

DRUG CARDS | DAILY



NAME(S): Generic: triamterene (trye AM ter een) + hydrochlorothiazide aka HCTZ (HYE dro klor oh THY a zide) | **Brand:** Diazide, Maxide

PHARMACOLOGIC & THERAPEUTIC CLASS: Potassium-Sparing Diuretic w/ Thiazide diuretic | Combination Product

DOSAGE FORM & STRENGTH: **Caps:** 37.5 mg/25 mg, 50 mg/25 mg | **Tabs:** 37.5 mg/25 mg, 75 mg/50 mg

INDICATION(S) & DOSING(S): ADULTS

1. **Hypertension (HTN):** Tx dose typically 1-2 tabs/caps PO qd. Initiation dose is 37.5 mg/25 mg PO qd with a max of 75 mg/50 mg per day.
2. **Peripheral edema:** Tx dose typically 1-2 tabs/caps PO qd.

MECHANISM OF ACTION & PHARMACOLOGY

- **MOA: Triamterene** decreases water re-absorption and increases potassium retention through the inhibition of sodium re-absorption at the distal convoluted tubule. **HCTZ** inhibits sodium and chloride resorption at the distal convoluted tubule. There is a secondary loss of potassium and bicarbonate. | **Metabolism:** Triamterene is metabolized hepatically via CYP450 enzymes while HCTZ is not. | **Excretion:** 21% of triamterene is excreted via the urine as the unchanged drug. The half-life is b/t 1-2 hours w/ the metabolite being around 3 hours. HCTZ is also excreted via the urine. The half-life is b/t 5.6-14.8 hours.

SPECIAL POPULATIONS & CONSIDERATIONS

- **Renal:** Contraindicated in impaired pts. Avoid use in dialysis patients. | **Hepatic:** Caution is advised. | **Contraindicated** if severe allergy to sulfonamides, in hyperkalemia, pregnancy, breastfeeding, anuria, and renal impairment. | **Caution** in elderly pts, if electrolyte abnormalities, seizure disorders, arrhythmias, diabetes, SLE, changes in smoking habits, and gout. | **Pregnancy:** Avoid use due to triamterene component. | **Lactation:** Caution advised and avoid use if HCTZ dose is >50 mg/day.

SIDE EFFECTS

- **Common:** Electrolyte disorders, muscle cramps, n/v/d, anorexia, taste changes, constipation, hyperuricemia, muscle cramps, jaundice, and orthostatic hypotension.
- **Serious:** Severe hyperkalemia, arrhythmia, anaphylaxis, toxic epidermal necrolysis, leukopenia, SLE exacerbation, diabetes, acute angle closure glaucoma, among many others.

BLACK BOX WARNING: Hyperkalemia - Potentially fatal if uncorrected w/ an increased risk in renal impairment, diabetes, elderly, and severely ill patients. When initiating monitor potassium at start for a baseline as well as during dose changes and illnesses that may affect renal function.

DRUG INTERACTIONS

- **Considerations to make for DI: [Regarding HCTZ]** Substances that bind to anion exchange resin/polymer, antihypertensive agents, diuretics, in hypercalcemia, hypokaemia, hyponatremia, and photosensitivity.



[Regarding Triamterene] OCT2 inhibitor, antihypertensive agent, decreases in renal perfusion/function, diuretics, hyperglycemia, hyperkalemia, and hyponatremia.

- **Some Contraindicated Drug(s) & Drug(s) of Note:** Contraindicated in dofetilide, eplerenone and spironolactone. Caution with potassium chloride, potassium citrate, valsartan, tacrolimus, acarbose, acyclovir, benazepril, bethanechol, escitalopram, ephedrine, ethanol, among many other.

