

SUMMARY OF PRODUCT CHARACTERISTICS

1 NAME OF THE MEDICINAL PRODUCT

Doxazosin 2mg tablets

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Doxazosin mesilate 2.42 mg equivalent to 2 mg doxazosin.

Excipients with known effect

Each tablet contains 88.78 mg of lactose monohydrate

For a full list of excipients, see Section 6.1.

3 PHARMACEUTICAL FORM

Tablet.

White, capsule shaped tablets with a break line on one side.

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

Hypertension

Doxazosin tablet is indicated for the treatment of hypertension and can be used as the sole agent to control blood pressure in the majority of patients. In patients inadequately controlled on single antihypertensive therapy, doxazosin may be used in combination with a thiazide diuretic, beta-adrenoceptor blocking agent, calcium antagonist, or an angiotensin- converting enzyme inhibitor.

Benign prostatic hyperplasia

Doxazosin tablets is indicated for the treatment of urinary outflow obstruction and the symptoms associated with benign prostatic hyperplasia (BPH). Doxazosin may be used in BPH patients who are either hypertensive or normotensive.

4.2 Posology and method of administration

Posology

Adults:

Hypertension

Doxazosin is taken in a once daily regimen. The initial dose is 1 mg, to minimise the potential for postural hypotension and/or syncope (see section 4.4). Dosage may then be increased to 2mg after an additional one or two weeks of therapy and thereafter, if necessary to 4mg. The majority of patients who respond to Doxazosin tablets will do so at a dose of 4mg or less. Dosage can be further increased if necessary to 8mg or the maximum recommended dose of 16mg.

Benign prostatic hyperplasia:

The recommended initial dosage of Doxazosin tablets is 1mg given once daily to minimise the potential for postural hypotension and/or syncope (see section 4.4). Depending on the individual patient's urodynamics and BPH symptomatology dosage may then be increased to 2mg and thereafter to 4mg and up to the maximum recommended dose of 8mg. The recommended titration interval is 1-2 weeks. The usual recommended dose is 2-4mg daily.

Elderly:

Normal adult dosage

Paediatric Population

The safety and efficacy of Doxazosin tablets in children and adolescents have not been established.

Renal impairment:

Since there is no change in pharmacokinetics in patients with impaired renal function, the usual adult dose of Doxazosin tablets is recommended.

Doxazosin tablets is not dialysable.

Hepatic impairment:

There are only limited data in patients with liver impairment and on the effect of drugs known to influence hepatic metabolism (e.g. cimetidine). As with any drug wholly metabolised by the liver, Doxazosin tablets should be administered with caution to patients with evidence of impaired liver function (see section 4.4 and section 5.2).

Method of administration:

For oral administration.

Doxazosin tablets may be administered in the morning or the evening.

4.3 Contraindications

Doxazosin is contra-indicated in

- 1 Patients with a known hypersensitivity to quinazolines (e.g. prazosin, terazosin, doxazosin), or any of the excipients listed in section 6.1.
- 2 Patients with a history of orthostatic hypotension
- 3 Patients with benign prostatic hyperplasia and concomitant congestion of the upper urinary tract, chronic urinary tract infection or bladder stones.
- 4 During lactation (for the hypertension indication only, (See section 4.6).
- 5 Patients with hypotension (For benign prostatic hyperplasia indication only).

Doxazosin is contraindicated as monotherapy in patients with either overflow bladder or anuria with or without progressive renal insufficiency.

4.4 Special warnings and precautions for use

Postural hypotension /Syncope:

Initiation of therapy:

In relation with the alpha-blocking properties of doxazosin, patients may experience postural hypotension evidenced by dizziness and weakness, or rarely loss of consciousness (syncope), particularly with the commencement of therapy (see section 4.2). Therefore, it is prudent medical practice to monitor blood pressure on initiation of therapy to minimise the potential for postural effects.

When instituting therapy with any effective alpha-blocker, the patient should be advised how to avoid symptoms resulting from postural hypotension and what measures to take should they develop. The patient should be cautioned to avoid situations where injury could result, should dizziness or weakness occur during the initiation of doxazosin therapy.

