

Part II

Summary of Product Characteristics

1 NAME OF THE MEDICINAL PRODUCT

Hypovase Tablets 2mg

2 QUALITATIVE AND QUANTITATIVE COMPOSITION

Each tablet contains 2 mg Prazosin as prazosin hydrochloride.

For excipients, see 6.1.

3 PHARMACEUTICAL FORM

Tablet

2 mg scored white tablets, marked HYP/2 on one side, and Pfizer on the other.

4 CLINICAL PARTICULARS

4.1 Therapeutic Indications

Hypertension

Hypovase is indicated in the treatment of all grades of essential (primary) hypertension and of all grades of secondary hypertension of varied aetiology. It can be used as the initial and sole agent or it may be employed in a treatment regimen in conjunction with a diuretic and/or other antihypertensive drug as needed for proper patient response.

Congestive Heart Failure

Hypovase may be added to the therapeutic regimen in those patients with congestive heart failure who are resistant or refractory to conventional therapy with diuretics and/or cardiac glycosides.

Raynaud's Phenomenon and Raynaud's Disease

Hypovase is indicated for the symptomatic treatment of patients with Raynaud's Phenomenon and Raynaud's Disease.

Benign Prostatic Hyperplasia

Hypovase is indicated as an adjunct in the symptomatic treatment of urinary obstruction caused by benign prostatic hyperplasia. It may therefore be of value in patients awaiting prostatic surgery.

4.2 Posology and method of administration

Hypovase tablets are for oral administration only.

Hypertension

The dosage range is from 0.5mg - 20mg daily. It is recommended that therapy be initiated at the lowest dose, 0.5mg, twice or three times daily for three to seven days, with the starting dose administered in the evening. This dose should be increased to 1mg twice or three times daily for a further three to seven days. Thereafter, the daily dose should be increased gradually as determined by the patient's response to the blood pressure lowering effect. Most patients are likely to be maintained on a dosage regimen of Hypovase alone of up to 15mg daily in divided doses. Maximum recommended daily dosage: 20mg in divided doses.

The twice-daily starter pack is available for the convenience of prescribers to initiate treatment up to 2mg twice daily.

If additional diuretic therapy is to be introduced, the dose of Hypovase should be at least halved.

Patients receiving other antihypertensive therapy but with inadequate control

The dosage of the other drug should be halved and Hypovase initiated at 0.5mg in the evening, then continuing with 0.5mg twice or three times daily. Subsequent dosage increase should be made gradually depending upon the patient's response.

There is evidence that adding Hypovase to angiotensin converting enzyme inhibitor, beta-adrenergic antagonist or calcium antagonist therapy may bring about a substantial reduction in blood pressure. Therefore, the low initial dosage regimen is recommended.

Congestive Cardiac Failure

The recommended starting dose is 0.5mg two, three or four times daily, increasing to 4mg in divided doses. Dosage should be adjusted according to the patient's clinical response, based on careful monitoring of cardiopulmonary signs and symptoms, and when indicated, haemodynamic studies. Dosage may be adjusted as often as every two to three days in patients under close medical supervision. In severely ill, decompensated patients, rapid dosage adjustment over one to two days may be indicated and is best done when haemodynamic monitoring is available. In clinical studies the therapeutic dosages ranged from 4mg to 20mg daily in divided doses. Adjustment of dosage may be required in the course of Hypovase therapy in some patients to maintain optimal clinical improvement.

Usual daily maintenance dosage: 4mg to 20mg in divided doses.

Raynaud's Phenomenon and Raynaud's Disease

The recommended starting dosage is 0.5mg twice daily given for a period of three to seven days and should be adjusted according to the patient's clinical response. Usual maintenance dosage 1mg or 2mg twice daily.

Benign Prostatic Hyperplasia

The recommended dosage is 0.5mg twice daily for a period of 3 to 7 days, with the initial dose administered in the evening. The dosage should then be adjusted according to clinical response. The usual maintenance dosage is 2mg twice daily. This dose should not be exceeded unless the patient requires Hypovase as antihypertensive therapy. Patients with benign prostatic hyperplasia receiving hypertensive therapy, should be administered Hypovase only under the supervision of the practitioner responsible for treating the patient's hypertension.

Patients with moderate to severe grades of renal impairment

Evidence to date shows that Hypovase does not further compromise renal function when used in patients with renal impairment. As some patients in this category have responded to small doses of Hypovase, it is recommended that therapy be initiated at 0.5mg daily and that dosage increases be instituted cautiously.

