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## Comparison of Commonly Used Diuretics

full update May 2025

This chart reviews the indications, dosing, kinetics, cost, and place in therapy for commonly used diuretics.

NOTE: Information based on US prescribing information unless otherwise noted. Indication and dosing information from Canadian labeling is provided if significantly different from US labeling.

Diuretic/Availability	USUAL Adult Dose	Onset	Duration	Cost <sup>a</sup>	Comments	
	Range					
THIAZIDE DIURETICS are among the drugs that significantly increase blood glucose. They can also increase triglycerides and cholesterol						
minimally. <sup>1</sup> Other side	effects include hypokalemia	i, metabolic	alkalosis, hypo	natremia, and hypo	omagnesemia. <sup>1,2</sup> Thiazides reduce urinary	
calcium excretion, an ef	fect that may be beneficial t	o people at i	risk of osteopor	osis or kidney ston	es. <sup>1</sup> Contrary to popular belief, thiazides,	
particularly metolazone,	can be effective if CrCl is -	<30 mL/min	6,7			
Chlorothiazide (oral)	Edema	≤2 hrs	6 to 12 hrs	US: 500 mg:	•Brand only.	
(not available in Canada)	0.5-1 g QD to BID			~\$2.50 (brand)		
Diuril	HTN					
250 mg/5 mL,	0.5-1 g QD or divided BID					
suspension						
Chlorothiozido (IV)	Edomo	15 min	NI/A	US: 500 mg		
(not available in Canada)	0.5 - 1  g OD to BID	1.5 11111		injection:	•Only infazide available as an injectable.	
(not available in Canada)				~\$30		
500 mg injection (IV)				\$50		
()						
Chlorthalidone	Edema	~2.6 hrs	48 to 72 hrs	US:	•Diuretic with most evidence for improved CV	
	50 to 200 mg QD or			25 mg tab:	outcomes (e.g., used in ALLHAT). <sup>1</sup> Has not been	
HemiClor (US)	100 to 200 mg every other			~\$0.40	proven to provide better cardiovascular outcomes	
12.5 mg, 25 mg tabs	day				than hydrochlorothiazide. <sup>3</sup> Comparative study	
	(Canada: 50 mg QD, max)			Canada:	ongoning. <sup>4</sup>	
Thalitone (US)				50 mg tab:	•May be more effective in lowering SBP	
15 mg tabs	HTN			~\$0.15	(by ~5 mmHg) over a full 24-hour period than	
	12.5 to 100 mg QD				hydrochlorothiazide. <sup>5</sup>	
25, 50 mg tabs (US);	(Canada: 25 to 50 mg QD)				•12.5 mg chlorthalidone ~ hydrochlorothiazide	
12.5, 25, 50 mg tabs					25 mg. <sup>1</sup>	
(Canada)					•In combination products, only available with	
					atenolol or azılsartan.	

