FURMIDE TABLETS

ACTIVE INGREGIENTS
Furosemide B.P. 40mg

EXCIPIENTS
Corn Starch, Lactose, Microcrystalline Cellulose, Magnesium Stearate, Sodium Lauryl Sulfate

DOSAGE FORM
Tablets are white, round, bi-convex, 7.5mm in diameter and scored on one side.

PACK SIZE
PVC/Aluminium Blister Pack 100x10's

GENERAL INDICATIONS
Furosemide is a potent diuretic with a rapid onset and a wide therapeutic range. It is used in the treatment of oedema associated with congestive heart failure, in renal insufficiency, and in the treatment of hypertension. It is also used in corticosteroid therapy.

DOSAGE

Adults
For oedema: Initially 40 mg once a day, reduced to 20 mg daily or 40 mg on alternate days.
For hypertension: 40-80 mg daily in divided doses, either alone, or in conjunction with other antihypertensive agents.

Children
1-3 mg/kg body weight daily or on alternate days.

ADVERSE EFFECTS
The most common side effect associated with furosemide therapy is fluid and electrolyte imbalance after single large doses or prolonged administration. Other side effects are relatively uncommon and include allergy, nausea, diarrhoea, blurred vision, rashes, muscle spasm, and hypotension. Tinnitus and deafness may occur when taking large doses. Blood dyscrasias have been reported. Liver damage and paraesthesia have also been reported. Furosemide may provoke hyperglycaemia and glycosuria and cause hyperuricemia and precipitate attacks of gout in some patients. Furosemide increases calcium excretion.

DRUG INTERACTIONS
a) Digitalis, Corticosteroids: Hypokalaemia associated with furosemide therapy or in conjunctive treatment with ACTH, corticosteroids and other drugs affecting potassium levels may precipitate digitalis toxicity in patients on digoxin. Potassium supplementation may be necessary.
b) Salicylates: Because of competition for renal excretion sites, concurrent furosemide therapy and salicylate treatment may result in salicylate toxicity at lower doses of salicylate.
c) Indomethacin: Indomethacin reduces the diuretic effect of furosemide.
d) Aminoglycosides: There is a greater potential for ototoxicity during concurrent treatment with aminoglycosides and other ototoxic drugs.
e) Cephalosporins: Furosemide may enhance the nephrotoxicity of cephalosporins.
f) Sympathomimetic Drugs: Furosemide will decrease the pressor effect of adrenaline.
g) Muscle Relaxants: Furosemide antagonises the effect of tubocurarine and potentiates the effect of succinyl chloride.
h) Lithium: Lithium should not be given with diuretics, including furosemide.

CONTRAINDICATIONS
Furosemide is contraindicated in anuria and in patients hypersensitive to the drug. Cross-sensitivity with sulphonamides occur.

SPECIAL WARNINGS
Periodic, hepatic, blood and serum electrolyte tests should be undertaken to check for idiosyncratic reactions. Electrolyte supplementation may be necessary. Warning signs are dryness of mouth, thirst, weakness, lethargy, drowsiness, restlessness, muscle pains or cramps, arrhythmia, and gastro-intestinal disturbances. Periodic calcium levels should be obtained. Furosemide should be used with caution in cases of prostatic hypertrophy and difficulty in micturition.

Usage during Pregnancy and Lactation
Animal reproductive studies have shown that furosemide may cause foetal abnormalities and the drug should not be used in pregnant women or women with child bearing potential except in an emergency. Furosemide is secreted in breast milk.

STORAGE AND CONDITIONS
Store below 30°C in a dry place and away from light. Keep container tightly closed.

MARKET AUTHORISATION NUMBER
[TBC]

DATE OF LAST REVISION
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