

Summary of Product Characteristics

1 NAME OF THE MEDICINAL PRODUCT

Burinex 5 mg Tablets

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each tablet contains 5 mg of Bumetanide.

Excipient with known effect: Each tablet contains 92 mg lactose monohydrate.

For the full list of excipients, see section 6.1.

3 PHARMACEUTICAL FORM

Tablet

A white, flat, circular, uncoated, bevelled-edge tablet marked with a score line and '5 mg' on one face. The score line is only to facilitate breaking for ease of swallowing and not to divide into equal doses.

4 CLINICAL PARTICULARS

4.1 Therapeutic indications

Burinex 5 mg Tablets are indicated in adults in the management of oedema due to congestive heart failure, hepatic cirrhosis and renal disease, including nephrotic syndrome, where high dose diuretic is required.

4.2 Posology and method of administration

Posology

The dose should be carefully adjusted according to response. As a general rule, dosage should be started at 5 mg daily and then increased by 5 mg every 12-24 hours until the required response is obtained or side effects appear. Consideration should be given to a twice daily dosage, rather than a once daily dosage.

Paediatric population

The medicinal product is not recommended for children as there is limited information on safety, efficacy and dosage in children.

Elderly

The dosage recommendations for adults apply, but in the elderly bumetanide is generally eliminated more slowly. Dosage should be titrated until the required response is achieved.

Patients with liver or renal insufficiency

Depending on the liver or renal function, the dose should be titrated according to the patient's response and required therapeutic effect (see section 4.4).

Method of administration

For oral administration.

4.3 Contraindications

Hypersensitivity to the active substance or to any of the excipients listed in section 6.1.

Severe electrolyte depletion.

Persisting anuria.

Hepatic encephalopathy including coma.

4.4 Special warnings and precautions for use

Toxic epidermal necrolysis (TEN) and Stevens Johnson syndrome (SJS), which can be life-threatening or fatal, have been reported in relation to non-antibiotic sulphonamide containing products, including bumetanide. Patients should be advised of the signs and symptoms of SJS and TEN and closely monitored for those. If signs and symptoms suggestive of these reactions appear, bumetanide should be withdrawn, and an alternative therapy should be considered. If the patient has developed a serious reaction such as SJS or TEN, with the use of bumetanide, treatment with bumetanide must not be restarted in this patient at any time.

Hepatic Impairment

Caution is advised if bumetanide is to be administered to patients with severe hepatic impairment.

Hypotension

Caution should be exercised when bumetanide is used in patients with hypotension.

Electrolyte Imbalance

Electrolyte and fluid imbalance may occur and replacement therapy should be instituted where indicated. Serum potassium concentrations should be monitored regularly.

Hypomagnesaemia

Administration of proton pump inhibitors has been associated with development of hypomagnesaemia. Hypomagnesaemia may be exacerbated with co-administration of bumetanide and particular attention to magnesium levels should be given when this combination is used.

Hyperuricaemia

As with other diuretics, bumetanide may cause an increase in blood uric acid.

Urinary tract obstruction

Bumetanide should be used with caution in patients with potential obstruction of the urinary tract.

Renal Impairment

In patients with severe chronic renal failure treated with high doses of bumetanide, there have been reports of severe generalised musculoskeletal pain sometimes associated with muscle spasm, occurring one or two hours after administration and lasting for up to 12 hours. Occasionally analgesic medication has been required to treat the pain. All patients recovered fully and there was no deterioration in their renal function. The cause of this pain is uncertain but may be a result of varying electrolyte gradients at the cell membrane level. Experience suggests that the incidence of such reactions is reduced by initiating treatment at 5-10 mg daily and titrating upwards, using a twice daily dosage regimen at doses of 20 mg per day or more. When using more than 10 mg per day expert advice should be sought. Patients with chronic renal failure on high doses of bumetanide should remain under constant hospital supervision.

Caution is advised if bumetanide is to be administered to patients with severe or progressive renal impairment or with elevated urea/Blood Urea Nitrogen (BUN) or creatinine.

Diabetic patients

Periodic monitoring of urine and blood glucose should be made in diabetics and patients suspected of latent diabetes since this preparation may induce hyperglycaemia (see sections 4.5 and 4.8).

Hypersensitivity

If known hypersensitivity to sulphonamides, there may be a potential risk of hypersensitivity to bumetanide.

Athletes

Bumetanide found in urine by doping tests is a cause for disqualification of athletes.

Excipients warning

Burinex tablets contains lactose as an excipient and patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption should not take this medicinal product.