Patients with hepatic dysfunction

No information is available on the use of Hypovase in this patient group, however, since Hypovase normally undergoes substantial first pass metabolism and subsequent metabolism and excretion by the liver, it is recommended that therapy be initiated at 0.5mg daily and that dosage increases be instituted cautiously.

Use in children:

Hypovase is not recommended for the treatment of children under the age of 12 years since safe conditions for its use have not been established.

Use in the elderly:

Since the elderly may be more susceptible to hypotension, therapy should be initiated with the lowest possible dose.

4.3 Contraindications

Sensitivity to Hypovase, other quinazolines or any other component of the preparation.

Hypovase is contra-indicated in patients with congestive cardiac failure due to mechanical obstruction such as aortic valve stenosis, mitral valve stenosis, pulmonary embolism and restrictive pericardial disease.

4.4 Special warnings and precautions for use

In Patients with Benign Prostatic Hyperplasia

Hypovase is not recommended for patients with a history of micturition syncope.

Hypovase decreases peripheral vascular resistance and since many patients with this disorder are elderly, careful monitoring of blood pressure during initial administration and during adjustment of dosage is recommended. The possibility of postural hypotension, or rarely, loss of consciousness, as reported in other patient groups should be borne in mind. Hypovase may augment the efficacy of antihypertensive therapy, consequently, close observation is especially recommended for patients taking medications that are known to lower blood pressure. Hypovase should not normally be administered to patients already receiving another alpha-1-antagonist.

In patients with congestive cardiac failure

Adequate data are not yet available to establish efficacy in patients with heart failure due to recent myocardial infarction.

When Hypovase is initially administered to patients with congestive cardiac failure who have undergone vigorous diuretic or other vasodilator treatment, particularly in higher than the recommended starting dose, the resultant decrease in left ventricular filling pressure may be associated with a significant fall in cardiac output and systemic blood pressure. In such patients, observance of the recommended starting dose of Hypovase followed by gradual dosage increase is particularly important.

The clinical efficacy of Hypovase in congestive cardiac failure has been reported to diminish after several months of treatment, in a proportion of patients. In these patients there is usually evidence of weight gain or peripheral oedema indicating fluid retention. Since spontaneous deterioration may occur in such severely ill patients, a causal relationship to prazosin therapy has not been established.

Thus, as with all patients with congestive cardiac failure, careful adjustment of diuretic dosage according to the patient's clinical condition is required to prevent excessive fluid retention and consequent relief of symptoms.

In those patients without evidence of fluid retention, when clinical improvement has diminished, an increase in the dosage of Hypovase will usually restore clinical efficacy.

In patients with hypertension

A very small percentage of patients may respond in an abrupt and exaggerated manner to the initial dose of Hypovase. Postural hypotension evidenced by dizziness and weakness, or rarely loss of consciousness, has been reported, particularly with the commencement of therapy, but this effect is readily avoided by initiating treatment with a low dose of Hypovase and with small increases in dosage during the first one to two weeks of therapy. The effect when observed is not related to the severity of hypertension, is self-limiting and in most patients does not recur after the initial period of therapy or during subsequent titration steps.

When instituting therapy with any effective antihypertensive agent, the patient should be advised how to avoid symptoms resulting from postural hypotension and what measures to take should they develop.

Raynaud's Phenomenon and Raynaud's Disease

Because Hypovase decreases peripheral vascular resistance, careful monitoring of blood pressure during initial administration and during subsequent dosage increments of Hypovase is suggested. Close observation is especially recommended for patients already taking medications that are known to lower blood pressure.

Use with PDE-5 Inhibitors

As with other alpha-1 blockers, concomitant administration of prazosin hydrochloride with a PDE-5 inhibitor should be used with caution as it may lead to symptomatic hypotension in some patients. No studies have been conducted with prazosin hydrochloride.

4.5 Interaction with other medicinal products and other forms of interaction

Hypovase has been administered without any adverse drug interaction in clinical experience to date with the following:

1. Cardiac glycosides - digitalis and digoxin.
2. Hypoglycaemic agents - insulin, chlorpropamide, phenformin, tolazamide and tolbutamide.
3. Tranquillizers and sedatives - chlordiazepoxide, diazepam and phenobarbital.
4. Agents for treatment of gout - allopurinol, colchicine and probenecid.
5. Anti-arrhythmic agents - procainamide and quinidine.
6. Analgesic, antipyretic and anti-inflammatory agents - dextropropoxyphene, aspirin, indometacin and phenylbutazone.