Diuretic/Availability	USUAL Adult Dose	Onset	Duration	Cost <sup>a</sup>	Comments		
	Range						
Hydrochlorothiazide 12.5, 25 mg, 50 mg tabs; 12.5 mg cap (US)	Edema 25 to 100 mg QD or divided (Canada: 25 to 100 mg QD or BID) HTN 12.5 QD to 50 mg QD or divided BID (Canada: 50 to 100 mg QD or divided)	≤2 hrs	6 to 12 hrs	US: 25 mg tab: ~\$0.02 Canada: 25 mg tab: ~\$0.02	•Most commonly prescribed thiazide. <sup>1</sup> •Most widely available diuretic in combination products with other antihypertensives. <sup>1</sup>		
Indapamide	Edema (US only)	1 to 2 $hrs^2$	At least	US:	•Reduced CV events (heart failure and death from		
1.25, 2.5 mg tabs	2.5 to 5 mg QD		24 nrs-	~\$0.20	stroke) in hypertensive patients $\geq 80$ years vs placebo. <sup>8</sup>		
	HTN 1.25 to 2.5 mg QD			Canada: 1.25 mg tab: ~\$0.15	<ul> <li>May be more effective in lowering SBP (by ~5 mmHg) over a full 24-hour period than hydrochlorothiazide.<sup>9</sup></li> <li>In combo product with perindopril (Canada).</li> <li>1.25 mg ~ hydrochlorothiazide 25 mg<sup>9</sup></li> </ul>		
Metolazone	Edema	≤1 hr	$\geq$ 24 hr (dose-	US:	•Absorption is slow and unpredictable. <sup>10</sup>		
Zaroxolyn (Canada)	5 to 20 mg QD		dependent)	2.5 mg tab:	•More effective than other thiazides at		
				~\$0.45	CrCl <30 mL/min. <sup>10</sup>		
US: 2.5, 5, 10 mg tabs	HTN						
Canada: 2.5 mg tabs	2.5 to 5 mg QD			Canada (brand): 2.5 mg tab: ~\$0.25			
LOOP DIURETICS are m	nore effective diuretics than this	iazides, but la	ck outcomes data	a for hypertension. <sup>1,1</sup>	<sup>1</sup> They are best reserved for edematous conditions		
(e.g., heart failure, renal failure). <sup>1</sup> Loops are generally recommended over thiazides for patients with GFR <30 mL/min/1.73 m <sup>2.7</sup> A thiazide can be added to a loop to enhance diuresis. <sup>7</sup> Like thiazides, loops can cause hypokalemia and metabolic alkalosis. <sup>11</sup> Loops are less likely to cause hyponatremia or hypomagnesemia. <sup>11,12</sup> Loops increase excretion of calcium, instead of reducing it like thiazides. <sup>1</sup> Loops can cause dose-dependent ototoxicity (furosemide >bumetanide). <sup>13</sup> For edematous states, loops are usually dosed intermittently, as needed.							
Bumetanide (oral)	<b>Edema</b> : 0.5 to 2 mg QD.	0.5 to 1 hr	4 to 6 hrs	U.S.:	•Well-absorbed <sup>13</sup>		
Bumex (US)	If needed, repeat every		(dose-	1 mg tab:	•1 mg oral bumetanide = 40 mg oral furosemide <sup>13</sup>		
Burinex (Canada)	4 to 5 hrs		dependent)	~\$0.40	•Canadian labeling recommends a max dose of 5 mg		
	(max 10 mg/day).				in patients with hepatic failure.		
US: $0.5, 1, 2 \text{ mg tabs}$				Canada (brand):			
Canada: 1, 5 mg tabs				1 mg tab: ~\$0.90			

