

DOCUMENT NUMBER. PMS/B2105000		EFFECTIVE DATE 27/Feb/2024
VERSION NO.: 007	PACKAGING MATERIAL SPECIFICATION	SUPERSEDES INS094/005/05.18
FUROSEMIDE TABLETS INFORMATION LITERATURE INSERT		

CAUTION*Do not make any changes without authorization***INSERT SAMPLE**
(Ref. No. INS094/05.18)**Furosemide** (Tablets)Furosemide
Diuretic**FUROSEMIDE 40MG TABLETS****PRESENTATION:**

Furosemide 40mg Tablets: White, circular, flat bevelled-edge tablet embossed 'C' on one side and 'FM 40' with a breakline on the other side. Each tablet contains: Furosemide 40mg, Lactose and other excipients.

CLINICAL PHARMACOLOGY:

Furosemide is a potent diuretic with a rapid action. Furosemide inhibits the reabsorption of electrolytes primarily in the thick ascending limb of the loop of Henle and also in the distal renal tubules. It may also have a direct effect in the proximal tubules. Excretion of Sodium, Potassium, Calcium and Chloride ions is increased and water excretion enhanced.

Pharmacokinetics:

Furosemide is fairly rapidly absorbed from the gastro-intestinal tract; bioavailability has been reported to be about 60 to 70% but absorption is variable and erratic. It has a terminal elimination half-life that has been estimated to range up to about 2 hours although it is prolonged in neonates and in patients with renal and hepatic insufficiency. It is up to 99% bound to plasma albumin, and is mainly excreted in the urine, largely unchanged. There is also some excretion via the bile and non-renal elimination is considerably increased in renal failure. Furosemide crosses the placental barrier and is excreted into breast milk. The clearance of Furosemide is not increased by haemodialysis.

USES:

Furosemide is used in the treatment of oedema associated with congestive heart failure, and pulmonary, renal, and hepatic disorders and may be effective in patients unresponsive to thiazide diuretics. It is also used in the treatment of renal insufficiency. Furosemide is used in the treatment of hypertension, either alone, or as an adjunct to other antihypertensive agents, and in the treatment of severe hypercalcaemia to promote urinary calcium secretion.

DOSAGE AND ADMINISTRATION:**Adults:**

In the treatment of oedema, the usual initial dose is 40mg once daily by mouth adjusted as necessary according to response. Mild cases may respond to 20mg daily or 40mg on alternate days. Some patients may require doses of 80mg or more daily given as one or two doses daily, or intermittently.

In the treatment of hypertension, Furosemide is given in doses of 40 - 80mg daily, either alone or in conjunction with other antihypertensive agents.

Children:

The usual dose by mouth is 1 to 3mg per kg body-weight daily up to a maximum of 40mg daily.

CONTRA-INDICATIONS AND WARNINGS:**Precautions:**

Furosemide should not be given in anuria or in renal failure due to nephrotoxic or hepatotoxic drugs nor in renal failure associated with hepatic coma. It should not be given in pre-comatose states associated with hepatic cirrhosis.

Furosemide should be used with care in patients with prostatic hyperplasia or impairment of micturition since it can precipitate acute urinary retention.

Furosemide (Tablets)

Furosemide
Diuretic

FUROSEMIDE 40MG TABLETS

PRESENTATION:

Furosemide 40mg Tablets: White, circular, flat bevelled-edge tablet embossed 'C' on one side and 'FM 40' with a breakline on the other side. Each tablet contains: Furosemide 40mg, Lactose and other excipients.

CLINICAL PHARMACOLOGY:

Furosemide is a potent diuretic with a rapid action. Furosemide inhibits the reabsorption of electrolytes primarily in the thick ascending limb of the loop of Henle and also in the distal renal tubules. It may also have a direct effect in the proximal tubules. Excretion of Sodium, Potassium, Calcium and Chloride ions is increased and water excretion enhanced.

Pharmacokinetics:

Furosemide is fairly rapidly absorbed from the gastro-intestinal tract; bioavailability has been reported to be about 60 to 70% but absorption is variable and erratic. It has a terminal elimination half-life that has been estimated to range up to about 2 hours although it is prolonged in neonates and in patients with renal and hepatic insufficiency. It is up to 99% bound to plasma albumin, and is mainly excreted in the urine, largely unchanged. There is also some excretion via the bile and non-renal elimination is considerably increased in renal failure. Furosemide crosses the placental barrier and is excreted into breast milk. The clearance of Furosemide is not increased by haemodialysis.

USES:

Furosemide is used in the treatment of oedema associated with congestive heart failure, and pulmonary, renal, and hepatic disorders and may be effective in patients unresponsive to thiazide diuretics. It is also used in the treatment of renal insufficiency. Furosemide is used in the treatment of hypertension, either alone, or as an adjunct to other antihypertensive agents, and in the treatment of severe hypercalcaemia to promote urinary calcium secretion.

DOSAGE AND ADMINISTRATION:

Adults:

In the treatment of oedema, the usual initial dose is 40mg once daily by mouth adjusted as necessary according to response. Mild cases may respond to 20mg daily or 40mg on alternate days. Some patients may require doses of 80mg or more daily given as one or two doses daily, or intermittently.

In the treatment of hypertension, Furosemide is given in doses of 40 - 80mg daily, either alone or in conjunction with other antihypertensive agents.

Children:

The usual dose by mouth is 1 to 3mg per kg body-weight daily up to a maximum of 40mg daily.

CONTRA-INDICATIONS AND WARNINGS:

Precautions:

Furosemide should not be given in anuria or in renal failure due to nephrotoxic or hepatotoxic drugs nor in renal failure associated with hepatic coma. It should not be given in pre-comatose states associated with hepatic cirrhosis. Furosemide should be used with care in patients with prostatic hyperplasia or impairment of micturition since it can precipitate acute urinary retention.



Furosemide (Tablets)

Adverse Effects

The most common adverse effects associated with Furosemide therapy is fluid and electrolyte imbalance including hyponatraemia, hypokalaemia, and hypochloreaemic alkalosis. Other adverse effects are relatively uncommon and include gastro-intestinal disturbances, blurred vision, yellow vision, dizziness, headache and photosensitivity reactions.

Interactions

Furosemide may enhance the nephrotoxicity of cephalosporin antibiotics such as cefalotin and can enhance the ototoxicity of aminoglycoside antibiotics and other ototoxic drugs. Diuretics may enhance the effect of other antihypertensives, particularly the first-dose hypotension that occurs with alpha blockers or ACE inhibitors. Orthostatic hypotension associated with diuretics may be enhanced by alcohol, barbiturates, or opioids. The antihypertensive effects of diuretics may be antagonised by drugs that cause fluid retention, such as corticosteroids, NSAIDs, or carbenoxolone; diuretics may enhance the nephrotoxicity of NSAIDs.

Pregnancy and Breastfeeding

Furosemide should be used with caution during pregnancy and breastfeeding.

PHARMACEUTICAL PRECAUTIONS:

Store in a dry place below 30°C. Protect from light. Keep all medicines out of the reach of children.

LEGAL CATEGORY:

Prescription Only Medicine (POM)



Cosmos Limited,
Rangwe Rd; Off Lungu Lungu Rd,
Nairobi, Kenya