MONITORING PARAMETERS

- BUN/Cr, electrolytes at baseline and periodically thereafter, BP

PATIENT COUNSELING INFORMATION

- This combination product is used to **treat high blood pressure**.
- In addition to lowering blood pressure there are **also benefits in the prevention of stroke, heart attack, and kidney problems**.
- Usually taken once daily **with or without food**.
- Avoid taking the medication w/in 4 hours of bedtime to prevent night-time urination urges.
- Take at least **4 hours before or 4-6 hours after** medications such as **cholestipol** and **cholestyramine**.

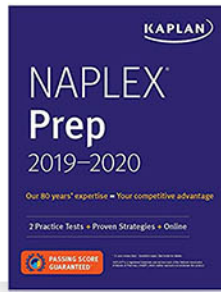
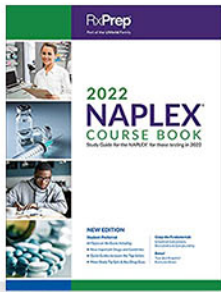
REFERENCE(S) & RESOURCE(S)

1. <https://online.epocrates.com/drugs/22510/triamterene-hydrochlorothiazide/Monograph>
2. <https://www.drugs.com/pro/triamterene-and-hydrochlorothiazide.html>
3. <https://www.webmd.com/drugs/2/drug-3154/triamterene-hydrochlorothiazide-oral/details>

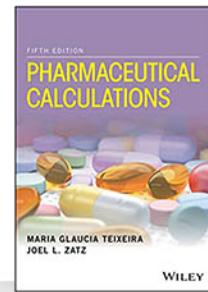
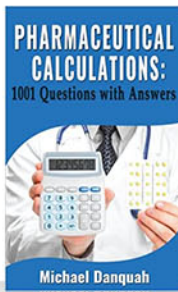
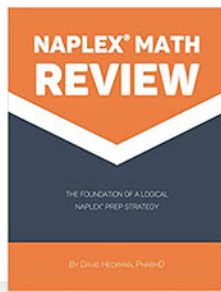
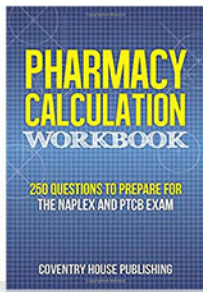


PREPARE FOR SUCCESS!

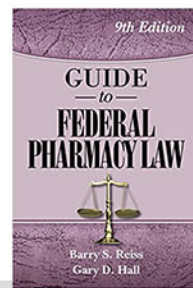
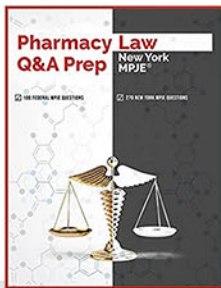
Comprehensive (NAPLEX)



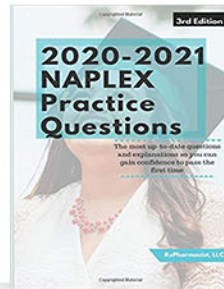
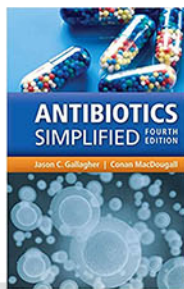
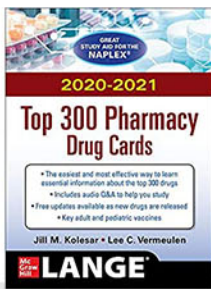
Calculations (NAPLEX)



Pharmacy Law (MPJE)



Supplemental



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DRUG CARDS DAILY

Monday at 7 am EST
(6 am CST, 4 am PST)

HEY NEW GRAD!

So you landed that perfect job offer or got the perfect match for your PGY1 and now the **ONLY** thing standing in your way is passing the NAPLEX and MPJE.

Here are some NAPLEX & MPJE prep recommendations to help you do everything you can to **pass the first time!**

HEY STUDENT!

When I was P1 one of the best pieces of advice I got from those before me was to use a NAPLEX Prep book while learning each topic.

This helps focus your learning and the repetition helps to retain info and indirectly prepare you for the NAPLEX



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