Diuretic/Availability	USUAL Adult Dose	Onset	Duration	Cost <sup>a</sup>	Comments
<b>Bumetanide (IV or IM)</b> (not available in Canada) 0.25 mg/mL injection	Edema 0.5 to 1 mg. If needed, repeat every 2 to 3 hrs (max 10 mg/day).	IV: minutes IM: 40 min. <sup>14</sup>	3 to 6 hrs <sup>14</sup>	US: 1 mg injection: ~\$0.65	•1:1 IV to PO conversion <sup>13</sup>
Ethacrynic acid (oral) Edecrin 25 mg tab	Edema 50 mg QD to 50 to 100 mg BID Take after a meal.	30 min	6 to 8 hr	US: 25 mg tab: ~\$2.15 Canada (brand): 25 mg tab: \$1.30	<ul> <li>Useful in patients resistant to other diuretics (Canada).</li> <li>50 mg oral ethacrynic acid ~ 40 mg oral furosemide<sup>15</sup></li> <li>More ototoxic than other loops.<sup>7</sup></li> <li>Only loop without a sulfa group.<sup>7</sup> May be useful for patients with allergic reaction to other loops or thiazides. See our chart, <i>Sulfa Drugs and the Sulfa-Allergic Patient</i>, for more information.</li> </ul>
Ethacrynate sodium (IV) Sodium Edecrin (US) 50 mg injection	Edema 50 mg x 1 (or 0.5 to 1 mg/kg; max 100 mg). May repeat (at a different site to avoid phlebitis) if needed.	5 min	2 hrs <sup>14</sup>	US: 50 mg: ~\$1,900 Canada: 50 mg: \$480	<ul> <li>Not for IM or subcutaneous injection.</li> <li>More ototoxic than other loops.<sup>7</sup></li> <li>Only loop without a sulfa group.<sup>7</sup> May be useful for patients with allergic reaction to other loops or thiazides. See our chart, <i>Sulfa Drugs and the Sulfa-Allergic Patient</i>, for more information.</li> </ul>
Furosemide (oral) Lasix 20, 40, 80 mg tabs; 10 mg/mL oral solution; 40 mg/5 mL oral solution (US); Lasix Special* (Canada) *see comments section	Edema 20 to 80 mg (Canada: 40 to 80 mg). May repeat, or increase by 20 to 40 mg, in 6 to 8 hrs. (max 600 mg/day; Canada: 200 mg/day). When effective dose is reached, give QD or divide BID (morning and early afternoon; Canada: may repeat one to three times daily) HTN 40 mg BID (Canada:	<1 hr	6 to 8 hr	US: 40 mg tab: ~\$0.05 Canada: 40 mg tab: ~\$0.04	<ul> <li>Loop with poorest oral absorption (~50% [range 10% to 100%].<sup>13</sup></li> <li>Lasix Special* is a high-dose oral formulation (500 mg tab) of furosemide, for hospitalized patients with GFR 5 to 20 mL/min/1.73 m<sup>2</sup> not responding to usual furosemide doses. Initial dose is guided by the IV dose found to be effective. Or, in patients who do not respond adequately to 80 to 160 mg of oral furosemide, the initial dose is 250 mg. After 4 to 6 hrs, if response is inadequate, dose may be increased to 500 mg. Max daily dose 1,000 mg.</li> </ul>

Diuretic/Availability	USUAL Adult Dose	Onset	Duration	Cost <sup>a</sup>	Comments	
	Range					
Furosemide (subcutaneous) (not available in Canada) Furoscix 8 mg/mL subcutaneous solution	Edema The single-dose infuser delivers 30 mg over the first hour, then 12.5 mg/hour for four hours (80 mg over 5 hrs).	Rapid <sup>16</sup>	≥8 hrs after initiation of dosing	US: ~\$950	<ul> <li>Furoscix is a wearable patch pump with furosemide solution buffered to pH 7.4 to allow for subcutaneous administration.<sup>16</sup></li> <li>Similar diuretic efficacy to two doses of furosemide 40 mg IV two hours apart.<sup>16</sup></li> </ul>	
Furosemide (IV or IM) 10 mg/mL injection	Edema 20 to 40 mg. May repeat, or increase by 20 mg, in 2 hrs. (Canada: max 100 mg/day). Once effective dose is reached, give QD or divide BID. For pulmonary edema, dose is 40 mg, increased to 80 mg in 1 hr if needed (Canada: 40 mg, repeated in 1.5 hrs if needed.)	IV: ≤5 min	IV: ~2 hr	US: 20 mg/2 mL vial: ~\$1 Canada: 20 mg/2 mL amp: ~\$1.30	<ul> <li>When switching to/from oral furosemide, keep in mind that oral furosemide bioavailability is ~50% (range 10% to 100%).<sup>13</sup></li> <li>Administer over one to two minutes (bolus) or as a continuous infusion at ≤4 mg/min).</li> </ul>	
<b>Torsemide</b> (not available in Canada) Soaanz, Demadex (brand discontinued) 5 mg, 10 mg, 20 mg, 40 mg (Soaanz), 60 mg (Soaanz), 100 mg tabs	Edema 10 to 20 mg QD (max 200 mg/day) HTN 5 to 10 mg QD	≤1 hr	6 to 8 hrs	10 mg tab: ~\$0.45	<ul> <li>Bioavailability 80% to 100%.<sup>13</sup></li> <li>20 mg oral torsemide = 40 mg oral furosemide<sup>13</sup></li> <li>Cirrhosis: start with 5 to 10 mg QD. Doses</li> <li>&gt;40 mg/day have not been studied in cirrhosis.</li> </ul>	
<b>POTASSIUM-SPARING DIURETICS</b> are usually weak antihypertensives, but they can be added to a thiazide to minimize hypokalemia risk. <sup>1</sup> The						
Amiloride Midamor 5 mg tab	5 to 10 mg QD (max 20 mg) See comments for indications.	2 hr	~24 hrs	US: 5 mg tab: ~\$0.2 Canada (brand): 5 mg tab: ~\$0.40	<ul> <li>Weak antihypertensive and diuretic effects that are somewhat additive to those of thiazides.</li> <li>Indications: adjunct to thiazide or loop diuretic in patients with heart failure or hypertension, to maintain potassium levels; edema associated with cirrhosis (Canada). Rarely used alone.</li> </ul>	

