospective, randomized,

double blind, placebo

controlled, multicentre

study

ASA 75mg daily

for minimum of 12

months and

maximum of 63

months (mean 30.6

months)

ASA 676

Placebo 684

50-79 years

ASA mean: 67

years

PLA mean:

66.8 years

ASA

65.4%

male

Placebo

66.2%

male

Lindblad et

al.

Ref 85

Prospective, randomized,

double blind placebo

controlled study

ASA 75mg daily

for 6 months

ASA 117

Placebo 115

66 years (40-

81 years)

75% male

**Migraine Study**

**Study #/**

**cross-**

**reference**

**Trial Design Dosage, route of**

**administration**

**and duration**

**Study Subjects**

**(n = number)**

**Mean age**

**(Range)**

**Gender**

Lipton et al.

Ref 84

Prospective,

randomized, double-

blind, parallel-group,

placebo-controlled

Single dose ASA

1000 mg

ASA = 201

Placebo = 200

ASA = 37.3

PLA = 37.9

ASA = 79 %

female

PLA = 79 %

female

**Study results**

**Platelet Aggregation Studies Results**

**Study # Primary Endpoints Associated value and statistical significance for ASA**

**compared to Placebo**

Indication: Reducing the risk of vascular mortality in patients with a suspected acute myocardial infarction.

Value ASA vs. Placebo

ISIS – 2

Ref 72 Vascular death after 5 week

period

ASA 9.4%, Placebo 11.8%

Odds reduction 23% 2p < 0.00001

ASA was statistically significantly

better than placebo

Indication: Reducing the risk of a first non-fatal myocardial infarction in individuals deemed to be at sufficient risk of such

an event by their physician*ASPIRIN***®** Page 18 of 48

**Study # Primary Endpoints Associated value and statistical significance for ASA**

**compared to Placebo**

TPT

Ref 91

All ischemic heart disease

defined as the sum of fatal

and non-fatal events (i.e.

coronary death and fatal and

non-fatal myocardial

infarction).

ASA 10.2%, Placebo 13.3%

20% reduction in IHD p = 0.04

ASA was statistically significantly

better than placebo

HOT

Ref 59

Major cardiovascular events

were defined as all (fatal and

non-fatal) myocardial

infarctions, all (fatal and non-

fatal) strokes, and all other

cardiovascular deaths.

Reduction in all cardiovascular

events by 15 % and

all myocardial infarction by 36%

p=0.03

p = 0.002

ASA was statistically significantly

better than placebo

PHS

Ref 130

fatal and non-fatal myocardial

infarction

325 mg ASA every other day:

44% reduction in risk of MI in

ASA vs. Placebo group

Relative Risk 0.56, 95% CI 0.45-

0.70

p<0.00001

P<0.0001

ASA was statistically significantly

better than placebo

**Platelet Aggregation Studies Results (continued)**

**Study # Primary Endpoints Associated value and statistical significance for ASA**

**compared to Placebo and Comparator**

Indication: Reducing the risk of morbidity and death in patients with unstable angina and in those with previous myocardial

infarction

Value ASA vs.

Placebo ASA vs.

Comparator

RISC

Ref 114

Death or non-fatal MI 5 days: Risk Ratio 0.43 (CI 0.21-

0.91)

30 days: Risk Ratio 0.31 (CI

0.18-0.53)

90 days: Risk Ratio 0.36 (0.21-

0.57)

p=0.03

p<0.0001

p<0.0001

ASA was

statistically

significantly

better than

placebo

Heparin was not

statistically

significantly

better than

placebo and

there was no

comparison to

ASA

RISC Trial, 12

month follow-

up

Ref 137

MI and death 6 months: ASA-35 events,

heparin 76 events. Risk Ratio

0.46 (CI 0.31-0.67)

12 months, ASA 44 events,

heparin 85 events. Risk Ratio

0.52 (CI 0.37-0.72)

p<0.0001

p=0.0001

ASA was

statistically

significantly

better than

placebo

Not Performed

Verheugt et al.

Ref 85

Reinfarction rate ASA 2 patients (4%), Placebo 9

patients (18%)

p<0.03

ASA was

statistically

significantly

better than

placebo

Not Performed*ASPIRIN***®** Page 19 of 48

**Study # Primary Endpoints Associated value and statistical significance for ASA**

**compared to Placebo and Comparator**

SAPAT

Ref 77

non-fatal or fatal MI or

sudden death

ASA 8%, Placebo 12% p=0.003

ASA was

statistically

significantly

better than

placebo

Not Performed

Indication: Reducing the risk of transient ischemic attacks (TIA) and for secondary prevention of atherothrombotic cerebral

infarction

Value ASA vs. Placebo

SALT

Ref 120

Risk of stroke or death 18 % reduction in risk:

Relative Risk 0.82 (CI 0.67-0.99)

p=0.02

ASA was statistically significantly

better than placebo

Lindblad et al.

Ref 85

Stroke (without complete

recovery) at 6 months

ASA 2 cases, Placebo 11 cases p=0.01

ASA was statistically significantly

better than placebo

**Migraine Study Results**

**Study # Primary Endpoints Associated value and statistical significance for ASA compared to**

**Placebo**

Value ASA vs. Placebo

Lipton et al.

Ref 84

% of subjects experiencing

headache response at 2 hr

(defined as change in pain

intensity from mod. to severe

at baseline to mild or none at

2 hr post-medication)

ASA 52 %, Placebo 34% p<0.001

ASA was statistically significantly

better than placebo

**DETAILED PHARMACOLOGY**

**Analgesia:**

The analgesic effect of ASA has been recognized and utilized clinically for more than half a

century. The degree of analgesia attained with ASA is moderate but it has proved highly suitable

in the management of pathological pain of mild to moderate severity. As regards site of action,

both peripheral and CNS factors appear to contribute significantly to the pain relief afforded by

ASA. As for mechanism of action, the accumulated evidence of recent years indicates that ASA

acts by interfering with the synthesis and release of prostaglandins, thereby averting the

sensitization of pain receptors to mechanical stimulation or to other mediators.

**Migraine:**

Migraines are reoccurring headaches that last 4-72 hours and are characterized by lateralized

throbbing, moderate to severe pain intensity and at least one other of the following symptoms:

nausea, photophobia, phonophobia. Routine physical activity aggravates the symptoms. Some

individuals also experience neurological aura such as blurring of vision before the pain and

associated symptoms occur.*ASPIRIN***®** Page 20 of 48

Evidence suggests that there are at least three mechanisms involved in the pathophysiology of

migraines: extracranial arterial vasodilatation, extracranial neurogenic inflammation and

decrease inhibition of central pain transmission. It has been shown that the degree of

inflammatory activity is proportional to the intensity of the pain felt and as the blood pulses, the

characteristic throbbing emerges.

An estimated two million Canadians have been diagnosed with migraines but many migraineurs

never receive a clinical diagnosis; therefore, the actual numbers of Canadians who suffer from

migraines could be over 3 million. Over 70% of migraine suffers are women and the majority

are aged between 20 and 50 years. This prevalence is based in part due to hormonal fluctuations

that women experience related to menstruation, oral contraceptive use, pregnancy, menopause

and hormone replacement therapy.

The use of a single dose of ASA (2 x 500 mg tablets) in patients with a migraine attack was

investigated in two placebo-controlled clinical studies conducted by Bayer. Treatment with ASA

resulted in a statistically significant relief of migraine pain and in the associated symptoms of

photophobia and phonophobia that continued throughout the 6 hour post-dose observation. The

results also showed a significant improvement in overall quality of life for migraine sufferers but

there was no difference between ASA and placebo groups in headache recurrence.

**Antipyresis:**

Interference with the synthesis and release of prostaglandins is also involved in the antipyretic

activity of ASA. ASA effects a significant reduction in elevated body temperature, but has little

effect on normal body temperature. This latter is maintained by a delicate balance between heat

production and heat loss, with the hypothalamus regulating the set point at which body

temperature is maintained. Fever is induced by synthesis and release of prostaglandins in this

temperature-regulating area and ASA acts by interfering with this process. Heat production is

not inhibited but dissipation of heat is augmented by increased peripheral blood flow and by

sweating.

