PRESCRIBING INFORMATION

[Pr]UROZIDE

(Hydrochlorothiazide, USP)

25, 50, and 100 mg Tablets

DIURETIC – ANTIHYPERTENSIVE

Valeant Canada LP
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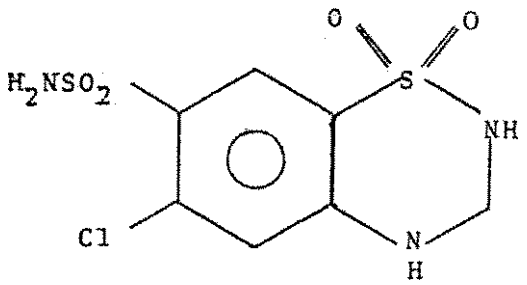
Structural Formula:



Molecular Formula	Molecular Weight
$C_7H_8C1N_3O_4S_2$	297.72

Chemical name

6 - chloro - 3, 4 - dihydro – 2H -1, 2, 4 - benzothiadiazine - 7 - sulfonamide 1, 1 - dioxide.

Description

A white or almost white odourless crystalline powder with a slightly bitter taste.

Almost insoluble in water, benzene, chloroform, ether and dilute mineral acids. Soluble 1 in 500 of alcohol and 1 in 50 of acetone. Freely soluble in dimethyl formamide, n-butylamine and solutions of alkali hydroxides.

ACTION:
Hydrochlorothiazide is a diuretic and an antihypertensive agent. The exact mechanism of the antihypertensive effect is unknown. Hydrochlorothiazide has no effect on normal blood pressure.

Hydrochlorothiazide affects the renal tubular mechanism of electrolyte reabsorption. It increases excretion of sodium and chloride in approximately equivalent amounts and reduces the rate of formation of solute-free water. Natriuresis causes a secondary loss of potassium and bicarbonate.

INDICATIONS:

Urozide is indicated in edema associated with congestive heart failure, hepatic cirrhosis, corticosteroid and estrogen therapy and in edema of renal origin (i.e. nephrotic syndrome, acute glomerulonephritis and chronic renal disease). In obese patients in whom fluid retention is a complicating factor, it may help to initiate a loss of fluid and, thus of weight.
It may be used alone or as an adjunct to other antihypertensive drugs. Since it enhances the action of these agents, their dosage must be reduced to avoid an excessive drop in pressure and other unwanted side effects.

Urozide may be effective in the treatment of toxemia of pregnancy (including eclampsia).

Urozide (hydrochlorothiazide), as all diuretics, is contraindicated in anuria.

Urozide (hydrochlorothiazide) should be discontinued if increasing azotemia and oliguria occur during treatment of severe progressive renal disease.

It is contraindicated in persons known to be sensitive to hydrochlorothiazide or to other sulfonamide-derived drugs.

WARNINGS:

Hydrochlorothiazide may commence or precipitate azotemia. It should be used with caution in patients with severely impaired renal function to avoid toxic or cumulative effect. If azotemia becomes more severe and oliguria occurs during treatment of patients with severe renal disease, administration of the diuretic must be stopped.

Hydrochlorothiazide should be used with caution in patients with impaired hepatic function or progressive liver disease, since minor alterations of fluid and electrolyte balance or of serum ammonia may precipitate hepatic coma.

Sensitivity reactions may occur in patients with or without a history of allergy or bronchial asthma. Hydrochlorothiazide adds to or potentiates the action of other antihaypertensive drugs. Potentiation occurs especially with ganglionic or peripheral adrenergic blocking drugs.

The possibility of exacerbation or activation of systemic lupus erythematosus has been reported.

Non-specific small bowel lesions consisting of stenosis with or without ulceration, may occur in association with the administration of enteric coated potassium salts, alone or with oral diuretics. These small bowel lesions have caused obstruction, hemorrhage and perforation. Surgery was frequently required and deaths have occurred. Available information tends to implicate enteric coated potassium salts, although lesions of this type also occur spontaneously. Such preparations should be used only when adequate dietary supplementation is not practical, and should be discontinued immediately if abdominal, pain, distention, nausea, vomiting or gastrointestinal bleeding occur.