Diuretic/Availability	USUAL Adult Dose	Onset	Duration	Cost <sup>a</sup>	Comments
	Range				
Eplerenone Inspra 25, 50 mg tabs	HFrEF post-MI 25 to 50 mg (target dose) QD HTN 50 mg QD or BID Note: HFrEF indication requires dose reduction if potassium level ≥5.5 mEq/mL. Max dose 25 mg QD (HF) or BID (HTN) with moderate CVD2 A4 inbibitors	Not available	Not available	U.S.: 50 mg tab: ~\$1.10 Canada: 50 mg tab: ~\$2.50	<ul> <li>•Eplerenone is an aldosterone antagonist with less progesterone and androgen receptor antagonism than spironolactone.<sup>10</sup></li> <li>•Option for resistant hypertension.<sup>1</sup></li> <li>•Benefit in HFrEF (morbidity and mortality reduction) due to RAS suppression.<sup>7</sup></li> <li>•Helps offset loop or thiazide diuretic-related potassium and magnesium losses.<sup>17</sup></li> <li>•Do not use if K &gt;5.5 mEq/L (Canada: &gt;5 mmol/L) at initiation, CrCl ≤30 mL/min (&lt;50 mL/min for HTN), or with strong CYP3A4 inhibitors.</li> </ul>
Spironolactone tablets Aldactone 25, 50 (US only), 100 mg tabs	<ul> <li>Edema</li> <li>25 to 200 mg QD or divided (see comments regarding cirrhosis)</li> <li>HTN</li> <li>25 to 100 mg QD or divided (Canada: 200 mg max).</li> <li>HF</li> <li>25 to 50 mg QD. See comments.</li> <li>Hypokalemia (Canada)</li> <li>25 to 100 mg/day</li> <li>Primary</li> <li>hyperaldosteronism</li> <li>See comments</li> </ul>	Not available	2 to 3 days <sup>14</sup>	US: 50 mg tab: ~\$0.25 Canada: 25 mg tab: ~\$0.04	<ul> <li>Benefit in HFrEF (morbidity and mortality reduction) due to RAS suppression.<sup>7</sup></li> <li>Option for resistant hypertension.<sup>1</sup></li> <li>Helps offset loop or thiazide diuretic-related potassium and magnesium losses.<sup>17</sup></li> <li>Do not use in severe kidney impairment (Canada) or hyperkalemia.</li> <li>HF: consider 25 mg every-other-day if eGFR 30 to 50 mL/min/1.73 m<sup>2</sup> or if hyperkalemia develops.</li> <li>Primary hyperaldosteronism treatment: 100 to 400 mg/day pre-op, or lowest effective dose for maintenance.</li> <li>Primary hyperaldosteronism diagnosis (Canada) 400 mg/day x 4 days (short test), or 3 to 4 weeks (long test)</li> <li>Cirrhosis: consider a max of 100 mg or 400 mg for Na+/K+ ratio &gt;1 or &lt;1, respectively (Canada)</li> </ul>
Spironolactone suspension Carospir Continued	Edema due to cirrhosis 75 mg to 100 mg QD (initiate in hospital) HTN 20 to 75 mg QD or divided	Not available	2 to 3 days <sup>14</sup>	US: 20 mg ~\$15	<ul> <li>Dosing not equivalent to tablets.</li> <li>Benefit in HFrEF (morbidity and mortality reduction) due to RAS suppression.<sup>7</sup></li> <li>Option for resistant hypertension.<sup>1</sup></li> <li>Helps offset loop or thiazide diuretic-related potassium and magnesium losses.<sup>17</sup></li> <li>Do not use in hyperkalemia.</li> </ul>