**Anti-inflammatory effect:**

Components of the anti-inflammatory action of the salicylates are increased capillary resistance,

thus reducing capillary leakage in response to local toxins, interference with the production of

tissue-destructive lysosomal enzymes and inhibition of the synthesis of prostaglandin E

compounds which have been shown to be potent mediators of the inflammatory process. Besides

interfering with the synthesis of prostaglandins ASA also acts by interfering with lymphocyte

activation and lymphokine production. Lymphokines are produced by activated thymus

lymphocytes which are abundant in the inflammatory tissues of patients suffering from

rheumatoid arthritis. They cause increased vascular permeability and white blood cell

chemotaxis, activate macrophages and stimulate lymphocyte DNA synthesis. They also induce

release of tissue-destructive lysosomal enzymes as well as prostaglandins. The prostaglandins

themselves, beside causing many manifestations of inflammation also act as a potent negative

feedback mechanism by inhibiting lymphokine production. An indepth review of the effects of

ASA on the lymphocyte-macrophage axis in inflammation has been published.

**Effects on platelets: relation to hemostasis and thrombosis.**

Platelets play an important role in normal hemostasis and clinical pathologic and experimental

evidence indicates that their aggregation may play an equally important role in the evolution of a*ASPIRIN***®** Page 21 of 48

variety of disease states including cerebrovascular disease, ischemic heart disease and

myocardial infarction. ASA inhibits platelet aggregation by irreversibly acetylating platelet

cyclo-oxygenase, thereby blocking the production of prostaglandin endoperoxides PGG2 and

PGH2 which are precursors of the major platelet-aggregating material, thromboxane A2, which is

also a powerful vasoconstrictor. However, ASA does not prevent the adherence of platelets to

damaged vessel walls or the release of granule contents from these adherent platelets. As the

anuclear platelets are unable to synthesize new enzyme molecules to replace those that have been

inactivated, inhibition of platelet aggregation by ASA thus persists for the life of the platelets.

Daily administration of 20 to 40 mg of ASA to healthy volunteers reduced platelet thromboxane

production but inhibited platelet aggregation only partially. When administered to patients

recovering from myocardial infarction, 50 mg ASA daily had the same effects on thromboxane

production, platelet aggregation and bleeding times as 324 mg daily. Other studies show that

ASA doses of 40 to 325 mg daily suppressed thromboxane production by at least 80%, but 80

mg ASA daily was the lowest dose required for maximum cumulative thrombocyte function

inhibition. The protective effect of ASA against experimentally induced thrombosis or

atherosclerosis has been demonstrated in several animal models.

Besides inhibiting the biosynthesis of thromboxane A2 by platelets, ASA also interferes with the

production of prostacyclin (PGI2) by vascular endothelial cells, the above-mentioned

prostaglandin endoperoxides being common precursors of both thromboxane A2 and

prostacyclin. This latter compound is one of the most powerfully acting platelet deaggregators

and vasodilators and thus it would appear that the interference with the hemostatic processes by

ASA depends on the thromboxane-prostacyclin balance. In fact, it has been suggested that under

some conditions, high doses of ASA may be thrombogenic. However, in contrast to platelets,

the vascular endothelial cells are able to regenerate cyclo-oxygenase in a relatively short time

and therefore therapeutic doses of ASA are likely to produce a lesser inhibition of the vascular

prostacyclin system than of the platelet thromboxane-forming mechanism. In fact, there is no

clinical evidence to indicate that high doses of ASA would result in an increased risk of

thromboembolism. Indeed, quite the contrary was observed and, in a controlled study,

paradoxical shortening of the bleeding time was not observed at a daily ASA dose of 3.6 g.

Lower dosages of ASA make selective blocking of the TxA2-synthesis without a simultaneous

blocking of PGI2-production possible.

The use of ASA in patients with a suspected acute myocardial infarction was investigated in a

large multi-centre trial involving over 17,000 patients. Treatment with ASA resulted in a 23%

reduction in the risk of vascular mortality versus placebo at 5 weeks. This use translates to a

reduction of 24 deaths and 14 non-vascular events per 1000 patients treated.

The effect of time to therapy revealed that patients treated with ASA “early” (0 to 4 hours)

versus “late” (5 to 24 hours) after symptom onset experienced reductions in the odds of vascular

death of 25% versus 21%, versus placebo at 5 weeks. ‘Early’ treatment with ASA resulted in

the saving of 4 additional lives per 1000 patients versus ‘late’ treatment.

Long term follow-up (up to 10 years) of patients in this study established that the early survival

advantage to ASA persisted long term, and that this prolonged benefit was additive to that of

fibrinolytic therapy.

The use of ASA for secondary prevention of thrombotic events is supported by a comprehensive

overview of a number of clinical trials involving patients who already had some type of vascular*ASPIRIN***®** Page 22 of 48

disease (myocardial infarction, unstable angina, stroke or transient cerebral ischemia). Overall,

these studies point to a 26-28 % reduction of the combined endpoints of MI, stroke, or vascular

deaths by treatment with ASA alone at doses of 75 to 325 mg daily. Studies which directly

compared low doses with higher doses (30-1200 mg/day), indicated that the incidence of

gastrointestinal adverse effects were significantly less common with the lower doses.

In a study in patients undergoing coronary artery bypass surgery (CABG), patients given ASA at

a dosage of 80 mg to 650 mg within 48 hours of revascularization had a risk of dying reduced to

1.3% as compared to 4.0% for those who did not receive treatment (P<0.001). There was a

reduction in the incidence of myocardial infarction of 2.8% vs. 5.4%, p < 0.001. In total, the

reduction in fatal and non-fatal outcomes was lower in those who received ASA, 10.6% vs.

18.6% in those who did not (p<0.001). The investigators Perioperative Ischemia Research

Group (PIRG) concluded that early use of ASA after coronary by-pass surgery is safe and is

associated with a reduce risk of death and ischemic complications involving the heart, brain,

kidneys and gastrointestinal tract.

There was no ASA dose effect observed for either fatal or non-fatal outcomes with total doses

lower than 325mg daily.

Recent discussions have focused on the efficacy of ASA for the primary prevention of

myocardial infarction and stroke. Two large scale randomized trials, aimed at evaluating

prophylactic use of ASA, were conducted among apparently healthy male physicians (22,000 in

the United States and 5,000 in the United Kingdom) and their results have been published. In the

summary overview of the combined results presented by the principal investigators, the authors

state that:

“Taken together, these two primary prevention studies demonstrate a significant (p < 0.0001)

reduction in non-fatal myocardial infarction of about one third.”

On the other hand, the same two studies have not indicated any reduction in overall vascular

mortality and also suggested a slight increase in the risk of non-fatal disabling stroke. Current

controversy exists about the applicability of these findings, obtained in a selected population, to

the general public. As well, the optimum dosage regimen still remains an open question in this

regard. Thus, the use of ASA for primary prevention should remain, in the words of the

principal investigators:

"a matter of judgment in which the physician considers the cardiovascular risk profile of the

patient and balances the known hazards of ASA...against the clearly established reduction in the

incidence of a first myocardial infarction".

**Effect of Ibuprofen on Platelet Aggregation, Bleeding and Clotting Times in Normal**

**Volunteers.**

Experimental data suggest that ibuprofen may inhibit the effect of low dose ASA (81-325 mg per

day) on platelet aggregation when they are dosed concomitantly. In one study, when a single

dose of ibuprofen 400mg was taken within 8 hours before or within 30 minutes after immediate

release ASA dosing (81mg), a decreased effect of acetylsalicylic acid on the formation of

thromboxane or platelet aggregation occurred. However, the limitations of these data and the

uncertainties regarding extrapolation of *ex vivo* data to the clinical situation imply that no firm

conclusions can be made for regular ibuprofen use, and no clinically relevant effect is considered

to be likely for occasional ibuprofen use. In a more recent double blind, randomized, placebo-*ASPIRIN***®** Page 23 of 48

controlled trial with healthy subjects by Cryer et. al, 2005, it has been shown that the drug-drug

interaction is absent when immediate release ASA (81 mg) was taken 1 hour before taking

ibuprofen (400 mg, TID) and also when ibuprofen was given 11 hours before the intake of low

dose ASA. Thus, in order to adequately minimize potential interaction, the recommended dosing

schedule for immediate release low dose ASA is to wait at least 11 hours after or 1 hour before

taking up to a 400mg dose of ibuprofen.

**MICROBIOLOGY**

Not applicable

**TOXICOLOGY**

The clinical and pathological signs of poisoning from toxic and lethal oral doses of ASA have

been extensively described for man, much less extensively for other species.