4.5 Interaction with other medicinal products and other forms of interaction

Dose adjustment of hypoglycaemic agents may be necessary in patients with diabetes mellitus.

Digitalis glycosides

Hypokalaemia increases the sensitivity to digitalis glycosides which might result in digitalis toxicity (nausea, vomiting, and arrhythmias). Potassium level and signs for digitalis toxicity should be monitored. Potassium supplementation and lower digitalis glycoside dose should be considered.

Non-depolarising neuromuscular blocking agents

Hypokalaemia increases the sensitivity to non-depolarising neuromuscular blocking agents.

Lithium

Bumetanide reduces lithium clearance resulting in high serum levels of lithium, therefore concomitant therapy requires close monitoring of serum lithium levels. Lower lithium doses may be required.

Antiarrhythmics

Concomitant use of bumetanide and class III antiarrhythmic drugs may result in increased risk of electrolyte imbalance and subsequent cardiotoxicity (QT prolongation, torsades de pointes, cardiac arrest). Patients' electrolyte levels should be monitored as should symptoms of arrhythmias.

NSAIDs

Non-steroidal anti-inflammatory drugs (NSAID) inhibit the effect of bumetanide. The effects of concurrent use should be monitored (e.g. blood pressure, signs of renal failure). Diuretics may enhance the nephrotoxicity of NSAIDs.

Antihypertensive agents and medicinal products inducing postural hypotension.

Bumetanide may potentiate the effect of antihypertensive agents including diuretics and drugs inducing postural hypotension (e.g. tricyclic antidepressants). First-dose hypotension may occur.

Potassium depleting agents

The potassium depleting effect of bumetanide may be increased by other potassium depleting agents.

Aminoglycosides

The ototoxic effects of aminoglycosides may be increased by concomitant administration of potent diuretics such as bumetanide.

Probenecid

Probenecid inhibits the renal tubular secretion of bumetanide leading to a diminished natriuresis.

4.6 Fertility, pregnancy and lactationPregnancy

Bumetanide may cause harmful pharmacological effects during pregnancy, to the foetus or to the newborn child. Bumetanide should not be used during pregnancy unless the clinical condition of the woman requires treatment with bumetanide. It may be used only in case of heart failure when the potential benefit justifies the potential risk to the foetus.

Breast-feeding

Bumetanide should not be used during breast-feeding.

Fertility

There are no clinical studies with bumetanide regarding fertility.

4.7 Effects on ability to drive and use machines

Bumetanide has no or negligible direct influence on the ability to drive and use machines. However, the patient should be informed that dizziness may occur during treatment and take this into account while driving or using machines.

4.8 Undesirable effects

The estimation of the frequency of undesirable effects is based on a pooled analysis of data from clinical studies and spontaneous reporting.

Based on pooled data from clinical studies including more than 1000 patients who received bumetanide, approximately 12% of patients can be expected to experience an undesirable effect.

The most frequently reported adverse reactions during treatment are headache and electrolyte imbalance (including hypokalaemia, hyponatraemia, hypochloraemia and hyperkalaemia) occurring in approximately 4% of the patients, followed by dizziness (including orthostatic hypotension and vertigo) and fatigue occurring in approximately 3% of patients.

Electrolyte disturbances can occur especially during long term treatment.

Renal failure has been reported in post-marketing safety surveillance.

Severe cutaneous adverse reactions (SCARs), including Stevens-Johnson syndrome (SJS), toxic epidermal necrolysis (TEN), have been reported in association with bumetanide (see section 4.4).

Undesirable effects are listed by MedDRA system organ class (SOC) and the individual undesirable effects are listed starting with the most frequently reported. Within each frequency grouping, adverse reactions are presented in the order of decreasing seriousness.

Very common $\geq 1/10$

Common $\geq 1/100$ and $< 1/10$

Uncommon $\geq 1/1,000$ and $< 1/100$

Rare $\geq 1/10,000$ and $< 1/1,000$

Very rare $< 1/10,000$

Not known (cannot be estimated from the available data)

Blood and lymphatic system disorders	
Uncommon	Bone marrow failure and pancytopenia Thrombocytopenia Leukopenia including neutropenia Anaemia
Metabolism and nutrition disorders	
Common	Electrolyte imbalance (including hypokalaemia, hyponatraemia, hypochloraemia and hyperkalaemia)
Uncommon	Dehydration Glucose metabolism disorder Hyperuricaemia and gout
Nervous system disorders	
Common	Dizziness (including orthostatic hypotension and vertigo) Fatigue (including lethargy, somnolence, asthenia and malaise) Headache
Uncommon	Syncope
Ear and labyrinth disorders	
Uncommon	Hearing disturbances
Cardiac disorders	
Uncommon	Chest pain and discomfort