Ophthalmologic
Acute Myopia and Secondary Angle-Closure Glaucoma
Hydrochlorothiazide, a sulfonamide, can cause an idiosyncratic reaction, resulting in acute transient myopia and acute angle-closure glaucoma. Symptoms include acute onset of decreased visual acuity or ocular pain and typically occur within hours to weeks of drug initiation. Untreated acute angle-closure glaucoma can lead to permanent vision loss.

The primary treatment is to discontinue hydrochlorothiazide as rapidly as possible. Prompt medical or surgical treatments may need to be considered if the intraocular pressure remains uncontrolled. Risk factors for developing acute angle-closure glaucoma may include a history of sulphonamide or penicillin allergy.

USE IN PREGNANCY & THE NURSING MOTHERS:

In Pregnancy
Thiazides cross the placental barrier and appear in cord blood. When hydrochlorothiazide is used in pregnancy or in women of child-bearing age, the potential benefits of the drug should be weighed against the possible hazards to the fetus. These hazards include fetal or neonatal jaundice, thrombocytopenia, and possibly other adverse reactions which have occurred in the adult.

The routine use of diuretics in otherwise healthy pregnant women with or without mild edema is not indicated.

In the Nursing Mother
Since thiazides appear in breast milk, hydrochlorothiazide is contraindicated in nursing mothers. If use of the drug is deemed essential, the patient should stop nursing.

PRECAUTIONS:

Patients on long therapy with hydrochlorothiazide are required to be on potassium rich diet. Periodic determinations of serum electrolytes to detect possible electrolyte imbalance should be performed.

All patients receiving thiazide should be observed for clinical signs of fluid or electrolyte imbalance: namely hyponatremia, hypochloremic alkalosis, and hypokalemia. Serum and urine

electrolyte determinations are particularly important when the patient is vomiting excessively, or receiving parenteral fluids. Warning signs of serum electrolyte imbalance, irrespective of cause are: dryness of mouth, thirst, weakness, lethargy, drowsiness, restlessness, muscle pains or cramps, muscular fatigue, hypotension, oliguria, tachycardia, and gastrointestinal disturbances such as nausea and vomiting. Serum electrolytes may also be influenced by medication such as digitalis.

Hypokalemia may develop, especially with rapid diuresis, vhen severe cirrhosis is present or during concomitant use of corticosteroids or ACTH. Deficient oral electrolyte intake will also contribute to hypokalemia. Hypokalemia may sensitize or exaggerate the response of the heart to the toxic effects of digitalis (e.g. increased ventricular irritability). Hypokalemia may be avoided or treated by the use of potassium supplements.

Chloride deficiencyis generally mild and does not require specific treatment except under special conditions such as renal or/and hepatic disease. Dilutional hyponatremia may occur in edematous patients in hot weather; appropriate therapy is water restriction rather than administration of salt except when hyponatremia is life threatening. In actual salt depletion, appropriate replacement is the therapy of choice.

Hyperuricemia may occur or frank gout may be precipitated in certain patients receiving thiazide therapy.

Insulin requirements in diabetic patients may be increased, decreased, or remain unchanged. Latent diabetes mellitus may become manifest during thiazide therapy. Concomitant therapy with lithium is not recommended with diuretics because of the reduction of renal clearance of lithium and therefore an added risk of lithium toxicity.

Thiazide drugs may increase the responsiveness to tubocurarine. The anti-hypertensive effects of the drug may be enhanced in the postsympathectomy patient. Thiazides may decrease arterial responsiveness to norepinephrine. This diminution is not sufficient to preclude effectiveness of the pressor agent for therapeutic use. Orthostatic hypotension may occur and may be potentiated by alcohol, barbiturates, or narcotics.

In progressive renal impairement, therapy with hydrochlorothiazide should be withheld or discontinued.

Calcium excretion is decreased by thiazides.

Thiazides may decrease serum PBI levels without signs of thyroid disturbance. Pathological changes in the parathyroid gland with hypercalcemia and hypophosphatemia have been observed in a few patients on prolonged thiazide therapy. The common complications of hyperparathyroidism such as renal lithiasis, bone resorption, and peptic ulceration have not been reported. Use of thiazides should be discontinued before carrying out tests for parathyroid function.