The acute toxicity of ASA in animals has been studied and reviewed in detail by Boyd. The

signs of poisoning in rats from doses in the lethal range are due to varying degrees of

gastroenteritis, hepatitis, nephritis, pulmonary edema, encephalopathy, shock and minor toxic

effects on other organs and tissues. Death is due to convulsions or cardiovascular shock. The

major difference between species appears to be the ability to vomit toxic doses seen in man, cats

and dogs, but not in mice, rats and rabbits. Otherwise, the pathological reaction to toxic doses of

ASA is similar in all species in which such studies have been reported. The acute oral LD50

values have been reported as being over 1.0 g/kg in man, cat and dog, 0.92 g/kg in female and

1.48 g/kg in male albino rats, 1.19 g/kg in guinea pig, 1.1 g/kg in mouse and 1.8 g/kg in rabbit.

Chronic toxicity studies were reported in mice and rats. When ASA was administered at 2 to 20

times the maximum tolerated clinical dose to mice for up to one year, a dose-related deleterious

effect was observed on mean survival time, number of young born and number of young raised

to weaning age. No evidence of carcinogenic effect was found.

The chronic oral LD50 in male albino rats has been reported as 0.24 g/kg/day when given for 100

days. At these daily doses ASA produced no anorexia and no loss of body weight. It did

produce polydipsia, aciduria, diuresis, drowsiness, hyperreflexia, piloerection, rapid and deep

respiration, tachycardia, and during the second month, soft stools, epistaxis, sialorrhea,

dacryorrhea and death in hypothermic coma. Autopsy disclosed the presence of a hypertrophied

stomach, renal congestion, mild hepatitis and pneumonitis. While teratogenic effects were noted

in animals at near lethal doses, there is no evidence to indicate that ASA is teratogenic in man.*ASPIRIN***®** Page 24 of 48

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study. Surg Forum. 1976;26:567-9.**IMPORTANT: PLEASE READ**

*ASPIRIN***®** Page 38 of 48

**PART III: CONSUMER INFORMATION ONLY**

**PROVIDED BY HEALTH PROFESSIONALS**

**ASPIRIN 81mg**

**acetylsalicylic acid delayed release tablets USP**

**®**

**ASPIRIN® 81mg Quick Chews®**

**acetylsalicylic acid tablets USP**

**ASPIRIN® Regular Strength**

**acetylsalicylic acid tablets USP, 325 mg**

This leaflet is part III of a three-part “Product Monograph”

published when **ASPIRIN 81mg, ASPIRIN 81mg Quick**

**Chews** **and** **ASPIRIN Regular Strength 325mg** were

approved for sale in Canada and is designed specifically for

Consumers. This leaflet is a summary and will not tell you

everything about **ASPIRIN 81mg, ASPIRIN 81mg Quick**

**Chews and ASPIRIN Regular Strength 325mg**. Contact

your doctor or pharmacist if you have any questions about

the drug. Also see package insert for additional

information.

**ABOUT THIS MEDICATION**

**What the medication is used for:**

**ASPIRIN 81mg, ASPIRN 81 mg Quick Chews and**

**ASPIRIN Regular Strength 325mg** can help save your

life in the following situations to help prevent:

- a first heart attack in those who are at increased risk, or

- a second heart attack or stroke in those who have already

had such an event

ASPIRIN may help save your life if you think you are

having a heart attack.

**FOR PREVENTION OF A FIRST NON-FATAL**

**HEART ATTACK (DAILY THERAPY):**

Your doctor may recommend you take ASPIRIN 81mg,

ASPIRIN 81mg Quick Chews or ASPIRIN Regular

Strength 325mg to help reduce the risk of a first non-fatal

heart attack because you are at risk of having a heart attack.

There is no evidence that this product reduces the risk of a

first fatal heart attack, nor first strokes (fatal and non-fatal),

nor death due to any cardiovascular problems. Your doctor

will assess the appropriate balance of possible benefit of

this product against the potential risk of stomach bleeding

and stroke. Factors that increase your risk include high

blood pressure, high cholesterol, diabetes, family history of

heart disease, increased age, overweight and smoking. You

should follow your doctor’s instructions carefully. Please

notify your doctor if you intend to stop taking this

medication.

**USE DURING A HEART ATTACK**

If you think you are having a heart attack, call 911

immediately then, chew and swallow two ASPIRIN 81mg

or ASPIRIN 81mg Quick Chews tablets or one ASPIRIN

325mg tablet. It is important to chew the product, to

ensure this medicine quickly works. Then get to a hospital

immediately for medical attention. Inform the emergency

services / hospital that you have taken ASPIRIN. Taking

ASPIRIN 81mg, ASPIRIN 81mg Quick Chews or

ASPIRIN Regular Strength 325mg at the first signs and

symptoms can reduce your risk of dying from the heart

attack.

The signs and symptoms of a heart attack include:

• uncomfortable pressure, fullness, squeezing or pain in

the centre of the chest that lasts more than a few

minutes, or goes away quickly and comes back,

• pain that spreads to the shoulders, neck or arms,

• chest discomfort with lightheadedness, fainting,

sweating, nausea or shortness of breath.

Chest pain is the most common symptom in both sexes, but

women may also experience other symptoms such as

unusual fatigue that gets worse with activity, difficulty of

breathing, heartburn/nausea and /or vomiting unrelieved by

antacids, tightening and pain in the chest that may extend

into the neck, jaws and shoulders, general feeling of

weakness, paleness, sweating)

At the hospital, the doctor will then recommend appropriate

therapy.

**FOR PREVENTION OF A SECOND HEART**

**ATTACK OR STROKE (DAILY THERAPY)**

Your doctor may recommend you take ASPIRIN 81mg,

ASPIRIN 81mg Quick Chews or ASPIRIN Regular

Strength 325mg daily to help prevent a second heart attack

or stroke. After having experienced a first heart attack or

stroke, you can be at increased risk of experiencing a

second one. You may also be at risk for heart disease and

stroke because you may be overweight, a smoker, have an

inactive lifestyle, high blood pressure, are under stress or

have high blood cholesterol.

Following your doctor’s instructions concerning the use of

ASPIRIN 81mg, ASPIRIN 81mg Quick Chews or

ASPIRIN Regular Strength 325mg and the changes in diet,

exercise and lifestyle he/she may have prescribed, will

provide you with your best opportunity to avoid

experiencing a second heart attack or stroke. Always

contact your doctor if you experience any difficulties.

**What it does:**

ASPIRIN 81mg, ASPIRIN 81mg Quick Chews or

ASPIRIN Regular Strength 325mg belongs to a group of

medicines called antiplatelet drugs. Platelets are very small

structures in blood, smaller than red or white blood cells,

which clump together during blood clotting. By preventing

this clumping, antiplatelet drugs reduce the chances of

blood clots forming (a process called thrombosis).

**When it should not be used:**

**DO NOT TAKE** if you:

• are allergic to ASA, salicylates, non-steroidal

anti-inflammatory drugs (NSAIDs)/pain

relievers/fever reducers, or other ingredients in

the product

• have an ulcer, history of ulcers or are prone to

bleeding

• have active or severe liver or kidney disease or

congestive heart failure

• have a history of asthma caused by salicylates or

other NSAIDs

• are using methotrexate at doses of 15mg/week or

more**IMPORTANT: PLEASE READ**

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• are in the last trimester of pregnancy because it

may cause problems in the unborn child or

complications during delivery

**What the medicinal ingredient is:**

acetylsalicylic acid (ASA)

**What the important nonmedicinal ingredients are:**

ASPIRIN 81mg – carnauba wax, corn starch,

croscarmellose sodium, FD&C (Blue #1, #2 – Aluminum

Lake), hypromellose, lactose monohydrate, methacrylic

acid and ethyl acrylate copolymer, microcrystalline

cellulose, polysorbate 80, powdered cellulose, propylene

glycol, shellac, sodium lauryl sulphate, titanium dioxide,

triacetin.

ASPIRIN 81mg Quick Chews – corn starch, dextrose,

FD&C yellow #6 aluminum lake, orange flavour,

microcrystalline cellulose, saccharin sodium, silicon

dioxide

ASPIRIN Regular Strength 325mg – corn starch,

hypromellose, powdered cellulose, triacetin.