Use in patients with acute cardiac conditions:

As with any other vasodilatory anti-hypertensive agent it is prudent medical practice to advise caution when administering doxazosin to patients with the following acute cardiac conditions:

- pulmonary oedema due to aortic or mitral stenosis
- heart failure at high output
- right-sided heart failure due to pulmonary embolism or pericardial effusion
- left ventricular heart failure with low filling pressure

Hepatic impairment

As with any drug wholly metabolised by the liver, doxazosin should be administered with particular caution to patients with evidence of impaired, hepatic function (see section 4.2). Since there is no clinical experience in patients with severe hepatic impairment, use in these patients is not recommended.

Use with PDE-5 inhibitors:

Concomitant administration of doxazosin with phosphodiesterase-5-inhibitors (eg sildenafil, tadalafil, and vardenafil) should be done with caution as both drugs have vasodilating effects and may lead to symptomatic hypotension in some patients. To reduce the risk of orthostatic hypotension it is recommended to initiate the treatment with phosphodiesterase-5-inhibitors only if the patient is hemodynamically stabilized on alpha-blocker therapy. Furthermore, it is recommended to initiate phosphodiesterase-5-inhibitor treatment with the lowest possible dose and to respect a 6-hour time interval from intake of doxazosin. No studies have been conducted with doxazosin prolonged release formulations.

Use in patients undergoing cataract surgery:

The 'Intraoperative Floppy Iris Syndrome' (IFIS, a variant of small pupil syndrome) has been observed during cataract surgery in some patients on or previously treated with tamsulosin. Isolated reports have also been received with other alpha-1 blockers and the possibility of a class effect cannot be excluded. As IFIS may lead to increased procedural complications during the cataract operation current or past use of alpha-1 blockers should be made known to the ophthalmic surgeon in advance of surgery.

Priapism

Prolonged erections and priapism have been reported with alpha-1 blockers including doxazosin in post marketing experience. If priapism is not treated immediately, it could result in penile tissue damage and permanent loss of potency, therefore the patient should seek immediate medical assistance.

Screening for prostate cancer:

Carcinoma of the prostate causes many of the symptoms associated with BPH and the two disorders can co-exist. Carcinoma of the prostate should therefore be ruled out prior to commencing therapy with doxazosin for treatment of BPH symptoms.

Doxazosin 2mg Tablets contains lactose. Therefore, it should not be administered to persons with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption.

This medicine contains less than 1 mmol sodium (23 mg) per dosage unit, that is to say essentially 'sodium-free'.

4.5 Interaction with other medicinal products and other forms of interaction

Phosphodiesterase-5-inhibitors (eg. sildenafil, tadalafil, vardenafil)

Concomitant administration of doxazosin with a PDE-5 inhibitor may lead to symptomatic hypotension in some patients (see section 4.4). No studies have been conducted with doxazosin prolonged release formulations.

Doxazosin is highly bound to plasma proteins (98%). *In vitro* data in human plasma indicates that doxazosin has no effect on protein binding of the drugs tested (digoxin, phenytoin, warfarin or indometacin).

In vitro studies suggest that doxazosin is a substrate of cytochrome P450 3A4 (CYP 3A4). Caution should be exercised when concomitantly administering doxazosin with a strong CYP 3A4 inhibitor, such as clarithromycin, indinavir, itraconazole, ketoconazole, nefazodone, nelfinavir, ritonavir, saquinavir, telithromycin or voriconazole (see section 5.2).

Conventional doxazosin has been administered without any adverse drug interaction in clinical experience with thiazide diuretics, furosemide, beta- blockers, non-steroidal anti-inflammatory drugs, antibiotics, oral hypoglycaemic drugs, uricosuric agents, and anticoagulants. However, data from formal drug/drug interaction studies are not present.

Doxazosin potentiates the blood pressure lowering activity of other alpha- blockers and other antihypertensives.

In an open-label, randomized, placebo-controlled trial in 22 healthy male volunteers, the administration of a single 1 mg dose of doxazosin on day 1 of a four-day regimen of oral cimetidine (400 mg twice daily) resulted in a 10% increase in mean AUC of doxazosin, and no statistically significant changes in mean C_{max} and mean half-life of doxazosin. The 10% increase in the mean AUC for doxazosin with cimetidine is within intersubject variation (27%) of the mean AUC for doxazosin with placebo.

4.6 Fertility, pregnancy and lactation

Pregnancy

For the hypertension indication:

Use during pregnancy: As there are no adequate and well controlled studies in pregnant women, the safety of doxazosin during pregnancy has not been established. Accordingly, during pregnancy, doxazosin should be used only when, in the opinion of the physician, the potential benefit outweighs the risk. Although no teratogenic effects were seen in animal testing, reduced foetal survival was observed in animals at extremely high doses. (see section 5.3).