DRUG INTERACTIONS

Drug-Drug Interactions

Proper Name	Ref.	Effect	Clinical comment
Alcohol, barbiturates, or narcotics	C	Potentiation of orthostatic hypotension may occur.	Avoid alcohol, barbiturates or narcotics, especially with initiation of therapy.
Amphotericin B	T	Amphotericin B increases the risk of hypokalemia induced by thiazide diuretics.	Monitor serum potassium level.
Antidiabetic agents (e.g. insulin and oral hypoglycemic agents)	CT	Thiazide-induced hyperglycemia may compromise blood sugar control. Depletion of serum potassium augments glucose intolerance.	Monitor glycemic control, supplement potassium if necessary, to maintain appropriate serum potassium levels, and adjust diabetes medications as required.
Antihypertensive drugs	CT	Hydrochlorothiazide may potentiate the action of other antihypertensive drugs (e.g. guanethidine, methyldopa, beta-blockers, vasodilators, calcium channel blockers, ACEI, ARB, and direct renin inhibitors).	
Antineoplastic drugs, including cyclophosphamide and methotrexate	C	Concomitant use of thiazide diuretics may reduce renal excretion of cytotoxic agents and enhance their myelosuppressive effects.	Hematological status should be closely monitored in patients receiving this combination. Dose adjustment of cytotoxic agents may be required.

Proper Name	Ref.	Effect	Clinical comment
Bile acid sequestrants, eg. cholestyramine	CT	Bile acid sequestrants bind thiazide diuretics in the gut and impair gastrointestinal absorption by 43-85%. Administration of thiazide 4 hours after a bile acid sequestrant reduced absorption of hydrochlorothaizide by 30-35%.	Give thiazide 2-4 hours before or 6 hours after the bile acid sequestrant. Maintain a consistent sequence of administration. Monitor blood pressure, and increase dose of thiazide, if necessary.
Calcium and vitamin D supplements	C	Thiazides decrease renal excretion of calcium and increase calcium release from bone.	Monitor serum calcium, especially with concomitant use of high doses of calcium supplements. Dose reduction or withdrawal of calcium and/or vitamin D supplements may be necessary.
Carbamazepine	C	Carbamazepine may cause clinically significant hyponatremia. Concomitant use with thiazide diuretics may potentiate hyponatremia.	Monitor serum sodium levels. Use with caution.
Corticosteroids, and adrenocorticotropic hormone (ACTH)	T	Intensified electrolyte depletion, particularly hypokalemia, may occur.	Monitor serum potassium, and adjust medications, as required.

Proper Name	Ref.	Effect	Clinical comment
Digoxin	CT	Thiazide-induced electrolyte disturbances, i.e. hypokalemia, hypomagnesemia, increase the risk of digoxin toxicity, which may lead to fatal arrhythmic events.	Concomitant administration of hydrochlorothiazide and digoxin requires caution. Monitor electrolytes and digoxin levels closely. Supplement potassium or adjust doses of digoxin or thiazide, as required.
Drugs that alter GI motility, i.e., anti-cholinergic agents, such as atropine and prokinetic agents, such as metoclopramide, domperidone	CT, T	Bioavailability of thiazide diuretics may be increased by anticholinergic agents due to a decrease in gastrointestinal motility and gastric emptying. Conversely, prokinetic drugs may decrease the bioavailability of thiazide diuretics.	Dose adjustment of thiazide may be required.
Gout medications (allopurinol, uricosurics, xanthine oxidase inhibitors)	T, RC	Thiazide-induced hyperuricemia may compromise control of gout by allopurinol and probenecid. The co-administration of hydrochlorothiazide and allopurinol may increase the incidence of hypersensitivity reactions to allopurinol.	Dosage adjustment of gout medications may be required.
Lithium	CT	Thiazide diuretics reduce the renal clearance of lithium and add a high risk of lithium toxicity.	Concomitant use of thiazide diuretics with lithium is generally not recommended. If such use is deemed necessary, reduce lithium dose by 50% and monitor lithium levels closely.

Proper Name	Ref.	Effect	Clinical comment
Nonsteroidal anti-inflammatory drugs (NSAID)	CT	NSAID-related retention of sodium and water antagonises the diuretic and antihypertensive effects of thiazides. NSAID-induced inhibition of renal prostaglandins leading to decreases of renal blood flow, along with thiazide-induced decreases in GFR may lead to acute renal failure. Patients with heart failure may be at particular risk.	If combination use is necessary, monitor renal function, serum potassium, and blood pressure closely. Dose adjustments may be required.
Selective serotonin reuptake inhibitors (SSRIs, e.g. citalopram, escitalopram, sertraline)	T, C	Concomitant use with thiazide diuretics may potentiate hyponatremia.	Monitor serum sodium levels. Use with caution.
Skeletal muscle relaxants of the curare family, eg., tubocurare	C	Thiazide drugs may increase the responsiveness of some skeletal muscle relaxants, such as curare derivatives.	
Topiramate	CT	Additive hypokalemia. Possible thiazide-induced increase in topiramate serum concentrations	Monitor serum potassium and topiramate levels. Use potassium supplements, or adjust topiramate dose as necessary.