**What dosage forms it comes in:**

ASPIRIN 81mg, ASPIRIN 81mg Quick Chews and

ASPIRIN Regular Strength 325mg comes in enteric coated

(delayed release), chewable tablets and tablets.

**WARNINGS AND PRECAUTIONS**

Your doctor will have asked you many questions about

your health, lifestyle, and medications before

recommending ASPIRIN 81mg, ASPIRIN 81mg Quick

Chews and ASPIRIN Regular Strength 325mg. That is

why it is very important that you tell your doctor all such

information. If you have forgotten to tell your doctor about

any of the following, call your doctor or pharmacist before

you take this medicine (or any medicine):

• asthma, high blood pressure, heart disease, gout

or other serious conditions

• age 60 years or older

• stomach problems such as heartburn

**STOMACH BLEEDING WARNING**: contains

a NSAID which **may cause severe stomach**

**bleeding**

• impaired liver/kidney or impaired cardiovascular

circulation (renal vascular disease, congestive

heart failure, volume depletion, major surgery,

sepsis or major hemorrhagic events)

• history of blood clotting defects

• severe anemia

• severe glucose-6-phosphate dehydrogenase

(G6PD) deficiency

• are trying to conceive, pregnant or breast-feeding

or

• will be having surgery in five to seven days

**CAUTION:** Contains enough drug to seriously harm a

child; **KEEP OUT OF THEIR REACH**. **DO NOT GIVE**

to children/teenagers less than 18 years of age who have

chicken pox or cold/flu symptoms before a doctor is

consulted about Reye’s Syndrome, a rare but serious illness

reported to be associated with ASA.

**INTERACTIONS WITH THIS MEDICATION**

Tell your doctor if you are taking any prescription or non-

prescription drugs including blood thinners,

acetaminophen, anticonvulsants, anti-diabetic/arthritis/gout

medicines, digoxin, glucocorticoids, methotrexate,

selective-serotonin re-uptake inhibitors (a type of

antidepressant), diuretics, ACE inhibitors (medication for

high blood pressure), or are having 3 or more alcoholic

drinks per day. NSAIDs (i.e. ibuprofen or naproxen) may

interfere with the heart protective benefits of ASPIRIN.

Patients should talk to their doctor if they are on an

ASPIRIN regimen and take NSAIDs for pain.

**PROPER USE OF THIS MEDICATION**

**Usual dose:**

**DIRECTIONS (Adults ≥18 years):** **During a heart**

**attack**: Call 911, then, chew 2 – ASPIRIN 81mg or

ASPIRIN 81mg Quick Chews tablets or 1 – ASPIRIN

Regular Strength 325mg tablet/caplet.

**For prevention of a first heart attack or for the**

**prevention of a second heart attack or stroke**: ASPIRIN

81mg or ASPIRIN 81mg Quick Chews – 1 to 4 tablets

daily, depending on your doctor’s instructions. ASPIRIN

Regular Strength 325mg– 1 tablet/caplet daily, depending

on your doctor’s instructions. You should take this

medicine at the same time every day. This will help you to

remember to take your medication. For maximum

effectiveness, it is very important to take ASPIRIN 81mg,

ASPIRIN 81mg Quick Chews or ASPIRIN Regular

Strength 325mg *every day* as directed by your doctor. Do

not take more tablets than your doctor recommends. Your

doctor may tell you to take ASPIRIN 81mg, ASPIRIN

81mg Quick Chews or ASPIRIN Regular Strength 325mg

with other medications; he or she may also tell you to eat

special foods, exercise or take other steps to safeguard your

health.

For daily therapy ASPIRIN 81mg**,** tablets should be

swallowed whole for the medicine to work properly.

ASPIRIN 81mg tablets have a special *enteric coating*,

which allows the tablets to pass undissolved through the

stomach and on into the intestine. By dissolving in the

intestine rather than the stomach, the risk of stomach upset

is reduced in those with a sensitive stomach. Therefore, to

maintain this protection, the tablets should not be crushed

or broken.

For daily therapy with **ASPIRIN 81mg Quick Chews,**

tablets could be chewed or swallowed whole.

For daily therapy with ASPIRIN Regular Strength 325mg,

tablets could be swallowed whole.

**Can I Continue to Take ASPIRIN for Relief of**

**Headache, Fever or Arthritis Pain?**

ASPIRIN 81mg or ASPIRIN 81mg Quick Chews is

specially designed to reduce your risk of dying during a

heart attack, to help prevent a first heart attack in those who

are at increased risk and to help prevent a second heart

attack or stroke. It is a smaller dose than you would need

to take for a headache or other types of pain and is unlike

other pain reliever products such as acetaminophen or**IMPORTANT: PLEASE READ**

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NSAIDs e.g. ibuprofen, naproxen. Ask your doctor or

pharmacist about other ASPIRIN products available (or

other pain relievers such as acetaminophen, ibuprofen,

naproxen or salicylates) and the correct dosage for the

relief of your headache, fever or arthritic pain.

Always consult with your doctor or pharmacist before

taking other medications.

**Overdose:**

**In case of overdose call a doctor or poison control**

**centre immediately, even if there are no symptoms.**

**Missed Dose:**

If you forget to take your medication, take it when you

remember. But do not take *extra* medication to compensate

for a missed dosage unless instructed by your doctor.

**SIDE EFFECTS AND WHAT TO DO ABOUT THEM**

Like all medicines, ASPIRIN may occasionally produce

unwanted side effects. You should call your doctor if you

experience any of the following: nausea, vomiting; stomach

irritation, or pain; if you notice that you are ‘bruising’ more

easily than you were before starting a daily dose of

ASPIRIN.

Regular daily use of alcohol while on ASPIRIN daily

therapy may increase your risk of developing

gastrointestinal bleeding.

This is not a complete list of side effects. For any

unexpected effects while taking ASPIRIN Regular

Strength, ASPIRIN 81mg, or ASPIRIN 81mg Quick

Chews, contact your doctor or pharmacist.

**SERIOUS SIDE EFFECTS, HOW OFTEN THEY**

**HAPPEN AND WHAT TO DO ABOUT THEM**

Stop use and call your doctor if you experience an allergic

reaction (skin rash, hives, itching, swelling of eyes, face,

lips, tongue, or throat, wheezing or breathing difficulties);

stomach bleeding (feel faint, bloody vomit, vomit that looks

like coffee grounds, bright red blood in stools, black or tarry

stools, stomach pain that does not get better); loss of hearing ,

ringing or buzzing in ears or bleeding.

**This table contains an important heading and therefore**

**is surrounded with a black boxHOW TO STORE IT**

Keep out of reach of children.

ASPIRIN 81mg: Store between 15-30°C.

ASPIRIN 81mg Quick Chews: Store between 15-25°C.

ASPIRIN Regular Strength: Store between 15-25°C.

**REPORTING SIDE EFFECTS**

You can report any suspected side effects associated with the

use of health products to Health Canada by:

• Visiting the Web page on Adverse Reaction

Reporting (http://www.hc-sc.gc.ca/dhp-

mps/medeff/report-declaration/index-eng.php) for

information on how to report online, by mail or by

fax; or

• Calling toll-free at 1-866-234-2345.

*NOTE: Contact your health professional if you need*

*information about how to manage your side effects. The Canada*

*Vigilance Program does not provide medical advice.*

**MORE INFORMATION**

This document plus the full product monograph, prepared

for health professionals can be found at: www.Bayer.ca

This leaflet was prepared by Bayer Inc.

Mississauga, ON L4W 5R6

Last revised: March 10, 2022

® TM see www.bayer.ca/tm-mc**IMPORTANT: PLEASE READ**

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**PART III: CONSUMER INFORMATION**

**ASPIRIN® 81mg**

**acetylsalicylic acid (ASA) delayed-release tablets, USP**

This leaflet is part III of a three-part “Product Monograph”

published when **ASPIRIN® 81 mg** was approved for sale

in Canada and is designed specifically for Consumers. This

leaflet is a summary and will not tell you everything about

**ASPIRIN® 81 mg**. Contact your doctor or pharmacist if

you have any questions about the drug.

**ABOUT THIS MEDICATION**

**What the medication is used for:**

- ASPIRIN 81mg is for doctor supervised long-term

preventive therapy.

- ASPIRIN may help save your life if you think you are

having a heart attack.

**What it does:**

ASPIRIN 81mg is for doctor supervised long-term

preventive therapy.

