

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug. Forms available from special-order manufacturers include: oral suspension, oral solution

Tablet▶ **Verapamil hydrochloride (Non-proprietary)**

Verapamil hydrochloride 40 mg Verapamil 40mg tablets | 84 tablet [PoM] £2.24 DT = £1.89

Verapamil hydrochloride 80 mg Verapamil 80mg tablets | 84 tablet [PoM] £2.63 DT = £2.36

Verapamil hydrochloride 120 mg Verapamil 120mg tablets | 28 tablet [PoM] £4.43 DT = £4.02

Verapamil hydrochloride 160 mg Verapamil 160mg tablets | 56 tablet [PoM] £33.84 DT = £29.47

Solution for injection▶ **Securon (Mylan)**

Verapamil hydrochloride 2.5 mg per 1 ml Securon IV 5mg/2ml solution for injection ampoules | 5 ampoule [PoM] £5.41

Oral solution▶ **Verapamil hydrochloride (Non-proprietary)**

Verapamil hydrochloride 8 mg per 1 ml Verapamil 40mg/5ml oral solution sugar-free | 150 ml [PoM] £44.92 DT = £41.00

DIURETICS > THIAZIDES AND RELATED DIURETICS**Thiazides and related diuretics** 

- **CONTRA-INDICATIONS** Addison's disease · hypercalcaemia · hyponatraemia · refractory hypokalaemia · symptomatic hyperuricaemia

- **CAUTIONS** Diabetes · gout · hyperaldosteronism · malnourishment · nephrotic syndrome · systemic lupus erythematosus

CAUTIONS, FURTHER INFORMATION

- ▶ **Existing conditions** Thiazides and related diuretics can exacerbate diabetes, gout, and systemic lupus erythematosus.
- ▶ **Potassium loss** Hypokalaemia can occur with both thiazide and loop diuretics. The risk of hypokalaemia depends on the duration of action as well as the potency and is thus greater with thiazides than with an equipotent dose of a loop diuretic.
Hypokalaemia is particularly dangerous in children being treated with cardiac glycosides. In hepatic failure hypokalaemia caused by diuretics can precipitate encephalopathy.
The use of potassium-sparing diuretics avoids the need to take potassium supplements.

• SIDE-EFFECTS

- ▶ **Common or very common** Alkalosis hypochloreaemic · constipation · diarrhoea · dizziness · dry mouth · electrolyte imbalance · erectile dysfunction · fatigue · headache · hyperglycaemia · hyperuricaemia · nausea · postural hypotension · skin reactions
- ▶ **Uncommon** Agranulocytosis · aplastic anaemia · leucopenia · pancreatitis · photosensitivity reaction · thrombocytopenia · vomiting
- ▶ **Rare or very rare** Paraesthesia

- **PREGNANCY** Thiazides and related diuretics should not be used to treat gestational hypertension. They may cause neonatal thrombocytopenia, bone marrow suppression, jaundice, electrolyte disturbances, and hypoglycaemia; placental perfusion may also be reduced. Stimulation of labour, uterine inertia, and meconium staining have also been reported.

- **HEPATIC IMPAIRMENT** In general, manufacturer advises caution in mild to moderate impairment; avoid in severe impairment.

- **RENAL IMPAIRMENT** Thiazides and related diuretics should be used with caution because they can further reduce renal function. They are ineffective if estimated glomerular filtration rate is less than 30 mL/minute/1.73 m² and

should be avoided. Metolazone remains effective if estimated glomerular filtration rate is less than 30 mL/minute/1.73 m² but is associated with a risk of excessive diuresis.

Monitoring Electrolytes should be monitored in renal impairment.

- **MONITORING REQUIREMENTS** Electrolytes should be monitored, particularly with high doses and long-term use.

 above**Bendroflumethiazide****(Bendrofluzide)****• INDICATIONS AND DOSE****Hypertension**▶ **BY MOUTH**

- ▶ **Child 1 month-1 year:** 50–100 micrograms/kg daily, adjusted according to response
- ▶ **Child 2-11 years:** Initially 50–400 micrograms/kg daily (max. per dose 10 mg), then maintenance 50–100 micrograms/kg daily, adjusted according to response; maximum 10 mg per day
- ▶ **Child 12-17 years:** 2.5 mg once daily, dose to be taken as a single dose in the morning, higher doses are rarely necessary

Oedema in heart failure, renal disease and hepatic disease | Pulmonary oedema▶ **BY MOUTH**

- ▶ **Child 1 month-1 year:** 50–100 micrograms/kg daily, adjusted according to response
- ▶ **Child 2-11 years:** Initially 50–400 micrograms/kg daily (max. per dose 10 mg), then maintenance 50–100 micrograms/kg daily, adjusted according to response; maximum 10 mg per day
- ▶ **Child 12-17 years:** Initially 5–10 mg once daily or on alternate days, adjusted according to response, dose to be taken as a single dose in the morning; maximum 10 mg per day

- **INTERACTIONS** → Appendix 1: thiazide diuretics
- **SIDE-EFFECTS** Blood disorder · cholestasis · gastrointestinal disorder · gout · neutropenia · pneumonitis · pulmonary oedema · severe cutaneous adverse reactions (SCARs)
- **BREAST FEEDING** The amount present in milk is too small to be harmful. Large doses may suppress lactation.
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Tablet▶ **Bendroflumethiazide (Non-proprietary)**

Bendroflumethiazide 2.5 mg Bendroflumethiazide 2.5mg tablets | 28 tablet [PoM] £0.76 DT = £0.76 | 500 tablet [PoM] £21.85

Bendroflumethiazide 5 mg Bendroflumethiazide 5mg tablets | 28 tablet [PoM] £1.54 DT = £0.88

▶ **Neo-Naclax (Advanz Pharma)**

Bendroflumethiazide 2.5 mg Neo-Naclax 2.5mg tablets | 28 tablet [PoM] £0.33 DT = £0.76

 above**Chlorothiazide****• INDICATIONS AND DOSE****Heart failure | Hypertension | Ascites**▶ **BY MOUTH**

- ▶ **Neonate:** 10–20 mg/kg twice daily.
- ▶ **Child 1-5 months:** 10–20 mg/kg twice daily continued →