There is evidence that adding Hypovase to angiotensin converting enzyme inhibitor, beta-adrenergic antagonist or calcium antagonist therapy may produce a substantial reduction in blood pressure. Therefore, the low initial dosage regimen is recommended.

Drug/Laboratory Test Interactions

False positive results may occur in screening tests for pheochromocytoma urinary vanillylmandelic acid (VMA) and methoxyhydroxyphenyl glycol (MHPG) metabolites of norepinephrine (noradrenaline) in patients who are being treated with Hypovase.

Concomitant administration of prazosin hydrochloride with PDE-5 inhibitors: See section 4.4 Special Warnings and Precautions for Use (Use with PDE-5 Inhibitors).

4.6 Pregnancy and lactation

Although no teratogenic effects were seen in animal testing, the safety of Hypovase during pregnancy has not been established. The use of Hypovase and a beta-blocker for the control of severe hypertension in 44 pregnant women revealed no drug-related foetal abnormalities or adverse effects. Therapy with prazosin was continued for as long as 14 weeks.

Hypovase has also been used alone or in combination with other hypotensive agents in severe hypertension of pregnancy. No foetal or neonatal abnormalities have been reported with the use of Hypovase.

Studies to date are inadequate to establish the safety of Hypovase in pregnancy, accordingly, it should be used only when, in the opinion of the physician, potential benefit outweighs potential risk. Hypovase has been shown to be excreted in small amounts in human milk. Caution should be exercised when Hypovase is administered to nursing mothers.

4.7 Effects on ability to drive and use machines

The patient should be advised that the ability to drive or use machinery may be impaired should dizziness or weakness occur during the initiation of Hypovase therapy.

4.8 Undesirable effects

The following adverse reactions have been reported in patients taking Hypovase. The adverse reactions are classified according to frequencies determined from clinical trials data.

Very common $\geq 1/10$ ($\geq 10\%$)

Common $\geq 1/100$ and $< 1/10$ ($\geq 1\%$ and $< 10\%$)

Uncommon $\geq 1/100$ and $< 1/100$ ($\geq 0.1\%$ and $< 1\%$)

Rare $\geq 1/10,000$ and $< 1/1000$ ($\geq 0.01\%$ and 0.1%)

Very rare $< 1/10,000$ ($< 0.01\%$)

If a listed adverse reaction term was not reported in clinical trials it was assumed to be rare, based on reporting rates versus estimated product use worldwide.

In patients with Hypertension:

Immune System Disorders

Rare Allergic reaction

Psychiatric Disorders

Common Depression, nervousness

Uncommon Insomnia

Rare Hallucinations

Nervous System Disorders

Common Dizziness, drowsiness, headache, faintness, syncope, transient temporary loss of consciousness

Uncommon Paraesthesia

Rare Worsening of pre-existing narcolepsy

Eye Disorders

Common Blurred vision

Uncommon Eye pain, reddened sclera

Ear and Labyrinth Disorders

Common Vertigo

Uncommon Tinnitus

Cardiac Disorders

Common Palpitations

Uncommon Angina pectoris, tachycardia

Rare Bradycardia

Vascular Disorders

Rare Flushing, hypotension, orthostatic hypotension, vasculitis

Respiratory, Thoracic and Mediastinal Disorder

Common Dyspnoea, nasal congestion

Uncommon Epitaxis

Gastrointestinal Disorders

Common Constipation, diarrhoea, dry mouth, nausea, vomiting

Uncommon Abdominal discomfort and/or pain

Rare Pancreatitis

Hepato-biliary Disorders

Rare Liver function abnormalities

Skin and Subcutaneous Tissue Disorders

Common Rash

Uncommon Diaphoresis, pruritus, urticaria

Rare Alopecia, lichen planus

Musculoskeletal and Connective Tissue Disorders

Uncommon Arthralgia

Renal and Urinary Disorders

Common Urinary frequency

Rare Incontinence

Reproductive System and Breast Disorders

Uncommon	Impotence
Rare	Gynaecomastia, priapism

General Disorders and Administration Site Conditions

Common	Oedema, lack of energy, weakness
Rare	Fever, pain

Investigations

Rare	Positive ANA titer
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Some of these reactions have occurred rarely, and in many instances the exact casual relationships have not been established.

Literature reports exist associating in Hypovase therapy with a worsening of pre-existing narcolepsy. A causal relationship is uncertain in these cases.