**USE DURING A HEART ATTACK**

If you think you are having a heart attack, call 911

immediately then, chew and swallow two ASPIRIN 81mg

tablets. It is important to chew the product, to ensure this

medicine works quickly. Then get to a hospital

immediately for medical attention. Inform the emergency

services / hospital that you have taken ASPIRIN. Taking

ASPIRIN 81mg, at the first signs and symptoms can reduce

your risk of dying from a heart attack.

The signs and symptoms of a heart attack include:

• uncomfortable pressure, fullness, squeezing or pain in

the centre of the chest that lasts more than a few

minutes, or goes away quickly and comes back,

• pain that spreads to the shoulders, neck or arms,

• chest discomfort with lightheadedness, fainting,

sweating, nausea or shortness of breath.

Chest pain is the most common symptom in both sexes, but

women may also experience other symptoms such as

unusual fatigue that gets worse with activity, difficulty of

breathing, heartburn/nausea and /or vomiting unrelieved by

antacids, tightening and pain in the chest that may extend

into the neck, jaws and shoulders, general feeling of

weakness, paleness, sweating.

At the hospital, the doctor will then recommend appropriate

therapy.

**When it should not be used:**

**DO NOT TAKE** if you:

• are allergic to ASA, salicylates, non-steroidal

anti-inflammatory drugs (NSAIDs)/pain

relievers/fever reducers or other ingredients in the

product

• have an ulcer, history of ulcers or are prone to

bleeding

• have active or severe liver or kidney disease or

congestive heart failure

• have a history of asthma caused by salicylates or

other NSAIDs

• are using methotrexate at doses of 15mg/week or

more

• are in the last trimester of pregnancy because it

may cause problems in the unborn child or

complications during delivery

**What the medicinal ingredient is:**

acetylsalicylic acid (ASA)

**What the important non-medicinal ingredients are:**

carnauba wax, corn starch, croscarmellose sodium, FD&C

(Blue #1, #2 - Aluminum Lake), hypromellose, lactose

monohydrate, methacrylic acid and ethyl acrylate

copolymer, microcrystalline cellulose, polysorbate 80,

powdered cellulose, propylene glycol, shellac, sodium

lauryl sulphate, titanium dioxide, triacetin.

**What dosage forms it comes in:**

ASPIRIN® 81mg comes in enteric-coated tablets

**WARNINGS AND PRECAUTIONS**

Your doctor will have asked you many questions about

your health, lifestyle, and medications before

recommending ASPIRIN 81mg. That is why it is very

important that you tell your doctor all such information. If

you have forgotten to tell your doctor about any of the

following, call your doctor or pharmacist before you take

this medicine (or any medicine):

• asthma, high blood pressure, heart disease, gout

or other serious conditions

• age 60 years or older

• stomach problems such as heartburn

**STOMACH BLEEDING WARNING**: contains

a NSAID which **may cause severe stomach**

**bleeding**

• impaired liver/kidney or impaired cardiovascular

circulation (renal vascular disease, congestive

heart failure, volume depletion, major surgery,

sepsis or major hemorrhagic events)

• history of blood clotting defects

• severe anemia

• severe glucose-6-phosphate dehydrogenase

(G6PD) deficiency

• are trying to conceive, pregnant or breast-feeding

or

• will be having surgery in five to seven days

**CAUTION**: Contains enough drug to seriously harm a

child; **KEEP OUT OF THEIR REACH**. **DO NOT GIVE**

to children/teenagers less than 18 years of age who have

chicken pox or cold/flu symptoms before a doctor is

consulted about Reye’s Syndrome, a rare serious illness

reported to be associated with ASA.

**INTERACTIONS WITH THIS MEDICATION**

Tell your doctor if you are taking any prescription or

nonprescription drugs including blood thinners,

acetaminophen, anticonvulsants, anti-diabetic/arthritis/gout

medicines, digoxin, glucocorticoids, methotrexate, selective

serotonin re-uptake inhibitors (a type of antidepressants),

diuretics, ACE inhibitors (medication for high blood

pressure), or if you are having 3 or more alcoholic drinks**IMPORTANT: PLEASE READ**

*ASPIRIN***®** Page 42 of 48

per day.

Do not use NSAIDs (i.e. ibuprofen or naproxen) if you are

taking ASPIRIN 81mg for preventive therapy without

talking to a doctor or pharmacist, as NSAIDs may interfere

with the preventive benefits of ASPIRIN 81mg.

**PROPER USE OF THIS MEDICATION**

**Usual dose**:

**DIRECTIONS (Adults ≥ 18 years):** **For doctor**

**supervised long-term preventive therapy**: 1 to 4 tablets

daily, depending on your doctor’s instructions. You should

take this medicine at the same time every day. This will

help you to remember to take your medication. For

maximum effectiveness, it is very important to take

ASPIRIN 81mg *every day* as directed by your doctor. Do

not take more tablets than your doctor recommends. Your

doctor may tell you to take ASPIRIN 81mg with other

medications; he or she may also tell you to eat special

foods, exercise or take other steps to safeguard your health.

ASPIRIN 81mg tablets have a special *enteric coating*,

which allows them to pass undissolved through the stomach

and into the intestine. By dissolving in the intestine rather

than the stomach, the risk of stomach upset is reduced.

Therefore, to maintain this protection, the tablets should not

be crushed or broken.

**During a heart attack**: Call 911, then, chew 2 tablets.

**Can I Continue to Take ASPIRIN for Relief of**

**Headache, Fever or Arthritis Pain?**

ASPIRIN 81mg is specially designed for doctor supervised

long-term preventive therapy. It is a smaller dose than you

would need to take for a headache or other types of pain

and is unlike other pain reliever products such as

acetaminophen or NSAIDs e.g., ibuprofen, naproxen. Ask

your doctor or pharmacist about other ASPIRIN products

available (or other pain relievers such as acetaminophen,

ibuprofen, naproxen or salicylates) and the correct dosage

for the relief of your headache, fever or arthritic pain.

Always consult with your doctor or pharmacist before

taking other medications.

**Overdose:**

**In case of overdose call a doctor or poison control**

**centre immediately, even if there are no symptoms.**

**Missed Dose:**

If you forget to take your medication, take it when you

remember. But do not take *extra* medication to compensate

for a missed dosage unless instructed by your doctor.

**SIDE EFFECTS AND WHAT TO DO ABOUT THEM**

Like all medicines, ASPIRIN may occasionally produce

unwanted side effects. You should call your doctor if you

experience: nausea, vomiting; stomach irritation, or pain; if

you notice that you are ‘bruising’ more easily than you

were before starting a daily dose of ASPIRIN. Regular

daily use of alcohol while on ASPIRIN daily therapy may

increase your risk of developing gastrointestinal bleeding.

This is not a complete list of side effects. For any

unexpected effects while taking ASPIRIN 81mg, contact

your doctor or pharmacist.

**SERIOUS SIDE EFFECTS, HOW OFTEN THEY HAPPEN**

**AND WHAT TO DO ABOUT THEM**

Stop use and call your doctor if you experience an allergic

reaction (skin rash, hives, itching, swelling of eyes, face,

lips, tongue, or throat, wheezing or breathing difficulties);

stomach bleeding (feel faint, bloody vomit, vomit that looks

like coffee grounds, bright red blood in stools, black or tarry

stools, stomach pain that does not get better); loss of hearing ,

ringing or buzzing in ears, or bleeding.

**HOW TO STORE IT**

Keep out of reach of children.

Store between 15-30°C.

**REPORTING SIDE EFFECTS**

You can report any suspected side effects associated with the use

of health products to Health Canada by:

• Visiting the Web page on Adverse Reaction Reporting

(http://www.hc-sc.gc.ca/dhp-mps/medeff/report-

declaration/index-eng.php) for information on how to

report online, by mail or by fax; or

• Calling toll-free at 1-866-234-2345.

*NOTE: Contact your health professional if you need information*

*about how to manage your side effects. The Canada Vigilance*

*Program does not provide medical advice.*

**MORE INFORMATION**

This document plus the full product monograph, prepared

for health professionals can be found at: www.Bayer.ca.

This leaflet was prepared by Bayer Inc., Mississauga, ON

L4W 5R6.