Vascular disorders	
Uncommon	Hypotension
Respiratory, thoracic and mediastinal disorders	
Uncommon	Dyspnoea Cough
Gastrointestinal disorders	
Common	Abdominal pain and discomfort Nausea
Uncommon	Vomiting Diarrhoea Constipation Dry mouth and thirst
Skin and subcutaneous tissue disorders	
Uncommon	Rash* Dermatitis and eczema Urticaria Pruritus Photosensitivity *Various types of rash reactions such as erythematous, maculo-papular and pustular have been reported
Not known	Stevens-Johnson syndrome (SJS), Toxic epidermal necrolysis (TEN)
Musculoskeletal and connective tissue disorders	
Common	Muscle spasms Pain and myalgia
Renal and urinary disorders	
Common	Micturition disorder
Uncommon	Renal impairment (including renal failure)
General disorders and administration site conditions	
Uncommon	Oedema peripheral

Paediatric population

The safety profile of bumetanide has not been established in the paediatric population.

Reporting of suspected adverse reactions

Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions via HPRA Pharmacovigilance. Website: www.hpra.ie.

4.9 Overdose

In high doses and during long-term treatment loop diuretics may cause electrolyte imbalance, dehydration and polyuria.

Symptoms of electrolyte imbalance include dry mouth, thirst, weakness, lethargy, drowsiness, confusion, gastrointestinal disturbances, restlessness, muscle pain and cramps and seizures.

Treatment is adjustment of the fluid and electrolyte imbalance.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Pharmacotherapeutic group: Sulphonamides, plain

ATC code: C03CA 02

Bumetanide is a potent loop diuretic.

Bumetanide exerts an inhibiting effect on the reabsorption mechanism of salts in the ascending limb of the loop of Henle and in the renal proximal tubules. Bumetanide thereby causes the diuretic and natriuretic action observed.

5.2 Pharmacokinetic properties

Bumetanide is nearly totally absorbed from the gastro-intestinal tract. After peroral administration, a bioavailability of between 80-95% is observed. Diuresis begins within ½-1 hour with a peak effect between 1 and 2 hours. The diuretic effect lasts up to about 4 hours. Bumetanide is eliminated with half-life ranging from between 1 to 2 hours after oral administration of a dose of 0.5-2 mg. It is strongly bound to plasma proteins and renal excretion of unchanged drug accounts for about half of the total clearance. The hepatic metabolism and biliary excretion accounts for the other half. The primary metabolites are conjugated alcohols of bumetanide. No active metabolites have been found. Bumetanide has a steep dose response curve.

In neonates and infants, elimination appears slower than in older paediatric patients and adults, possibly because of immature renal and hepatobiliary functions. Mean serum elimination half-life decreases during the first month of life from 6 hours in neonates to 2.4 hours in infants 1 month of age.

Mean serum elimination half-life is 2.5 and 1.5 hours in infants younger than 2 months of age and in those 2–6 months of age, respectively. The apparent elimination half-life may be prolonged to approximately 6 hours (with a range up to 15 hours) after IV administration in premature or full-term neonates with respiratory disorders. Data for younger children, including neonates and infants, is not sufficient to allow for dosing recommendations, see 4.2.

5.3 Preclinical safety data

There are no preclinical data of relevance to the prescriber which are additional to that already included in other sections of the SPC.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Maize starch
Lactose monohydrate
Povidone
Polysorbate 80
Colloidal anhydrous silica
Agar powder
Talc
Magnesium stearate.

6.2 Incompatibilities

Not applicable.

6.3 Shelf life

3 years.

6.4 Special precautions for storage

Keep the blisters in the outer carton in order to protect from light.
Store below 25°C.

6.5 Nature and contents of container

PVC/aluminium blister packs of 14 (physician's sample), 30 and 56 tablets.

Not all pack sizes may be marketed.

6.6 Special precautions for disposal and other handling

No special requirements. Any unused product or waste material should be disposed of in accordance with local requirements.

7 MARKETING AUTHORISATION HOLDER

Karo Pharma AB
Box 16184
103 24 Stockholm
Sweden

8 MARKETING AUTHORISATION NUMBER

PA22650/001/002

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

Date of first authorisation: 01 April 1978

Date of latest renewal: 01 April 2008

10 DATE OF REVISION OF THE TEXT

December 2024