In patients with Congestive Cardiac Failure:

The frequency of side-effects observed in patients being managed for left ventricular failure with Hypovase when used in conjunction with cardiac glycosides and diuretics is shown below:

Nervous System Disorders

Common	Dizziness
Uncommon	Headache
Rare	Drowsiness

Eye Disorders

Common	Blurred vision
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Cardiac Disorders

Rare	Palpitations
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Vascular Disorders

Rare	Postural hypotension
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Respiratory, Thoracic and Mediastinal Disorder

Rare	Nasal congestion
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Gastrointestinal Disorders

Common	Dry mouth, nausea
Uncommon	Diarrhoea

Reproductive System and Breast Disorders

Common	Impotence
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General Disorders and Administration Site Conditions

Rare	Oedema
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In patients with Raynaud's Phenomenon and Raynaud's Disease and benign Prostatic Hyperplasia:

The most common, although infrequently reported side-effect, is mild dizziness.

4.9 Overdose

Should over-dosage lead to hypotension, support of the cardiovascular system is of first importance. Restoration of blood pressure and normalization of heart rate may be accomplished by keeping the patient in the supine position. If this measure is inadequate, shock should first be treated with volume expanders. If necessary vasopressors including angiotensin should then be used. Renal function should be monitored and supported as needed. Laboratory data indicate Hypovase is not dialysable because it is protein bound.

5 PHARMACOLOGICAL PROPERTIES

5.1 Pharmacodynamic properties

Hypovase causes a decrease in total peripheral vascular resistance through selective inhibition of postsynaptic alpha-1-adrenoreceptors in vascular smooth muscle. The results of forearm plethysmographic studies in humans demonstrate that the resultant peripheral vasodilation is a balanced effect on both resistance vessels (arterioles) and capacitance vessels (veins).

In hypertensive patients, blood pressure is lowered in both the supine and standing positions; this effect is more pronounced on the diastolic blood pressure. Tolerance to the antihypertensive effect has not been observed in long-term clinical use; relatively little tachycardia or change in renin levels has been noted. Rebound elevation of blood pressure does not occur following abrupt cessation of Hypovase therapy.

The therapeutic efficacy of Hypovase in patients with congestive heart failure is ascribed to a reduction in left ventricular filling pressure, reduction in cardiac impedance and an augmentation of cardiac output. The use of Hypovase in congestive heart failure does not provoke a reflex tachycardia and blood pressure reduction is minimal in normotensive patients.

Hypovase has been found to successfully reduce the severity of the signs, symptoms, frequency and duration of attacks, in patients with Raynaud's disease.

In low dosage, antagonism of alpha-1-receptors on prostatic and urethral smooth muscle has been shown to improve the urinary pressure profile in men and to improve symptoms of benign prostatic hyperplasia.

Clinical studies have shown that Hypovase therapy is not associated with adverse changes in the serum lipid profile.

5.2 Pharmacokinetic properties

Following oral administration in normal volunteers and hypertensive patients plasma concentrations of prazosin reach a peak in one to two hours with a plasma half-life of two to three hours. Pharmacokinetic data in a limited number of patients with congestive heart failure, most of whom showed evidence of hepatic congestion, indicates that peak plasma concentrations are reached in 2.5 hours and plasma half life is approximately 7 hours. Hypovase is highly bound to plasma protein. Studies indicate that Hypovase is extensively metabolised, primarily by demethylation and conjugation, and excreted mainly via bile and faeces.

Renal blood flow and glomerular filtration rate are not impaired by long term oral administration and thus Hypovase can be used with safety in hypertensive patients with impaired renal function.

5.3 Preclinical safety data

None.

6 PHARMACEUTICAL PARTICULARS

6.1 List of excipients

Calcium phosphate dibasic anhydrous
Maize starch
Microcrystalline cellulose
Magnesium stearate
Sodium laurilsulphate

6.2 Incompatibilities

Not applicable.

6.3 Shelf Life

3 years.

6.4 Special precautions for storage

Store below 30°C.

6.5 Nature and contents of container

Each container consists of 250 micron, white opaque PVC/PVDC film sealed with 20 micron aluminum foil.

Hypovase 2 mg: Original packs of 56 tablets, (in blister strips of 4 x 14 tablets).

6.6 Special precautions for disposal of a used medicinal product or waste materials derived from such medicinal product and other handling of the product

No special requirements.

7 MARKETING AUTHORISATION HOLDER

Pfizer Limited
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Sandwich
Kent CT13 9NJ
United Kingdom

8 MARKETING AUTHORISATION NUMBER

PA0019/023/002

9 DATE OF FIRST AUTHORISATION/RENEWAL OF THE AUTHORISATION

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Date of last renewal: 01 April 2004

10 DATE OF REVISION OF THE TEXT

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