Zorprin advertisement.

[s.l.]: [s.n.], 1973

Put ZORprin® (ASPIRIN) Zero-Order Release in your circle of arthritic therapy

ZORprin® provides 800 mg of aspirin in a unique, patented zero-order release delivery system.

Convenient two-tablet, b.i.d. dosage
- Easy-to-remember regimen improves compliance
- 24-hour pain relief

Efficacy comparable to NSAIs
- Helps reduce morning stiffness and nighttime pain

Side effect profile superior to plain aspirin... comparable to NSAIs
- ZORprin® is economical arthritic therapy
- Prescription only

The ideal method to maintain therapeutic control

Pioneers in medicine for the family

Boots Pharmaceuticals, Inc.
6540 LINE AVENUE, P.O. BOX 6750
SHREVEPORT, LOUISIANA 71106-9989

See brief summary of prescribing information on next page.

ZORprin® (aspirin) Zero-Order Release

Before prescribing see complete prescribing information. The following is a brief summary. ▫ **INDICATIONS AND USE:** ZORprin® is indicated for the treatment of rheumatoid arthritis and osteoarthritis. The safety and efficacy of ZORprin® have not been established in those rheumatoid arthritic patients who are designated by the American Rheumatism Association as Functional Class IV, (incapacitated, largely or wholly bedridden, or confined to wheelchair, little or no self-care). ▫ **CONTRAINDICATIONS:** ZORprin® should not be used in patients known to be hypersensitive to salicylates or in individuals with the syndrome of nasal polyps, angioedema, bronchospastic reactivity to aspirin, renal or hepatic insufficiency, hypoprothrombinemia or other bleeding disorders. ZORprin® is not recommended for children under 12 years of age; it is contraindicated in all children with fever accompanied by dehydration. ▫ **WARNINGS:** ZORprin® should be used with caution when anticoagulants are prescribed concurrently, since aspirin may depress the concentration of prothrombin in plasma and increase bleeding time. Large doses of salicylates may have hypoglycemic action and enhance the effect of the oral hypoglycemics, concomitant use therefore is not recommended. However, if such use is necessary, dosage of the hypoglycemic agent must be reduced. The hypoglycemic action of the salicylates may also necessitate adjustment of the insulin requirements of diabetics. While salicylates in large doses have a uricosuric effect, smaller amounts may reduce the uricosuric effect of uricosuric agents. ▫ **USE IN PREGNANCY:** Aspirin can cause fetal harm when administered to pregnant women. Aspirin interferes with maternal and infant blood clotting and may lengthen the duration of pregnancy and parturition. Aspirin has produced teratogenic effects and increases the incidence of stillbirths and neonatal deaths in animals. If this drug is used during pregnancy, or if the patient becomes pregnant while taking this drug, the patient should be apprised of the potential hazard to the fetus. Aspirin should not be taken during the last 3 months of pregnancy. ▫ **PRECAUTIONS:** Appropriate precautions should be taken in prescribing ZORprin® for patients who are known to be sensitive to aspirin or salicylates. Particular care should be used when prescribing this medication for patients with erosive gastritis, peptic ulcer, mild diabetes or gout. As with all salicylate drugs, caution should be exercised in prescribing ZORprin® for those patients with bleeding tendencies or those on anticoagulant drugs. Large doses of salicylates should be avoided in patients with clear evidence of carditis. In order to avoid exacerbation of disease or adrenal insufficiency, patients who have been on prolonged corticosteroid therapy should have their therapy tapered slowly rather than discontinued abruptly when ZORprin® (aspirin) is made a part of the treatment program. Patients receiving large doses of aspirin and/or prolonged therapy may develop mild salicylate intoxication (salicylism) that may be reversed by reduction in dosage. Salicylates can produce changes in thyroid function tests. Salicylates should be used with caution in patients with severe hepatic damage, preexisting hypoprothrombinemia, Vitamin K deficiency and in those undergoing surgery. Since aspirin release from ZORprin® is pH dependent, it may change in those conditions where the gastric pH has been increased via antacids, gastric secretion inhibitors or surgical procedures. ▫ **ADVERSE REACTIONS: Hematologic:** Aspirin interferes with blood clotting. Patients with a history of blood coagulation defects or receiving anticoagulant drugs or with severe anemia should avoid ZORprin® Aspirin used chronically may cause a persistent iron deficiency anemia. **Gastrointestinal:** Aspirin may potentiate peptic ulcer, and cause stomach distress or heartburn. Aspirin can cause an increase in occult bleeding and in some patients massive gastrointestinal bleeding. However, the greatest release of active drug from ZORprin® is designed to occur in the small intestine over a period of time. This has resulted in less symptomatic gastrointestinal side effects. **Allergic:** Allergic and anaphylactic reactions have been noted when hypersensitive individuals have taken aspirin. The most common allergic reaction to aspirin is the induction of bronchospasm with asthma-like symptoms. Other reactions are hives, rash, angioedema, as well as rhinitis and nasal polyps. Fatal anaphylactic shock, while not common, has been reported. **Central Nervous System:** Taken in overdoses, aspirin provides stimulation which may be manifested by tinnitus. Following initial stimulation, depression of the central nervous system may be noted. **Renal:** Aspirin may rarely cause an increase in the severity of chronic kidney disease. **Hepatic:** High doses of aspirin have been reported to produce reversible hepatic dysfunction. ▫ **OVERDOSAGE:** Overdosage, if it occurs, would produce the usual symptoms of salicylism, tinnitus, vertigo, headache, confusion, drowsiness, sweating, hyperventilation, vomiting or diarrhea. Treatment for mild intoxication, emptying the stomach with an emetic, or gastric lavage with 5% sodium bicarbonate. Individuals suffering from severe intoxication should, in addition, have forced diuresis by intravenous infusions of saline and sodium bicarbonate or sodium lactate, dextrose solution. In extreme cases, hemodialysis or peritoneal dialysis may be required. ▫ **HOW SUPPLIED:** ZORprin® tablets 800 mg; plain, white capsule-shaped tablets. Bottles of 100 tablets. ▫ **CAUTION:** Federal Law prohibits dispensing without prescription. Manufactured and distributed by: Boots Pharmaceuticals, Inc. Shreveport, LA., 71106, USA

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