Legend: C = Case Study; RCS = Retrospective Cohort Study; CT = Clinical Trial; T = Theoretical

ADVERSE REACTIONS:

Gastrointestinal system: Anorexia, gastric irritation, nausea, vomiting, cramps, diarrhea, constipation, jaundice (intrahepatic cholestatic jaundice), pancreatitis, sialadenitis.

Central nervous system: Dizziness, vertigo, paresthesias, headache, xanthopsia.

Hematologic: Leukopenia, agranulocytosis, thrombocytopenia, aplastic anemia.

Cardiovascular: Orthostatic hypotension (may be aggravated by alcohol, barbiturates, or narcotics).

Hypersensitivity: Purpura, photosensitivity, rash, urticaria, necrotizing angiitis (vasculitis), fever, respiratory distress including pneunonitis, anaphylactic reactions.

Other: Hyperglycemia, glycosuria, hyperuricemia, muscle spasm, weakness, restlessness, transient blurred vision.

Whenever adverse reactions are moderate or severe, thiazide dosage should be reduced or therapy withdrawn.

SYMPTOMS AND TREATMENT OF OVERDOSAGE:

Symptoms
Overdosage of hydrochlorothiazide may produce diuresis accompanied with electrolyte imbalance (hypokalemia, hyponatrenia and hypochloremic alkalosis) and dehydration.

The symptoms are as follows : dryness of mouth, thirst, weakness, lethargy, drowsiness, restlessness, muscle pains or cramps, muscular fatigue, hypotension, oliguria, tachycardia, gastrointestinal disturbances, mental confusion, delirium, convulsions, shock, coma.

Hypokalemia can sensitize or exaggerate the response of the heart to the toxic effects of digitalis (e.g. increased ventricular irritability).

Hydrochlorothiazide may precipitate hepatic coma in patients with cirrhosis; increase the effect of other antihypertensive agents and decrease arterial responsiveness to norepinephrine.

Treatment
No specific antidote is available.

Treatment is symptomatic and supportive. Induce emesis or perform gastric lavage. Correct dehydration, electrolyte imbalance, hepatic coma, and hypotension by established procedures. Administer oxygen or artificial respiration for respiratory impairment.

PHARMACOLOGY:

Orally, hydrochlorothiazide is an effective diuretic and antihypertensive agent. Diuresis is effected by inhibition of tubular resorption of electrolytes and an accompanying volume of water. Hydrochlorathiazide increases the excretion of sodium and chloride in approximately equivalent amounts and causes a simultaneous, usually minimal loss of bicarbonate. The excretion of ammonia is reduced slightly as a consequence of which concentrations of ammonia in the blood may be increased. Hydrochlorothiazide slightly increases the excretion of potassium. Calcium excretion is decreased and magnesium excretion is increased.

Hydrochlorothiazide is rapidly absorbed from the gastrointestinal tract. Onset of action after oral administration occurs in 2 hours and the peak effect at approximately 4 hours. Duration of action persists for approximately 6 to 12 hours.

The drug is distributed throughout the extracellular space and does not accumulate in tissues other than the kidney. It passes readily through the placental barrier to the fetus.

Hydrochlorothiazide is eliminated rapidly by the kidney. The rate of elimination is decreased some what by the coadministration of probenecid without, however, an accompanying reduction in diuresis.

TOXICOLOGY:

Acute Toxicity

SPECIES	**ROUTE**	**LD_{50} (mg/kg)**
MOUSE	ORAL	10,000*
MOUSE	I.V.	884
RAT	ORAL	10,000*
RAT	I.P.	3,130*
RABBIT	I.V.	461
DOG	I.V.	1,000

Dogs tolerated at least 2,000 mg/kg orally without signs of toxicity.

* Hydrochlorothiazide was administered as a suspension.

