

DOXAZOSIN

Class: Alpha₁ Blocker

Indications:

Immediate release formulation: Treatment of hypertension as monotherapy or in conjunction with diuretics, ACE inhibitors, beta-blockers, or calcium antagonists; treatment of urinary outflow obstruction and/or obstructive and irritative symptoms associated with benign prostatic hyperplasia (BPH)

Extended release formulation: Treatment of urinary outflow obstruction and/or obstructive and irritative symptoms associated with BPH

Available dosage form in the hospital:

DOXAZOSIN 1MG TAB

DOXAZOSIN 4MG TAB

Trade Names:

Dosage:

-BPH: Oral:

-Immediate release: 1 mg once daily in morning or evening; may be increased to 2 mg once daily. Thereafter titrate upwards, if needed, every 1-2 weeks, balancing therapeutic benefit with doxazosin-induced postural hypotension. **Goal:** 4-8 mg daily; **maximum dose:** 8 mg daily

Reinitiation of therapy: If therapy is discontinued for several days, restart at 1 mg dose and titrate as before.

-Extended release: 4 mg once daily with breakfast; titrate based on response and tolerability every 3-4 weeks to maximum recommended dose of 8 mg daily

Reinitiation of therapy: If therapy is discontinued for several days, restart at 4 mg dose and titrate as before

Note: Conversion to extended release from immediate release: Omit final evening dose of immediate release prior to starting morning dosing with extended release product; initiate extended release product using 4 mg once daily

-Hypertension: Oral: *Immediate release:* 1 mg once daily in morning or evening; may be increased to 2 mg once daily. Thereafter titrate upwards, if needed, every 1-2 weeks, balancing therapeutic benefit with doxazosin-induced postural hypotension. **Maximum dose:** 16 mg daily

Reinitiation of therapy: If therapy is discontinued for several days, restart at 1 mg dose and titrate as before

-Distal ureteral stone expulsion (unlabeled use): Oral: *Immediate release:* 4 mg once daily in evening (Gurbuz, 2011; Resorlu, 2011). **Note:** Patients with stones >10 mm were excluded from studies.

Geriatric

Refer to adult dosing. In the management of hypertension, consider lower initial doses (eg, immediate release: 0.5 mg once daily) and titrate to response (Aronow, 2011)

Renal Impairment:

No dosage adjustment provided in the manufacturer's labeling (however, limited data suggest renal impairment does not significantly alter pharmacokinetic parameters).

Hepatic Impairment:

Use with caution in mild-to-moderate hepatic dysfunction. Do not use with severe impairment.

Common side effect:

Central nervous system: Dizziness, malaise, fatigue, headache.

Pregnancy Risk Factor: C