

TERAZOCIN

Class: Alpha₁ Blocker

Indications: Management of mild-to-moderate hypertension; alone or in combination with other agents such as diuretics or beta-blockers; benign prostate hyperplasia (BPH)

Available dosage form in the hospital: TERAZOCIN 1MG,2MG,5MG TAB

Dosage: **Note:** If drug is discontinued for greater than several days, consider beginning with initial dose and retitrate as needed.

-Hypertension: Oral: Initial: 1 mg at bedtime; slowly increase dose to achieve desired blood pressure, up to 20 mg/day; usual dose range (JNC 7): 1-20 mg once daily. **Note:** Dosage may be given on a twice daily regimen if response is diminished at 24 hours and hypotension is observed at 2-4 hours following a dose.

-Benign prostatic hyperplasia: Oral: Initial: 1 mg at bedtime; thereafter, titrate upwards, if needed, over several weeks, balancing therapeutic benefit with terazosin-induced postural hypotension; most patients require 10 mg day; if no response after 4-6 weeks of 10 mg/day, may increase to 20 mg/day.

-Dosage adjustment with concurrent medication:

-Concurrent use with a diuretic or other antihypertensive agent (especially verapamil): Dosage reduction may be needed when adding

-Concurrent use with PDE-5 inhibitors: Initiate PDE-5 inhibitor therapy at the lowest dose due to additive orthostatic and blood pressure lowering effects

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 necessary.

Hemodialysis: No supplemental dose necessary.

Hepatic Impairment:

No dosage adjustment provided in manufacturer's labeling.

Common side effect:

Central nervous system: Dizziness

Neuromuscular & skeletal: Muscle weakness

Pregnancy Risk Factor: C