Last revised: March 10, 2022

® TM see www.bayer.ca/tm-mc**IMPORTANT: PLEASE READ**

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**PART III: CONSUMER INFORMATION**

**ASPIRIN® 81mg Quick Chews®**

**acetylsalicylic acid (ASA) tablets USP**

This leaflet is part III of a three-part “Product Monograph”

published when **ASPIRIN® 81mg Quick Chews** was

approved for sale in Canada and is designed specifically for

Consumers. This leaflet is a summary and will not tell you

everything about **ASPIRIN® 81mg Quick Chews**. Contact

your doctor or pharmacist if you have any questions about

the drug.

**ABOUT THIS MEDICATION**

**What the medication is used for:**

- ASPIRIN 81mg Quick Chewsis for doctor supervised

long-term preventive therapy.

- ASPIRIN may help save your life if you think you are

having a heart attack.

**What it does:**

ASPIRIN 81mg Quick Chews belongs to a group of

medicines called antiplatelet drugs. Platelets are very small

structures in blood, smaller than red or white blood cells,

which clump together during blood clotting. By preventing

this clumping, antiplatelet drugs reduce the chances of

blood clots forming (a process called thrombosis).

**USE DURING A HEART ATTACK**

If you think you are having a heart attack, call 911

immediately then, chew and swallow two ASPIRIN 81mg

Quick Chews tablets. It is important to chew the product,

to ensure this medicine works quickly. Then get to a

hospital immediately for medical attention. Inform the

emergency services / hospital that you have taken

ASPIRIN. Taking ASPIRIN 81mg Quick Chews, at the

first signs and symptoms can reduce your risk of dying

from a heart attack.

The signs and symptoms of a heart attack include:

• uncomfortable pressure, fullness, squeezing or pain in

the centre of the chest that lasts more than a few

minutes, or goes away quickly and comes back,

• pain that spreads to the shoulders, neck or arms,

• chest discomfort with lightheadedness, fainting,

sweating, nausea or shortness of breath.

Chest pain is the most common symptom in both sexes, but

women may also experience other symptoms such as

unusual fatigue that gets worse with activity, difficulty of

breathing, heartburn/nausea and /or vomiting unrelieved by

antacids, tightening and pain in the chest that may extend

into the neck, jaws and shoulders, general feeling of

weakness, paleness, sweating.

At the hospital, the doctor will then recommend appropriate

therapy.

**When it should not be used:**

**DO NOT TAKE** if you:

• are allergic to ASA, salicylates, non-steroidal

anti-inflammatory drugs (NSAIDs)/pain

relievers/fever reducers or other ingredients in the

product

• have an ulcer, history of ulcers or are prone to

bleeding

• have active or severe liver or kidney disease or

congestive heart failure

• have a history of asthma caused by salicylates or

other NSAIDs

• are using methotrexate at doses of 15mg/week or

more

• are in the last trimester of pregnancy because it

may cause problems in the unborn child or

complications during delivery

**What the medicinal ingredient is:**

acetylsalicylic acid (ASA)

**What the important non-medicinal ingredients are:**

corn starch, dextrose, FD&C yellow #6 aluminum lake,

orange flavour, microcrystalline cellulose, saccharin

sodium, silicon dioxide

**What dosage forms it comes in:**

ASPIRIN 81mg Quick Chews comes in chewable tablets

**WARNINGS AND PRECAUTIONS**

Your doctor will have asked you many questions about

your health, lifestyle, and medications before

recommending ASPIRIN 81mg Quick Chews. That is why

it is very important that you tell your doctor all such

information. If you have forgotten to tell your doctor about

any of the following, call your doctor or pharmacist before

you take this medicine (or any medicine):

• asthma, high blood pressure, heart disease, gout

or other serious conditions

• age 60 years or older

• stomach problems such as heartburn

**STOMACH BLEEDING WARNING**: contains

a NSAID which **may cause severe stomach**

**bleeding**

• impaired liver/kidney or impaired cardiovascular

circulation (renal vascular disease, congestive

heart failure, volume depletion, major surgery,

sepsis or major hemorrhagic events)

• history of blood clotting defects

• severe anemia

• severe glucose-6-phosphate dehydrogenase

(G6PD) deficiency

• are trying to conceive, pregnant or breast-feeding

or

• will be having surgery in five to seven days

**CAUTION:** Contains enough drug to seriously harm a

child; **KEEP OUT OF THEIR REACH**. **DO NOT GIVE**

to children/teenagers less than 18 years of age who have

chicken pox or cold/flu symptoms before a doctor is

consulted about Reye’s Syndrome, a rare but serious illness

reported to be associated with ASA.**IMPORTANT: PLEASE READ**

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**INTERACTIONS WITH THIS MEDICATION**

Tell your doctor if you are taking any prescription or

nonprescription drugs including blood thinners,

acetaminophen, anticonvulsants, anti-diabetic/arthritis/gout

medicines, digoxin, glucocorticoids, methotrexate, selective

serotonin re-uptake inhibitors (a type of antidepressant),

diuretics, ACE inhibitors (medication for high blood

pressure), or if you are having 3 or more alcoholic drinks

per day.

Do not use NSAIDs (i.e. ibuprofen or naproxen) if you are

taking ASPIRIN 81mg Quick Chews for preventive therapy

without talking to a doctor or pharmacist, as NSAIDs may

interfere with the preventive benefits of ASPIRIN 81mg

Quick Chews.

**PROPER USE OF THIS MEDICATION**

**Usual dose:**

**DIRECTIONS (Adults ≥ 18 years): For doctor**

**supervised long-term preventive therapy:** 1 to 4 tablets

daily, depending on your doctor’s instructions. You should

take this medicine at the same time every day. This will

help you to remember to take your medication. For

maximum effectiveness, it is very important to take

ASPIRIN 81mg Quick Chews *every day* as directed by

your doctor. Do not take more tablets than your doctor

recommends. Your doctor may tell you to take ASPIRIN

81mg Quick Chews with other medications; he or she may

also tell you to eat special foods, exercise or take other

steps to safeguard your health. For daily therapy with

ASPIRIN 81mg Quick Chews,tablets could be chewed or

swallowed whole.

**During a heart attack**: Call 911, then, chew 2 tablets.

**Can I Continue to Take ASPIRIN for Relief of**

**Headache, Fever or Arthritis Pain?**

ASPIRIN 81mg Quick Chews is specially designed for

doctor supervised long-term preventive therapy. It is a

smaller dose than you would need to take for a headache or

other types of pain and is unlike other pain reliever

products such as acetaminophen, or NSAIDs e.g.

ibuprofen, naproxen. Ask your doctor or pharmacist about

other ASPIRIN products available (or other pain relievers

such as acetaminophen, ibuprofen, naproxen or salicylates)

and the correct dosage for the relief of your headache, fever

or arthritic pain.

Always consult with your doctor or pharmacist before

taking other medications.

**Overdose:**

**In case of overdose call a doctor or poison control**

**centre immediately, even if there are no symptoms.**

**Missed Dose:**

If you forget to take your medication, take it when you

remember. But do not take *extra* medication to compensate

for a missed dosage unless instructed by your doctor.

**SIDE EFFECTS AND WHAT TO DO ABOUT THEM**

Like all medicines, ASPIRIN may occasionally produce

unwanted side effects.

You should call your doctor if you experience: nausea,

vomiting; stomach irritation, or pain; if you notice that you

are ‘bruising’ more easily than you were before starting a

daily dose of ASPIRIN.

Regular daily use of alcohol while on ASPIRIN daily

therapy may increase your risk of developing

gastrointestinal bleeding.

This is not a complete list of side effects. For any

unexpected effects while taking ASPIRIN 81mg Quick

Chews, contact your doctor or pharmacist.

**SERIOUS SIDE EFFECTS, HOW OFTEN THEY HAPPEN**

**AND WHAT TO DO ABOUT THEM**

Stop use and call your doctor if you experience an allergic

reaction (skin rash, hives, itching, swelling of eyes, face,

lips, tongue, or throat, wheezing or breathing difficulties);

stomach bleeding (feel faint, bloody vomit, vomit that looks

like coffee grounds, bright red blood in stools, black or tarry

stools, stomach pain that does not get better); loss of hearing ,

ringing or buzzing in ears, or bleeding.

**HOW TO STORE IT**

Keep out of reach of children.

Store between 15-25°C.

**REPORTING SIDE EFFECTS**

You can report any suspected side effects associated with the use

of health products to Health Canada by:

• Visiting the Web page on Adverse Reaction Reporting

(http://www.hc-sc.gc.ca/dhp-mps/medeff/report-

declaration/index-eng.php) for information on how to

report online, by mail or by fax; or

• Calling toll-free at 1-866-234-2345.