Breast-feeding

The excretion of doxazosin in breast milk was demonstrated to be very low (with the relative infant dose less than 1%) however human data is very limited. A risk to the newborn or infant cannot be excluded and therefore

doxazosin should be used only when in the opinion of the physician, the potential benefit outweighs the potential risk.

For the benign prostatic hyperplasia indication:

This section is not applicable

4.7 Effects on ability to drive and use machines

The ability to drive or use machinery may be impaired, especially when initiating therapy).

4.8 Undesirable effects

Hypertension:

In clinical trials involving patients with hypertension, the most common reactions associated with doxazosin therapy were of a postural type (rarely associated with fainting) or non-specific.

Benign prostatic hyperplasia:

Experience in controlled clinical trials in BPH indicates a similar adverse event profile to that seen in hypertension.

The following undesirable effects have been observed and reported during treatment with doxazosin with the following frequencies: Very common ($\geq 1/10$); common ($\geq 1/100$ to $< 1/10$); uncommon ($\geq 1/1,000$ to $< 1/100$); rare ($\geq 1/10,000$ to $< 1/1,000$); very rare ($< 1/10,000$).

| System Organ Class | Very Common ($\geq 1/10$) | Common ($\geq 1/100$ to $< 1/10$) | Uncommon ($\geq 1/1,000$ to $< 1/100$) | Rare ($\geq 1/10,000$ to $< 1/1,000$) | Very Rare ($< 1/10,000$) | Unknown |
|--|-----------------------------|--|--|---|------------------------------|---------|
| Infections and infestations | | Respiratory tract infection, urinary tract infection | | | | |
| Blood and the lymphatic System disorders | | | | | Leukopenia, thrombocytopenia | |
| Immune system disorders | | | Allergic drug reaction | | | |
| Metabolism and nutrition disorders | | | Gout, increased appetite, anorexia | | | |

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|---|--|--|---|--------------------------------|--|--|
| Psychiatric disorders | | | Agitation, depression, anxiety, insomnia, nervousness | | | |
| Nervous system disorders | | Somnolence dizziness, headache | Cerebrovascular accident, hypoesthesia, syncope, tremor | | Dizziness postural, paresthesia, | |
| Eye disorders | | | | | Blurred vision | Interoptive floppy iris syndrome (see Section 4.4) |
| Ear and labyrinth disorders | | Vertigo | Tinnitus | | | |
| Cardiac disorders | | Palpitation, tachycardia | Angina pectoris, myocardial infarction | | Bradycardia cardiac arrhythmias | |
| Vascular disorders | | Hypotension, postural hypotension | | | Hot flushes | |
| Respiratory, thoracic and mediastinal disorders | | Bronchitis, cough, dyspnea, rhinitis | Epistaxis | | Bronchospasm | |
| Gastrointestinal disorders | | Abdominal pain, dyspepsia, dry mouth, nausea | Constipation, flatulence, vomiting, gastroenteritis diarrhoea | | | |
| Hepato-biliary disorders | | | Abnormal liver function tests | | Cholestasis, hepatitis, jaundice | |
| Skin and subcutaneous tissue disorders | | Pruritus | Skin rash | | Urticaria alopecia, purpura | |
| Musculoskeletal, connective tissue and bone disorders | | Back pain, myalgia | Arthralgia | Muscle cramps, muscle weakness | | |
| Renal and urinary disorders | | Cystitis, urinary incontinence | Dysuria, micturition frequency, hematuria | Polyuria | Increased diuresis, micturition disorder, nocturia | |

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|--|--|--|---------------------|--|------------------------|------------------------|
| Reproductive system and breast disorders | | | Impotence | | Gynecomastia, priapism | Retrograde ejaculation |
| General disorders and administration site conditions | | Asthenia, chest pain, influenza-like symptoms, peripheral oedema | Pain, facial oedema | | Fatigue, malaise | |
| Investigations | | | Weight increase | | | |

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 Yellow Card Scheme Website: www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in Google Play or Apple App store.

4.9 Overdose

Should overdose lead to hypotension, the patient should be immediately placed in a supine, head down position. Other supportive measures may be appropriate in individual cases.

