FUROR

DIURETIC TABLETS

Health Registration No.: RIP-FAR-113

Formula:

Each tablet contains:

1	Furosemide Excipients q.s..	2 400 mg 1 tablet
2	Furosemide Excipients q.s.	60 mg 1 tablet

SPECIES AND DOSAGE:



Species	Reference Dose	Practical Dose	Indications
Canines	3 mg/kg	1/2 tablet/10 kg/8–12 h	Diuretic; cardiogenic edema; pulmonary edema
Canines	1.5 mg/kg	1/4 tablet/10 kg/24 h	Ascites; hypertension; heart failure; congestive heart disease

ROUTE OF ADMINISTRATION: Oral.

The duration of treatment depends on the clinical case, according to the veterinarian's discretion.

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Species	Reference Dose	FUROR Dose
Cattle	2–5 mg/kg	1 tablet/500 kg body weight
Equines	1.5–3 mg/kg	1/2 tablet/400 kg body weight

ROUTE OF ADMINISTRATION: Oral.
Administer **1 to 2 times daily**, according to the veterinarian's discretion.

INDICATIONS

FUROR is a potent diuretic that rapidly relieves edema (pulmonary, cerebral); it is indicated in cattle for the treatment of postpartum udder edema, heart failure, and pulmonary hypertension. In horses, it is indicated to prevent or reduce exercise-induced hemorrhage. Recommended for hydrothorax, ascites, hydropericardium, and other conditions involving edema. FUROR is a potent loop diuretic. Thanks to its hemodynamic effect, it reduces the incidence or severity of exercise-associated problems, including pulmonary hemorrhage; due to its diuretic effect, it is recommended for the treatment of pulmonary and cardiac edema, hypercalcemia, ascites, hypertension, and renal failure. It controls excessive fluid volumes and electrolyte imbalances, making it recommended for the treatment of hyperkalemia and hypercalcemia.

ROUTE OF ADMINISTRATION: Oral

PHARMACOKINETICS

In dogs, bioavailability following oral absorption is approximately 77%. Furosemide has a rapid onset of action, approximately 5 minutes when administered intravenously and 30 minutes when administered intramuscularly. The duration of action is approximately 3 to 6 hours, and the elimination half-life is approximately 1 to 1.5 hours.

In dogs, when administered IV, PO, and SC, urine output increases at 1 hour (IV), at 2 hours (oral), and 1 hour (subcutaneous); it returns to normal levels at 2, 4, and 6 hours, respectively.

MECHANISM OF ACTION

Furosemide reduces the absorption of electrolytes in the medullary portion of the ascending loop of Henle by affecting the activity of the Na, K, and Cl cotransporter; it also decreases the reabsorption of sodium and

potassium in the distal renal tubule and directly affects electrolyte transport in the proximal tubule. It has no effect on carbonic anhydrase and does not antagonize aldosterone.

Furosemide increases renal excretion of water, sodium, potassium, chloride, calcium, magnesium, hydrogen, ammonium, and bicarbonate. In dogs, potassium excretion is affected much less than sodium excretion; for this reason, hyponatremia may be of greater concern than hypokalemia. Furosemide causes renal vasodilation and transiently increases glomerular filtration rate. In addition, it increases renal blood flow, which may result in a decrease in peripheral resistance. Although furosemide increases renin secretion, due to its effects on the nephron, there is no increase in sodium and water retention.

PRECAUTIONS, WARNINGS, AND CONTRAINDICATIONS

• Use in species other than those authorized is not recommended.

• Do not administer to patients with hypersensitivity to the active ingredient.

• Administer the minimum effective dose in treatments for congestive heart failure where enalapril or benazepril is used.

• Hyponatremia may occur; therefore, it is recommended to monitor electrolyte levels and provide fresh water to prevent dehydration in patients during treatment.

• Contraindicated in patients with anuria or pre-existing kidney disease who develop azotemia or oliguria during treatment.

• Use with caution in patients with pre-existing electrolyte or fluid imbalances and in patients with diabetes mellitus.

• Long-term administration may lead to high levels of aldosterone; therefore, heart rate should be monitored.

• Patients with certain conditions that could lead to fluid and/or electrolyte imbalances—such as those experiencing vomiting and diarrhea—should be carefully monitored.

DRUG INTERACTIONS

• Angiotensin-converting enzyme (ACE) inhibitors such as enalapril and benazepril may increase the risk of hypotension.

• Furosemide may cause hyperglycemia, but to a lesser extent than other diuretics.

• It is recommended to use furosemide with caution in combination with other drugs that cause renal or ototoxicity (e.g., aminoglycosides, amphotericin B), as furosemide may potentiate such toxicity.

• Loop diuretics may increase the risk of nephrotoxicity and hypokalemia.

• Cisplatin may increase ototoxicity

• Corticosteroids may increase the risk of gastrointestinal ulceration and hypokalemia.

• NSAIDs may reduce the diuretic effect of furosemide.

• Furosemide-induced hypokalemia may increase the risk of digoxin toxicity.

• Furosemide may alter insulin requirements.

• Furosemide may prolong the neuromuscular blocking action of muscle relaxants such as atracurium and tubocurarine.

• It is recommended not to administer furosemide concomitantly with probenecid, as furosemide may reduce the uricosuric effects (excretion of uric acid).

• Furosemide may potentiate the effects of succinylcholine and theophylline.

ADVERSE REACTIONS

• Furosemide may cause abnormalities in fluid and electrolyte balance. It is recommended that patients be monitored for hydration status and electrolyte balance.

• Prerenal azotemia may occur secondary to severe dehydration (fluids and electrolytes).

• Hyponatremia, hypocalcemia, and hypokalemia may occur.

• Animals with normal food and water intake are least likely to develop electrolyte and fluid imbalances.

• Other adverse effects may include gastrointestinal disturbances, hematological abnormalities (anemia, leukopenia), weakness, and drowsiness.

WITHDRAWAL

Cattle
Meat and Milk: 2 days

COMMERCIAL PRESENTATIONS

Box of 28 units (furosemide 2400 mg)
Box of 24 units (furosemide 60 mg)