*NOTE: Contact your health professional if you need information*

*about how to manage your side effects. The Canada Vigilance*

*Program does not provide medical advice.*

**MORE INFORMATION**

This document plus the full product monograph, prepared

for health professionals can be found at: www.Bayer.ca.

This leaflet was prepared by Bayer Inc.

Mississauga, ON L4W 5R6

Last revised: March 10, 2022

® TM see www.bayer.ca/tm-mc**IMPORTANT: PLEASE READ**

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**PART III: CONSUMER INFORMATION**

**ASPIRIN® Regular Strength**

**acetylsalicylic acid (ASA) tablets, USP, 325mg**

This leaflet is part III of a three-part “Product Monograph”

published when **ASPIRIN® Regular Strength** was

approved for sale in Canada and is designed specifically for

Consumers. This leaflet is a summary and will not tell you

everything about **ASPIRIN® Regular Strength**. Contact

your doctor or pharmacist if you have any questions about

the drug.

**ABOUT THIS MEDICATION**

**What the medication is used for:**

- ASPIRIN is for fast and effective relief of headaches,

fever, the pain and discomfort of colds and flu, pain of

inflammation, arthritic or rheumatic pain, minor aches and

pain, pain due to muscle sprains and strains, joint and body

pain, pain of menstrual cramps, toothache and pain of

dental work or intervention. ASPIRIN is also for doctor

supervised long-term preventive therapy. ASPIRIN may

help save your life if you think you are having a heart

attack.

**What it does:**

ASPIRIN quickly and effectively relieves pain. ASPIRIN

is an effective pain reliever which is easy-to-swallow and

dissolves quickly because of its micro-thin coating. It

doesn’t dissolve in the mouth, so there’s no bitter taste.

ASPIRIN Regular Strength contains the same trusted

ingredient as Extra Strength ASPIRIN and is recommended

for doctor supervised adult long-term preventive therapy.

Speak to your doctor to determine if ASPIRIN Regular

Strength for doctor supervised long-term preventive

therapy is right for you.

**USE DURING A HEART ATTACK**

If you think you are having a heart attack, call 911

immediately then, chew and swallow one ASPIRIN

Regular Strength tablet/caplet. It is important to chew the

product, to ensure this medicine works quickly. Then get

to a hospital immediately for medical attention. Inform the

emergency services / hospital that you have taken

ASPIRIN. Taking ASPIRIN Regular Strength, at the first

signs and symptoms can reduce your risk of dying from a

heart attack.

The signs and symptoms of a heart attack include:

• uncomfortable pressure, fullness, squeezing or pain in

the centre of the chest that lasts more than a few

minutes, or goes away quickly and comes back,

• pain that spreads to the shoulders, neck or arms,

• chest discomfort with lightheadedness, fainting,

sweating, nausea or shortness of breath.

Chest pain is the most common symptom in both sexes, but

women may also experience other symptoms such as

unusual fatigue that gets worse with activity, difficulty of

breathing, heartburn/nausea and /or vomiting unrelieved by

antacids, tightening and pain in the chest that may extend

into the neck, jaws and shoulders, general feeling of

weakness, paleness, sweating.

At the hospital, the doctor will then recommend appropriate

therapy.

**When it should not be used:**

**DO NOT TAKE** if you:

• are allergic to ASA, salicylates, non-steroidal

anti-inflammatory drugs (NSAIDs)/pain

relievers/fever reducers, or other ingredients in

the product

• have an ulcer, history of ulcers or are prone to

bleeding

• have active or severe liver or kidney disease or

congestive heart failure

• have a history of asthma caused by salicylates or

other NSAIDs

• are using methotrexate at doses of 15mg/week or

more

• are in the last trimester of pregnancy because it

may cause problems in the unborn child or

complications during delivery

When using for pain/fever , **do not use** with other drugs

with ASA, salicylates, or other NSAIDs e.g. ibuprofen,

naproxen.

**What the medicinal ingredient is:**

acetylsalicylic acid (ASA)

**What the important non-medicinal ingredients are:**

corn starch, hypromellose, powdered cellulose, triacetin.

**What dosage forms it comes in:**

ASPIRIN® Regular Strength comes in tablets and caplets

**WARNINGS AND PRECAUTIONS**

Your doctor will have asked you many questions about

your health, lifestyle, and medications before

recommending ASPIRIN. That is why it is very important

that you tell your doctor all such information. If you have

forgotten to tell your doctor about any of the following, call

your doctor or pharmacist before you take this medicine (or

any medicine):

• asthma, high blood pressure, heart disease, gout

or other serious conditions

• age 60 or older

• stomach problems such as heartburn

**STOMACH BLEEDING WARNING**: contains

a NSAID which **may cause severe stomach**

**bleeding**;

• impaired liver/kidney or impaired cardiovascular

circulation (renal vascular disease, congestive

heart failure, volume depletion, major surgery,

sepsis or major hemorrhagic events)

• history of blood clotting defects

• severe anemia

• severe glucose-6-phosphate dehydrogenase

(G6PD) deficiency**IMPORTANT: PLEASE READ**

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• are trying to conceive, pregnant or breast-feeding

or

• will be having surgery in five to seven days

**CAUTION:** Contains enough drug to seriously harm a

child; **KEEP OUT OF THEIR REACH**. **DO NOT GIVE**

to children/teenagers less than 18 years of age who have

chicken pox or cold/flu symptoms before a doctor is

consulted about Reye’s Syndrome, a rare but serious illness

reported to be associated with ASA.

**INTERACTIONS WITH THIS MEDICATION**

Tell your doctor if you are taking any prescription or

nonprescription drugs including blood thinners,

acetaminophen, anticonvulsants, anti-diabetic/arthritis/gout

medicines, digoxin, glucocorticoids, methotrexate,

selective serotonin re-uptake inhibitors (a type of

antidepressant), diuretics, ACE inhibitors (medication for

high blood pressure), or if you are having 3 or more

alcoholic drinks per day. When using for pain/fever, **DO**

**NOT USE** with other drugs with ASA, salicylates or

NSAIDs e.g. ibuprofen, naproxen.

Do not use NSAIDs (i.e. ibuprofen or naproxen) if you are

taking ASPIRIN for preventive therapy without talking to a

doctor or pharmacist, as NSAIDs may interfere with the

preventive benefits of ASPIRIN.

**PROPER USE OF THIS MEDICATION**

**Usual dose:**

**DIRECTIONS (Adults ≥18 years): Dose for Pain And**

**Fever**: 1 or 2 tablets/caplets with a glass (250mL) of milk

or water every 4 to 6 hours as necessary, up to a maximum

of 12 tablets/caplets/day. **DO NOT** take more than the

recommended dose unless advised by a doctor. Use the

smallest effective dose. **Consult a doctor if** fever lasts

more than 3 days, pain lasts longer than 5 days, new

symptoms occur or if redness/swelling is present.

In conditions affecting children under 12 years, consult

your doctor.

**Dose for doctor supervised long-term preventive**

**therapy**:

1 tablet/caplet daily as directed by your doctor.

**During a heart attack**: Call 911, then, chew 1

tablet/caplet.

**Overdose:**

**In case of overdose call a doctor or poison control**

**centre immediately, even if there are no symptoms.**

**Missed Dose:**

If you forget to take your medication, take it when you

remember. But do not take *extra* medication to compensate

for a missed dosage unless instructed by your doctor.

**SIDE EFFECTS AND WHAT TO DO ABOUT THEM**

Like all medicines, ASPIRIN may occasionally produce

unwanted side effects.

You should call your doctor if you experience: nausea,

vomiting; stomach irritation, or pain; if you notice that you

are ‘bruising’ more easily than you were before starting a

daily dose of ASPIRIN.

Regular daily use of alcohol while on ASPIRIN daily

therapy may increase your risk of developing

gastrointestinal bleeding.

**SERIOUS SIDE EFFECTS, HOW OFTEN THEY**

**HAPPEN AND WHAT TO DO ABOUT THEM**

Stop use and call your doctor if you experience an allergic

reaction (skin rash, hives, itching, swelling of eyes, face,

lips, tongue, or throat, wheezing or breathing difficulties);

stomach bleeding (feel faint, bloody vomit, vomit that looks

like coffee grounds, bright red blood in stools, black or tarry

stools, stomach pain that does not get better); loss of hearing ,

ringing or buzzing in the ears or bleeding.