Subacute Toxicity

Rat

Hydrochlorothiazide administered to rats, orally as a suspension at doses of 500, 1,000 and 2,000 my/kg/day, 5 days/week, for 3 weeks did not produce any toxic symptoms. Three of the ten rats which received 2,000 mg/ kg/day of sodium hydrochlorothiazide salt died after the 5th day of treatment. The mortality was attributed to pneumonia.

Dog

Hydrochlorothiazide administered to dogs, orally at doses of 250, 500 and 1,000 mg/kg, 7 days/week for 8 weeks did not produce any observable adverse effects or gross signs of drug toxicity except for electrolytic imbalance.

Chronic Toxicity

Rat and Dog

The results of 6-month chronic oral toxicity on hydrochlorothiazide in rats and dogs indicated no toxicity attributable to the drug administered to rats at doses of up to 2 grams/kg/day and to dogs at doses of up to 250 mg/kg/day. On gross examination the following changes were observed in the dog: slight depression of plasma potassium; small amounts of yellow crystalline precipitate in the bladder in two of twelve dogs tested. Histomorphologic studies did not show any drug related changes.

DOSAGE AND ADMINISTRATION:

Therapy should be individualized according to patients requirement. Use the smallest dosage necessary to achieve the required response.

Adults:

For Diuresis: The recommended adult dosage is 50 to 100 mg once or twice a day. Many patients respond to intermittent therapy, i.e. administration on alternate days or on three to five days each week. With an intermittent schedule, excessive response and the resulting undesirable electrolyte imbalance are less likely to occur.

In toxemia of pregnancy, the recommended dosage is 100 mg daily or, in severe cases and for brief periods, 200 mg daily (in divided doses). Frequency of administration may range from once every four days to daily.

The recommended dosage in premenstrual tension with edema is 25 to 50 mg once or twice a day from the first appearance of symptoms until onset of the menses.

For Control of Hypertension: The usual recommended starting dosage is 50 or 100 mg a day as a single or divided dose. Dosage is increased or decreased according to the blood pressure response of the patient. Some patients may require doses of 200 mg a day in divided doses.

Careful observation for changes in blood pressure must be made when Urozide is used with other antihypertensive drugs, especially during initial therapy. The dosage of other agents must be

reduced by at least 50%, as soon as it is added to the regimen, to prevent excessive drop in blood pressure. As the blood pressure falls under the potentiating effect of this agent, a further reduction in dosage, or discontinuation of other antihypertensive drugs may be necessary.

Infants and Children:
The usual recommended pediatric dosage is based on 1.0 mg of Urozide per pound of body weight per day in two doses. Infants under 6 months of age may require up to 1.5 mg per pound per day in two doses.
On this basis, infants up to 2 years of age may be given 12.5 to 37.5 mg daily in two doses. Children from 2 to 12 years of age may be given 37.5 to 100 mg daily in two doses. Dosage in both age groups should be based on body weight.

SUPPLIED:

Urozide tablets are available for oral use in three dosage strengths : 25 mg, 50 mg and 100 mg hydrochlorothiazide, USP.

Each UROZIDE tablet includes the following inactive ingredients: Alginic acid, colloidal silicon dioxide, FDC yellow # 6 aluminum lake, magnesium stearate, microcrystalline cellulose, and sodium carboxymethylcellulose.

Urozide - 25 mg tablets are peach-coloured, flat, and scored compressed tablets, imprinted ICN U4. Supplied in bottles of 100 and 1000 tablets.
Urozide - 50 mg tablets are peach-coloured, flat, and scored compressed tablets, imprinted ICN U5. Supplied in bottles of 100, 1000 and 5000 tablets.
Urozide - 100 mg tablets are peach-coloured, flat, and scored compressed tablets, imprinted ICN U6. Supplied in bottles of 100 tablets.

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PART III: CONSUMER INFORMATION

UROZIDE
Hydrochlorothiazide tablets

Read this carefully before you start taking UROZIDE and each time you get a refill. This leaflet is a summary and will not tell you everything about UROZIDE. Talk to your doctor, nurse, or pharmacist about your medical condition and treatment and ask if there is any new information about UROZIDE.

ABOUT THIS MEDICATION

What the medication is used for:
Adults:

- Decreases swelling caused by fluid retention (edema) due to heart failure, liver disease, kidney disease, or from the corticosteroid or estrogen therapy.
- Lowers high blood pressure.
- Lowers pregnancy-induced high blood pressure.

