

## Nabumetone

(Nabumetone) - Various

### BOXED WARNING

NSAIDs may cause an increased risk of serious cardiovascular (CV) thrombotic events, myocardial infarction (MI), stroke and serious GI adverse events including bleeding, ulceration, and perforation of the stomach or intestines. Contraindicated for the treatment of perioperative pain in the setting of coronary artery bypass graft (CABG) surgery.

### THERAPEUTIC CLASS

NSAID

### DEA CLASS

RX

### INDICATIONS

Relief of signs and symptoms of osteoarthritis and rheumatoid arthritis.

### ADULT DOSAGE

**Adults:** Initial: 1000mg qd with or without food. Titrated: May give 1500-2000mg depending on clinical response to initial therapy. Max: 2000mg/day given qd-bid. Renal impairment: Moderate: Initial: ≤750mg qd. Severe: Initial: ≤500mg qd.

### HOW SUPPLIED

Tab: 500mg, 750mg

### CONTRAINDICATIONS

History of asthma, urticaria, or allergic-type reactions after taking aspirin (ASA) or other NSAIDs. Treatment of perioperative pain in the setting of CABG surgery.

### WARNINGS/PRECAUTIONS

Use lowest effective dose for shortest duration possible to minimize risk for CV events and adverse GI events. May lead to onset of new HTN or worsening of preexisting HTN; caution with HTN and monitor BP closely. Fluid retention and edema reported; caution with fluid retention or heart failure. Renal papillary necrosis and other renal injury reported after long-term use. Not recommended for use with advanced renal disease; if therapy must be initiated, monitor renal function closely. Anaphylactoid reactions may occur. Should not be given with ASA triad. May cause serious skin adverse events (eg, exfoliative dermatitis, Stevens-Johnson syndrome, and toxic epidermal necrolysis). Avoid in late pregnancy; may cause premature closure of ductus arteriosus. May cause elevations of LFTs; d/c if liver disease develops or systemic manifestations occur. Caution in elderly. Anemia may occur; with long-term use, monitor Hgb/Hct if signs or symptoms of anemia develop. May inhibit platelet aggregation and prolong bleeding time; monitor with coagulation disorders. Caution with asthma and avoid with ASA-sensitive asthma. May induce photosensitivity.

### ADVERSE REACTIONS

Diarrhea, dyspepsia, abdominal pain, constipation, flatulence, N/V, positive stool guaiac, dizziness, headache, pruritus, rash, tinnitus, edema.

### DRUG INTERACTIONS

Caution with warfarin and other protein bound drugs. May decrease natriuretic effect of furosemide and thiazides; possible renal failure risk. May elevate lithium and methotrexate levels. May diminish antihypertensive effect of ACE inhibitors. Avoid concomitant ASA. May increase risk of GI bleeding with concomitant use of oral corticosteroids, anticoagulants or alcohol.

### PREGNANCY

Category C, not for use in nursing.

### MECHANISM OF ACTION

NSAID (naphthylalkanone derivative); suspected to inhibit prostaglandin synthesis, exerts anti-inflammatory, analgesic, and antipyretic actions.

### PHARMACOKINETICS

**Absorption:** Well-absorbed (GIT). PO administration of variable doses resulted in different parameters. **Distribution:** Plasma protein binding (>99%). **Metabolism:** Liver (extensive biotransformation), 6-methoxy-2-naphthylacetic acid (active metabolite). **Elimination:** Urine (approximately 80%), feces (9%);  $T_{1/2}$ =24 hrs.

### ASSESSMENT

Assess LFTs, renal function, CBC and coagulation profile. Assess for history of CABG surgery, asthma and allergic reactions to ASA or other NSAIDs, active ulceration or chronic inflammation of GI tract, CVD, asthma, alcohol intake, pregnancy/nursing status. Note other diseases/conditions and drug therapies.

### MONITORING

Monitor for hypersensitivity reactions, CV thrombotic events, MI, stroke, GI bleeding, asthma, and skin adverse effects. Monitor BP, LFTs, renal function, CBC with differential and platelet count, coagulation profile, ocular effects, and photosensitivity.

### PATIENT COUNSELING

Counsel about potential side effects; seek medical attention if any develop, especially serious CV events or adverse GI events. Counsel about possible drug

interactions and to take as prescribed. Advise women not to use in late pregnancy.

### ADMINISTRATION/STORAGE

**Administration:** Oral route. **Storage:** 20-25°C (68-77°F). Dispense in tight, light-resistant container.