PACKAGE INSERT - DIURESIX

SCHEDULING STATUS: S3

PROPRIETARY NAME and dosage form:

DIURESIX TABLETS

COMPOSITION:

Each tablet contains 40 mg Furosemide.

PHARMACOLOGICAL CLASSIFICATION:

18.1 Diuretics

PHARMACOLOGICAL ACTION:

Pharmacodynamic properties:

Furosemide is a diuretic and is readily absorbed from the gastrointestinal tract, and considerable proportions are bound to plasma proteins. It is rapidly excreted in the urine by both glomernlar filtration and tubular secretion. The rates of excretion are of such a magni tude that cumulation does not occur despite repeated administrations. With oral ingestion a diuretic response may be anticipated within an hour. Although urinary excretion is accomplished both by glomerular filtration and pyroximal tubular secretion together this

accounts for roughly only two-thirds of the ingested dose. The remainder is excreted in the faeces. It acts primarily to inhibit sodium and chloride reabsorption in the ascending limb of the Loop of Henle. It shows prompt onset of action and inhibition of sodium and chloride transport in the ascending limb of the Loop of

Henle. Unlike that which occurs with the organic mercurials and the inhibitors of carbonic anhydrase, the diuretic response is largely independant of acid-base balance. Inhibition of electrolyte reabsorption has also been observed in the proximal tubule. The increase in potassium excretion results from its distal secretion and is approximately proportional to the rate of flow in this segment. The excretion of magnesium and calcium is increased by about the same percentage as that of sodium. The phosphaturic response is variable. The diuretic action of these diuretics may be additive to that less effective agents, but these diuretics themselves are not additives to each other.

INDICATIONS:

Furosemide is effective for the treatment of oedema of cardiac, hepatic or renal origin. The oral route should be used unless impractical. In the management of refractory oedema it may be used in coajunction with other types of diuretics, particularly the potassium-sparing drugs. In the presence of neplll'osis or chronic renal failure, doses far higher than usual may be required. Furosemide has been used in acute renal failure. Although case reports suggest the possi bility that the maintenance of urine flow may prevent further renal damage, caution is

urged in the absence of a better understanding of basic mechanisms. There are increasing instances of renal insufficiency in which the use of multiple medicines, including diuretics, is suspected but not proven as a causative factor. In symptomatic hypercalcaemia furosemide may lower the plasma calcium concentration by increasing the renal excretion of calcium. This requires the replacement of urinmy losses of sodium chloride and water.

CONTRAINDICATIONS:

Patients who exhibit hypersensitivity to this compound. Furosemide is contra-indicated if increasing azotaemia and oliguria occur during treatment of severe progressive renal disease - in these cases the medicine should be discontinued. In hepatic coma and in states of electrolyte depletion, therapy with furosemide should not be instituted until the basic condition is corrected or improved.

DOSAGE AND DIRECTIONS FOR USE:

In most cases 40 mg daily will suffice. If no response is obtained this dose may be increased without hesitation. After 6 hours 80 mg may be administered and -if necessary -after another 6 hours 120 mg. Daily doses of more than 120 mg should preferably be distributed over 2-3 individual doses. After mobilizing the oedema, maintenance therapy is continued i.e. 20 -40 mg daily. Children generally receive daily oral doses of I mg I kg body weight, if necessary, this dose may be increased step by step to a maximum of 3 mg / kg body weight per day. A dose of 120 mg per day should not be exceeded with children. For the treatment of hypertension of mild or moderate degree: 40 - 60 mg daily. In combination with other

hypotensive medicines, lower doses will often suffice.

SIDE EFFECTS AND SPECIAL PRECAUTIONS:

Furosemide may cause hyperuricemia in man. Metabolic alkalosis may result from the use of these medicines for essentially the same reason as with the mercurials, namely the negative balance of extracellular fluid accompanied by a chloride loss relatively greater than that of bicarbonate. Potassium depletion may contribute to extracellular alkalosis. The degree of alkalosis depends on many factors, including the magnitude of diuresis and the intake of chloride salts, either as sodium chloride in the diet or as potassium or ammonium chloride as supplements.

Caution should be exercised in the simultaneous use with cephalosporins because of drug (interaction. Various forms of dermatitis may occur, also postural hypotension, nausea, vomiting, dian·hoea, blurring of vision and anaemia. Rare cases of agranulocytosis have occurred, and thrombocytopenia is an occasional hazard especially in the elderly.

Alterations in glucose tolerance tests with abnormalities in the fasting and 2-hourpost-prandial sugar has been observed and rare cases of precipitation of diabetes mellitus has been reported. Furosemide may lower the serum calcium levels and rare cases of tetany have been reported. Excessive diuresis may result in dehydration and reduction in blood volume with circulatory collapse and with the possibility of vascular thrombosis and embolism, particularly in elderly patients. Excessive loss of potassium in patients

receiving cardiac glycosides may precipitate digitalis toxicity. Care should be taken in patients receiving potassium-depleting steroids. Deafness can occur especially when the medicine is combined with other ototoxic medicines such as the aminoglycosides.

KNOWN SYMTOMS OF OVERDOSAGE AND PARTICULARS OF ITS TREATMENT:

Fluid and electrolyte imbalance is the most common form of clinical toxicity and side reactions unrelated to primmy drug action are quite rare. Hypernricemia is relatively common, but in most patients, it represents little more than a chemical abnormality. Hypochloracmic alkalosis may be corrected by the administration of ammonium chloride, except to patients with hepatic disease, and hypokalaemia by the administration of potassium chloride. The low-salt syndrome may be treated by the cautious administration of hyperosmotic sodium chloride solutions intravenously and by the restriction of water intake.

IDENTIFICATION:

White scored tablet.

PRESENTATION:

Securtainers/amber H.D.P.E container or blister of 28, 56, 84 or 112 tablets. Amber H.D.P.E. containers or securitainers of 30, 100, 250, 1000 or 5000 tablets. “Ziploc” packs of 28, 56, 84 or 112.

STORAGE INSTRUCTIONS:

Furosemide is supplied in amber bottles and should be dispensed in amber bottles to reduce the exposure to light. Exposure to light may produce a yellowish discolouration of the tablets.

KEEP OUT OF REACH OF CHILDREN.

REGISTRATION NUMBERS:

K/18.1/114

NAME AND BUSINESS ADDRESS OF THE HOLDER OF THE REGISTRATION CERTIFICATE:

Innovata Pharmaceuticals (Pty) Ltd

Crownwood Office Park

Block D, Ground Floor

100 Northern Parkway

Ormonde

Johannesburg

2091

South Africa

DATE OF PUBLICATION OF THIS PACKAGE INSERT:

24 August 1977