What it does:
UROZIDE is a diuretic often called "water pill". It increases urination. This lowers blood pressure and decreases swelling.

This medicine does not cure high blood pressure or edema. It helps to control them. Therefore, it is important to continue taking UROZIDE regularly even if you feel fine.

When it should not be used:
Do not take UROZIDE if you:

- Are allergic to hydrochlorothiazide or to any non-medicinal ingredient in the formulation.
- Are allergic to any sulfonamide-derived drugs (sulfa drugs); most of them have a medicinal ingredient that ends in **"-MIDE"**.
- Have difficulty urinating or produce no urine.
- Are breastfeeding. UROZIDE passes into breast milk.

What the medicinal ingredient is:
Hydrochlorothiazide

What the non-medicinal ingredients are:

Alginic acid, colloidal silicon dioxide, FDC yellow # 6 aluminum lake, magnesium stearate, microcrystalline cellulose, and sodium carboxymethylcellulose.

What dosage forms it comes in:
Tablets: 25 mg, 50 mg, 100 mg

WARNINGS AND PRECAUTIONS

BEFORE you use UROZIDE talk to your doctor, nurse, or pharmacist if you:

- Are allergic to penicillin.
- Have diabetes, liver or kidney disease.
- Have lupus or gout.
- Are dehydrated or suffer from excessive vomiting, diarrhea, or sweating.

Hydrochlorothiazide in UROZIDE can cause Sudden Eye Disorders:

- **Myopia:** sudden nearsightedness or blurred vision.
- **Glaucoma:** an increased pressure in your eyes, eye pain. Untreated, it may lead to permanent vision loss.

These eye disorders are related and can develop within hours to weeks of starting UROZIDE.

You may become sensitive to the sun while taking UROZIDE. Exposure to sunlight should be minimized until you know how you respond.

Driving and using machines: Before you perform tasks which may require special attention, wait until you know how you respond to UROZIDE. Dizziness, lightheadedness, or fainting can especially occur after the first dose and when the dose is increased.

INTERACTIONS WITH THIS MEDICATION

As with most medicines, interactions with other drugs are possible. Tell your doctor, nurse, or pharmacist about all the medicines you take, including drugs prescribed by other doctors, vitamins, minerals, natural supplements, or alternative medicines.

The following may interact with UROZIDE:
- Alcohol, barbiturates (sleeping pills), or narcotics (strong pain medications). They may cause low blood pressure and dizziness when you go from lying or sitting to standing up.
- Amphotericin B, an antifungal drug.
- Anticancer drugs, including cyclophosphamide and methotrexate.
- Antidepressants, in particular selective serotonin reuptake inhibitors (SSRIs), including citalopram, escitalopram, and sertraline.
- Antidiabetic drugs, including insulin and oral medicines.
- Bile acid resins used to lower cholesterol.
- Calcium or vitamin D supplements.
- Corticosteroids used to treat joint pain and swelling.
- Digoxin, a heart medication.
- Drugs that slow down or speed up your bowels, including atropine, metoclopramide, and domperidone.
- Drugs used to treat epilepsy, including carbamazepine and topiramate.
- Gout medications, including allopurinol and probenecid.
- Lithium used to treat bipolar disease.
- Nonsteroidal anti-inflammatory drugs (NSAIDs), used to reduce

pain and swelling. Examples include ibuprofen, naproxen, and celecoxib.
• Other blood pressure lowering drugs. When taken in combination with hydrochlorothiazide, they may cause excessively low blood pressure.
• Skeletal muscle relaxants used to relieve muscle spasms, including tubocurare.

PROPER USE OF THIS MEDICATION

Take UROZIDE exactly as prescribed. It is recommended to take your dose at about the same time every day.

UROZIDE can be taken with or without food. If UROZIDE causes upset stomach, take it with food or milk.

In your diet, be sure to include foods that contain potassium such as tomatoes, bananas, and beans.

Usual Adult dose:

- For the treatment of high blood pressure: 50 to 100 mg once a day or in divided doses as directed by your doctor. Your doctor may increase or decrease your dose.

- For the treatment of pregnancy-induced high blood pressure: The usual dose is a 100 mg. The doctor may briefly increase dosage to 200 mg.
  Doses may be prescribed:
  - once a day, or
  - every 4 days.

- For the treatment of fluid retention (edema) caused by premenstrual tension:: 25 to 50 mg once or twice a day.