Diuretic/Availability	USUAL Adult Dose	Onset	Duration	Cost <sup>a</sup>	Comments
	Range				
Spironolactone	HF				•HF: reduce dose to 20 mg every-other-day if
suspension,	20 to 37.5 mg QD				hyperkalemia occurs on 20 mg QD. Initiate with 10
continued					mg QD if eGFR 30 to 50 mL/min/ $1.73m^2$ .
Triamterene	Edema	2 to 4 hr	7 to 9 hr	US (brand):	•Weak antihypertensive effect. <sup>1</sup>
Dyrenium	100 mg BID			50 mg cap: ~\$15	
	(max 300 mg/day)				
50, 100 mg cap					
(Only combo products	Take after meals.				
are available in Canada.)					
, ,					

**Product labeling used in above chart, unless otherwise noted:** US: Diuril suspension (November 2021), chlorothiazide injection (September 2023), chlorthalidone (Rising, November 2024), HemiClor (March 2025), Thalitone (May 2021), hydrochlorothiazide tab (Leading, April 2024), hydrochlorothiazide cap (Rising, September 2024), indapamide (Rising, April 2023), metolazone (Alembic, May 2024), Bumex tablets (August 2018), bumetanide injection (Camber, March 2025), Edecrin (August 2020), Lasix (August 2018), furosemide oral solution (Hikma, October 2023), Furoscix (March 2025), furosemide injection (Hikma, March 2025), Soaanz (December 2021), torsemide (Chartwell, February 2024), amiloride (Endo, November 2024), Inspra (October 2021), Aldactone (September 2023), Carospir (August 2023), Dyrenium (December 2024); **Canada**: chlorthalidone (Apotex, March 2023), hydrochlorothiazide (Sanis Health, October 2024), indapamide (Mylan, October 2024), Zaroxolyn (January 2023), Burinex (July 2022), Edecrin (December 2020), ethacrynate sodium (SteriMax, February 2024), Lasix Special (October 2022), Lasix oral solution (September 2022), Pro-furosemide tablets (January 2022), furosemide injection (Marcan, November 2024), Midamor (August 2010), Inspra (July 2023), Aldactone (December 2022)

**Abbreviations**: ACE = angiotensin-converting enzyme; ARB = angiotensin receptor blocker; BID = twice daily; CrCl = creatinine clearance; GFR = glomerular filtration rate; HF = heart failure; HFrEF = heart failure with reduced ejection fraction; HTN = hypertension; IM = intramuscular; IV = intravenous; Na+/K+ = sodium/potassium; PO = oral; QD = once daily; RAS = renin-aldosterone system

a. Wholesale acquisition cost (US) per dose (unless otherwise specified), for generic if available, of dose specified. US medication pricing by Elsevier, accessed April 2025. Canadian cost is wholesale.

Users of this resource are cautioned to use their own professional judgment and consult any other necessary or appropriate sources prior to making clinical judgments based on the content of this document. Our editors have researched the information with input from experts, government agencies, and national organizations. Information and internet links in this article were current as of the date of publication.

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