If this measure is inadequate, shock should first be treated with volume expanders. If necessary, vasopressor should then be used. Renal function should be monitored and supported as needed.

Since doxazosin is highly protein bound, dialysis is not indicated.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

The ATC code of doxazosin is C02CA04. The ATC-classification is: Cardiovascular system; antihypertensives; adrenergic agents, peripherally acting; alpha-adrenoceptor blocking agents.

Mode of action

Doxazosin is a potent and selective post-junctional alpha-1-adrenoceptor antagonist. This action results in a decrease in systemic blood pressure.

Doxazosin tablets are appropriate for oral administration in a once daily regimen in patients with essential hypertension.

Pharmacodynamic effects

Doxazosin have been shown to be free of adverse metabolic effects and is suitable for use in patients with coexistent diabetes mellitus, gout and insulin resistance.

Doxazosin is suitable for use in patients with coexistent asthma, left ventricular hypertrophy and in elderly patients. Doxazosin treatment has been shown to result in regression of left ventricular hypertrophy, inhibition of platelet aggregation and enhanced activity of tissue plasminogen activator. Additionally doxazosin improve insulin sensitivity in patients with impairment.

Doxazosin, in addition to its antihypertensive effect, has in long term studies produced a modest reduction in plasma total cholesterol, LDL-cholesterol and triglyceride concentrations and therefore may be of particular benefit to hypertensive patients with concomitant hyperlipidaemia.

Administration of Doxazosin tablets to patients with symptomatic BPH results in a significant improvement in urodynamics and symptoms. The effect in BPH is thought to result from selective blockade of the alpha-adrenoceptors located in the muscular stroma and capsule of the prostate, and in the bladder neck.

5.2 Pharmacokinetic properties

Absorption:

Following oral administration in humans (young male adults or the elderly of either sex), doxazosin is well absorbed and approximately two thirds of the dose is bioavailable.

Biotransformation/Elimination:

Approximately 98% of doxazosin is protein-bound in plasma.

Doxazosin is extensively metabolised in man and in the animal species tested, with the faeces being the predominant route of excretion.

The mean plasma elimination half-life is 22 hours thus making the drug suitable for once daily administration.

After oral administration of Doxazosin tablets the plasma concentrations of the metabolites are low. The most active (6' hydroxy) metabolite is present in man at one fortieth of the plasma concentration of the parent compound, which suggests that the antihypertensive activity is in the main due to doxazosin.

There are only limited data in patients with liver impairment and on the effects of drugs known to influence hepatic metabolism (e.g. cimetidine). In a clinical study in 12 subjects with moderate hepatic impairment, single dose administration of doxazosin resulted in an increase in AUC of 43% and a decrease in apparent oral clearance of 40%. As with any drug wholly metabolised by the liver, Doxazosin tablets should be administered with caution to patients with impaired liver function (see section 4.4).

Doxazosin is extensively metabolized in the liver. *In vitro* studies suggest that the primary pathway for elimination is via CYP 3A4; however, CYP 2D6 and CYP 2C9 metabolic pathways are also involved for elimination, but to a lesser extent.

5.3 Preclinical safety data

Preclinical data reveal no special hazard for humans based on conventional animal studies in safety pharmacology, repeated dose toxicity, genotoxicity and carcinogenicity. For further information see section 4.6.

Although no teratogenic effects were seen in animal testing, reduced foetal survival was observed in animals at doses approximately 300 times greater than the maximum human recommended dose.

Studies in lactating rats given a single oral dose of radioactive doxazosin indicate that doxazosin accumulates in rat milk with a maximum of concentration about 20 times greater than the maternal plasma concentration.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Lactose monohydrate,
Magnesium stearate,
Microcrystalline cellulose,
Sodium lauryl sulphate,
Sodium starch glycolate (Type A).

6.2 Incompatibilities

Not applicable

6.3 Shelf life

3 years

6.4 Special precautions for storage

This medicinal product does not require any special storage conditions.

6.5 Nature and contents of container

PVC/aluminium blister packs containing 28 or 30 tablets.

Not all pack sizes may be marketed.

6.6 Special precautions for disposal

No special requirements for disposal.

Any unused medicinal product or waste material should be disposed of in accordance with local requirements.

7 MARKETING AUTHORISATION HOLDER

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8 MARKETING AUTHORISATION NUMBER(S)

PL 20395/0254

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

20/12/2024

10 DATE OF REVISION OF THE TEXT

19/05/2026