Usual Infant and Child dose:

- Infants up to 24 months: 12.5 to 37.5 mg twice a day.
- Children 2 to 12 years old: 37.5 to 100 mg twice a day.

Overdose:

If you think you have taken too much UROZIDE contact your doctor, nurse, pharmacist, hospital emergency department or regional Poison control Centre immediately, even if there are no symptoms.

Missed Dose:
If you have forgotten to take your dose during the day, carry on with the next one at the usual time. Do not double dose.

SIDE EFFECTS AND WHAT TO DO ABOUT THEM

Side effects may include:

- muscle cramps, spasms, and pain, weakness, restlessness
- dizziness, pins and needles in your fingers, headache
- constipation, diarrhea, nausea, vomiting, decreased appetite, upset stomach, enlargement of the glands in your mouth
- reduced libido
- bleeding under the skin, rash, red patches on the skin

If any of these affects you severely, tell your doctor, nurse or pharmacist.

UROZIDE can cause abnormal blood test results. Your doctor will decide when to perform blood tests and will interpret the results.

SERIOUS SIDE EFFECTS, HOW OFTEN THEY HAPPEN AND WHAT TO DO ABOUT THEM

Symptom / effect		Talk with your doctor, nurse, or pharmacist		Stop taking drug and seek immediate medical help
		Only if severe	In all cases	
Common	**Low Blood Pressure:** dizziness, fainting, lightheadedness. May occur when you go from lying or sitting to standing up.	√		
	Decreased levels of potassium in the blood: irregular heartbeats, muscle weakness and generally feeling unwell		√	
Uncommon	**Allergic Reaction:** rash, hives, swelling of the face, lips, tongue or throat, difficulty swallowing or breathing			√
	Kidney Disorder: change in frequency of urination, nausea, vomiting, swelling of extremities, fatigue		√	

SERIOUS SIDE EFFECTS, HOW OFTEN THEY HAPPEN AND WHAT TO DO ABOUT THEM

Symptom / effect		Talk with your doctor, nurse, or pharmacist		Stop taking drug and seek immediate medical help
		Only if severe	In all cases	
	Liver Disorder: yellowing of the skin or eyes, dark urine, abdominal pain, nausea, vomiting, loss of appetite		√	
	Increased blood sugar: frequent urination, thirst, and hunger	√		
	Electrolyte Imbalance: weakness, drowsiness, muscle pain or cramps, irregular heartbeat		√	
Rare	**Decreased Platelets:** bruising, bleeding, fatigue and weakness		√	
	Decreased White Blood Cells: infections, fatigue, fever, aches, pains, and flu-like symptoms		√	
Very rare	**Toxic Epidermal Necrolysis:** severe skin peeling, especially in mouth and eyes			√
Unknown	**Eye Disorders:** **- Myopia:** sudden near sightedness or blurred vision **- Glaucoma:** increased pressure in your eyes, eye pain			√
	Anemia: fatigue, loss of energy, weakness, shortness of breath.		√	
	Inflammation of the Pancreas: abdominal pain that lasts and gets worse when you lie down, nausea, vomiting		√	

This is not a complete list of side effects. For any unexpected effects while taking UROZIDE, contact your doctor, nurse, or pharmacist.

HOW TO STORE IT

Keep out of reach and sight of children.

REPORTING SUSPECTED SIDE EFFECTS

You can report any suspected adverse reactions associated with the use of health products to the Canada Vigilance Program by one of the following 3 ways:

- **Report online at www.healthcanada.gc.ca/medeffect**
- **Call toll-free at 1-866-234-2345**
- **Complete a Canada Vigilance Reporting Form and:**
  - **Fax toll-free to 1-866-678-6789, or**
  - **Mail to: Canada Vigilance Program**
    Health Canada
    Postal Locator 0701E
    Ottawa, Ontario
    K1A 0K9

Postage paid labels, Canada Vigilance Reporting Form and the adverse reaction reporting guidelines are available on the MedEffect™ Canada Web site at www.healthcanada.gc.ca/medeffect.

NOTE: Should you require information related to the management of side effects, contact your health professional. The Canada Vigilance Program does not provide medical advice.

MORE INFORMATION

This document plus the full product monograph, prepared for health professionals can be obtained by contacting the sponsor:

Valeant Canada LP
4787 Levy St.
Montreal, QC,
H4R 2P9
1-800-361-4261

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