This is not a complete list of side effects. For any

unexpected effects while taking ASPIRIN, contact your

doctor or pharmacist.

**HOW TO STORE IT**

Keep out of reach of children.

Store between 15-25°C.

**REPORTING SIDE EFFECTS**

You can report any suspected side effects associated with the

use of health products to Health Canada by:

• Visiting the Web page on Adverse Reaction

Reporting (http://www.hc-sc.gc.ca/dhp-

mps/medeff/report-declaration/index-eng.php) for

information on how to report online, by mail or by

fax; or

• Calling toll-free at 1-866-234-2345.

*NOTE: Contact your health professional if you need*

*information about how to manage your side effects. The*

*Canada Vigilance Program does not provide medical advice.*

**MORE INFORMATION**

This document plus the full product monograph, prepared

for health professionals can be found at: www.Bayer.ca

This leaflet was prepared by Bayer Inc.

Mississauga, ON L4W 5R6

Last revised: March 10, 2022

® TM see www.bayer.ca/tm-mc**IMPORTANT: PLEASE READ**

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**PART III: CONSUMER INFORMATION**

**ASPIRIN® Extra Strength**

**acetylsalicylic acid (ASA) tablets, USP, 500mg**

This leaflet is part III of a three-part “Product Monograph”

published when **ASPIRIN® Extra Strength** was approved

for sale in Canada and is designed specifically for

Consumers. This leaflet is a summary and will not tell you

everything about **ASPIRIN® Extra Strength**. Contact

your doctor or pharmacist if you have any questions about

the drug.

**ABOUT THIS MEDICATION**

**What the medication is used for:**

- ASPIRIN is for fast and effective relief of headaches,

fever, the pain and discomfort of colds and flu, pain of

inflammation, arthritic or rheumatic pain, minor aches and

pain, pain due to muscle sprains and strains, joint and body

pain, pain of menstrual cramps, toothache and pain of

dental work or intervention. ASPIRIN Extra Strength is

also clinically proven to relieve migraine pain and

associated symptoms (sensitivity to light and sound) to

improve the overall quality of life and let you get on with

your day.

**What it does:**

ASPIRIN quickly and effectively relieves pain. ASPIRIN

is an effective pain reliever which is easy-to-swallow and

dissolves quickly because of its micro-thin coating. It

doesn’t dissolve in the mouth, so there’s no bitter taste. For

your tough pain, try ASPIRIN Extra Strength (500mg).

**When it should not be used:**

**DO NOT TAKE** if you:

• are allergic to ASA, salicylates, non-steroidal

anti-inflammatory drugs (NSAIDs)/pain

relievers/fever reducers or other ingredients in the

product

• have an ulcer, history of ulcers or are prone to

bleeding

• have active or severe liver or kidney disease or

congestive heart failure

• have a history of asthma caused by salicylates or

other NSAIDs

• are using methotrexate at doses of 15mg/week or

more

• are in the last trimester of pregnancy because it

may cause problems in the unborn child or

complications during delivery

**Do not use** with other drugs with ASA, salicylates, or other

NSAIDs e.g. ibuprofen, naproxen.

**What the medicinal ingredient is:**

acetylsalicylic acid (ASA)

**What the important non-medicinal ingredients are:**

carnauba wax, corn starch, D&C Red # 7 Calcium Lake,

FD&C (Blue #2, Red #40 - Aluminum Lake),

hypromellose, powdered cellulose, propylene glycol,

shellac, titanium dioxide, triacetin

**What dosage forms it comes in:**

ASPIRIN® Extra Strength comes in tablets

**WARNINGS AND PRECAUTIONS**

Call your doctor or pharmacist before you take this

medicine (or any medicine) if you have the following:

• asthma, high blood pressure, heart disease, gout

or other serious conditions

• age 60 or older

• stomach problems such as heartburn

**STOMACH BLEEDING WARNING**: contains

a NSAID which **may cause severe stomach**

**bleeding**

• impaired liver/kidney or impaired cardiovascular

circulation (renal vascular disease, congestive

heart failure, volume depletion, major surgery,

sepsis or major hemorrhagic events)

• history of blood clotting defects

• severe anemia

• severe glucose-6-phosphate dehydrogenase

(G6PD) deficiency

• are trying to conceive, pregnant or breast-feeding

or

• will be having surgery in five to seven days

**CAUTION:** Contains enough drug to seriously harm a

child; **KEEP OUT OF THEIR** **REACH**. **DO NOT GIVE**

to children/ teenagers less than 18 years of age who have

chicken pox or cold/flu symptoms before a doctor is

consulted about Reye’s Syndrome, a rare but serious illness

reported to be associated with ASA.

**INTERACTIONS WITH THIS MEDICATION**

Tell your doctor if you are taking any prescription or

nonprescription drugs including blood thinners,

acetaminophen, anticonvulsants, anti-diabetic/arthritis/gout

medicine, digoxin, glucocorticoids, methotrexate, selective

serotonin re-uptake inhibitors (a type of antidepressant),

diuretics, ACE inhibitors (medication for high blood

pressure), or if you are having 3 or more alcoholic drinks

per day. **DO NOT USE** with other drugs with ASA,

salicylates or NSAIDs e.g. ibuprofen, naproxen.

**PROPER USE OF THIS MEDICATION**

**Usual dose:**

**DIRECTIONS (Adults ≥ 18 years): Dose for Pain And**

**Fever:** 1 or 2 tablets with a glass (250mL) of milk or water

every 4 to 6 hours as necessary, up to 8 tablets daily. **DO**

**NOT** take more than the recommended dose unless advised

by a doctor. Use the smallest effective dose. **Consult a**

**doctor if** fever lasts more than 3 days, non-migraine pain

lasts longer than 5 days, new symptoms occur or

redness/swelling is present. Not a standard dosage unit, use

only on advice of a doctor.

In conditions affecting children under 12 years, consult

your doctor.**IMPORTANT: PLEASE READ**

*ASPIRIN***®** Page 48 of 48

**Dose for Migraine and Associated Symptoms (light and**

**sound sensitivity):** At onset of pain or symptoms, take 2

tablets with a glass (250mL) of milk or water. Repeat

every 4 to 6 hours as needed, not to exceed the maximum

of 8 tablets/day.

**Overdose:**

**In case of overdose call a doctor or poison control**

**centre immediately, even if there are no symptoms**

**Missed Dose:**

If you forget to take your medication, take it when you

remember. But do not take *extra* medication to compensate

for a missed dosage unless instructed by your doctor.

**SIDE EFFECTS AND WHAT TO DO ABOUT THEM**

Like all medicines, ASPIRIN may occasionally produce

unwanted side effects.

You should call your doctor if you experience: nausea,

vomiting; stomach irritation, or pain; bruising.

This is not a complete list of side effects. For any

unexpected effects while taking ASPIRIN Extra Strength,

contact your doctor or pharmacist.

**SERIOUS SIDE EFFECTS, HOW OFTEN THEY**

**HAPPEN AND WHAT TO DO ABOUT THEM**

Stop use and call your doctor if you experience an allergic

reaction (skin rash, hives, itching, swelling of eyes, face,

lips, tongue, or throat, wheezing or breathing difficulties);

stomach bleeding (feel faint, bloody vomit, vomit that looks

like coffee grounds, bright red blood in stools, black or tarry

stools, stomach pain that does not get better); loss of hearing ,

ringing or buzzing in the ears or bleeding.

**HOW TO STORE IT**

Keep out of reach of children.

Store between 15-25°C.

**REPORTING SIDE EFFECTS**

You can report any suspected side effects associated with

the use of health products to Health Canada by:

• Visiting the Web page on Adverse Reaction

Reporting (http://www.hc-sc.gc.ca/dhp-

mps/medeff/report-declaration/index-eng.php)

for information on how to report online, by mail

or by fax; or

• Calling toll-free at 1-866-234-2345.

*NOTE: Contact your health professional if you need*

*information about how to manage your side effects. The*

*Canada Vigilance Program does not provide medical*

*advice.*

**MORE INFORMATION**

This document plus the full product monograph, prepared

for health professionals can be found at: www.Bayer.ca.

This leaflet was prepared by Bayer Inc.

Mississauga, ON L4W 5R6

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